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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Intern	al Reven	Le Service The organization may have to use a copy of this return to satisf	fy state	reporting	require	ments.	ınsp	echoli
A	or the	2006 calendar year, or tax year beginning APRIL 01 , 20	006. and	i endina	MARC	H 31		2007
B C	heck if	Please C Name of organization				yer ideni		
1 1	plicable	IUSE IKS INCOMPACE TO DETERMINE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO	דר∩אז		•	15349		
Н	dress ch	to A Number and street (so D.O. benefit and so delivered to street and describe	101					
H	ame chan	type. Doc gorman Foo Bram		Juile		hone num		
H In	itial retur	_ See			` _	355-3		
∐ Fı	nal return	linstruc-i		ľ	F Acctg.	. method:	X Cash	Accrual
X Ar	mended r				Otl	her (speci	<u>iy)</u> ▶	
∐ Ap	plication	pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	H & I	are not	applicab	le to sec.	527 orga	nızatıons.
		(Form 990 or 990-EZ).	H(a)	ls this a gr	oup return	for affiliate	25?	Yes X No
G W	ebsite:	▶N/A	Н(ь)	lf "Yes," er	nter numbe	er of affiliate	es 🕨	
		tion type (check only one) ► \$\infty\$ 501(c)(3) < (insert no.) 4947(a)(1) or 527	H(c)	Are all affi	liates inclu	ıded?		Yes No
		re If the organization is not a 509(a)(3) supporting organization and	```	(If "No," at	tach a list.	ided? . See instruc	:tions.)	, ப
		receipts are normally not more than \$25,000 A return is not required, but if the	H(d)	Is this a se	eparate ret	urn filed by	an	Yes 🛛 No
	_	on chooses to file a return, be sure to file a complete return.				n Number		
	94111241							required to
1 6	roce roc	eipts: Add lines 6b, 8b, 9b, and 10b to line 12 13,846						r 990-PF).
Pa		Revenue, Expenses, and Changes in Net Assets or Fund Ba						7. 000 117.
10			alarice	3 (3ee (ile ilisiiu	Ciloris.)		
	1	Contributions, gifts, grants, and similar amounts received.						
	a	Contributions to donor advised funds 1a						
	b	Direct public support (not included on line 1a)						
	C	Indirect public support (not included on line 1a)						
	d	Government contributions (grants) (not included on line 1a)	TATU	TEU	M .			
	e	Total (add lines 1a through 1d) (cash \$ 0noncash \$ 5	TC.	EIV	<u>_le</u>			0
	2	Program service revenue including government fees and contracts (from Part ∜I			2			8,373
	3	Membership dues and assessments	01 <u>13</u>					
	4	Interest on savings and temporary cash investments	4					
	5	Dividends and interest from securities	, 5,			5,473		
	6a	Gross rents	TPR	BRA	EN PRINCE			
	b	Less rental expenses	(5	BIG	٦ [
	С	Net rental income or (loss). Subtract line 6b from line 6a			6c			
Ŗ	7	Other investment income (describe ▶) 7			 .
REVENU	8a	Gross amount from sales of assets other (A) Securities	(B) O	ther				
E		than inventory 8a			7			
	Ь	Less: cost or other basis & sales expenses 8b			\dashv			
E	c	Gain or (loss) (attach schedule) 8c			\dashv			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	İ		
	"	Special events and activities (attach schedule). If any amount is from gaming, or			7			··
	1 3		CHECK H		ا ا			
	a	Gross revenue (not including \$ of						
	_	contributions reported on line 1b)			\dashv			
(D	Ь	Less: direct expenses other than fundraising expenses 9b			$\dashv _$	1		
Q	C	Net income or (loss) from special events. Subtract line 9b from line 9a	• • • •		9c			
SCANNED	10a	Gross sales of inventory, less returns and allowances			_			
Z	b	Less: cost of goods sold				1		
M	C	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b	10c	ļ. <u> </u>				
U	11	Other revenue (from Part VII, line 103)			11			
S _	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	CEIV	/FD	12	ļ <u>.</u>	1	13,846
MAR @ 3 2011	13	Program services (from line 44, column (B))	·V		1 Ch 13		1	L2,344
⇔ ĝ	14	Management and general (from line 44, column (C))	1		COH4			585
eg N	15	Fundraising (from line 44, column (D))	.172	:011	15			
~ §	16	Payments to affiliates (attach schedule)		1	<u>الم</u>			
<u> </u>	17	Total expenses. Add lines 16 and 44, column (A)	15.71	1.1.20.	<u>Ω</u> 17		1	12,929
_ A	18	Excess or (deficit) for the year. Subtract line 17 from line 12	711V,	UT	∫18			917
NS E T	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19		72	29,402
FÉ	20	Other changes in net assets or fund balances (attach explanation)			20			
s	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21		73	30,319

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2006)

Form 990 (2006) COUNCIL FOR INTERNATIONAL 23-7215349 All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions) Part II Statement of **Functional Expenses** Do not include amounts reported on line (C) Management (B) Program (D) Fundraising (A) Total and general services 6b, 8b, 9b, 10b, or 16 of Part I. 22a Grants paid from donor advised funds (attach sched.) noncash \$ If this amount includes foreign grants, ck. here ▶ 22a 22b Other grants and allocations (attach schedule) (cash \$ noncash \$ 22b If this amount includes foreign grants, ck. here 23 Specific assistance to individuals (attach 23 24 24 Benefits paid to or for members (attach schedule) . . 25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule) 25a **b** Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 25c 26 Salaries and wages of employees not included on 26 Pension plan contributions not included on lines 25a, 27 28 Employee benefits not included on lines 25a - 27. . . 28 29 29 30 585 31 585 31 32 Legal fees..... 33 33 34 34 Telephone 35 35 36 Occupancy..... 37 Equipment rental and maintenance 37 Printing and publications 38 38 39 39 40 40 Conferences, conventions, and meetings...... 41 41 Depreciation, depletion, etc. (attach schedule) 42 42 Other expenses not covered above (itemize): 43 43a 12,344 12,344 See attachment #1 43b b 43c C d 43d 43e e 43f 43g Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 585 13-15) 12,929 12,344

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.		
Are any joint costs from a combined educational campaign and fundra	using solicitation reported in (B) Program services? . ▶ ☐ Yes	X No
If "Yes," enter (I) aggregate amount of these joint costs \$; (ii) amount allocated to Program services \$,
(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$	

JVA

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization
How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure
the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

٧h	hat is the organization's primary exempt purpose?		Program Service
AII (organizations must describe their exempt purpose achievements	in a clear and concise manner. State the number of clients	Expenses
ser	rved, publications issued, etc. Discuss achievements that are not i	measurable. (Section 501(c)(3) and (4) organizations and	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
	47(a)(1) nonexempt charitable trusts must also enter the amount of	or grants and allocations to others.)	optional for others)
а	See attachment #2		
	(Grants and allocations \$) If this amo	ount includes foreign grants, check here	12,929
b)		
		······································	
	(Ourself and all and a second		
		ount includes foreign grants, check here	
С	;		
	(Grants and allocations \$) If this amo	ount includes foreign grants, check here	
d		<u> </u>	
		······································	
	(Occasional allocations of the control of the contr		
	 	ount includes foreign grants, check here ▶	
е	Other program services (attach schedule)		
		ount includes foreign grants, check here ▶	
f	Total of Program Service Expenses (should equal line 44, colu		12,929
	A DE DODGE THE SAME OF THE SAM	000 TM	LARM UUII (OAAC)

No		There required, attached schedules and amounts v	within the description	(A)		(B)
	CC	olumn should be for end-of-year amounts only.		Beginning of year		End of year
	45	Cash non-interest-bearing		7,748	45	12,192
	46	Savings and temporary cash investments		716,103	46	712,576
		-				
	47a	Accounts receivable	47a			
	Ь	Less: allowance for doubtful accounts	47b		47c	
	48a	<u> </u>	48a			
	ь	Less: allowance for doubtful accounts	48b	 	48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, dire	·		50a	
	_	key employees (attach schedule)	, , , , , , , , , , , , , , , , , , ,	 · · · · · · · · · · · · · · · · · · 	504	
	ь	4958(f)(1)) and persons described in section 495			50b	
	51a		o(c)(3)(D) (allacit scriedule)		300	
Α	эна	schedule)	E12			
S	ь	Less: allowance for doubtful accounts	51b		51c	
S	52	Inventories for sale or use			52	
E T S	53	Prepaid expenses and deferred charges			53	
3	54a	Investments publicly-traded securities			54a	
	b	Investments other securities (attach schedule)			54b	
	55a	Investments land, buildings, and				
		equipment: basis	55a			
	b	Less: accumulated depreciation (attach				
		schedule)	55b		55c	
	56	Investments other (attach schedule)			56	
	57a	Land, buildings, and equipment: basis	57a			
	ь	Less accumulated depreciation (attach				
		schedule)	57b		57c	
	58	Other assets, including program-related investment	ents			
		(describe ► See attachment #3)	5,551	58	5,551
	59	Total assets (must equal line 74). Add lines 45 t	hrough 58	729,402	59	730,319
	60	Accounts payable and accrued expenses			60	
Ļ	61	Grants payable			61	
Å	62	Deferred revenue			62	
B	63	Loans from officers, directors, trustees, and key e				
Ŀ		schedule)	r		63	
T	64a	Tax-exempt bond liabilities (attach schedule)			64a 64b	
ı	65	Mortgages and other notes payable (attach sche	· '		65	
E S		liabilities (describe >			03	· -,
	66	Total liabilities. Add lines 60 through 65		0	66	0
		inizations that follow SFAS 117, check here ▶				· · · · · · · · · · · · · · · · · · ·
		through 69 and lines 73 and 74.	· '			
NF	67	Unrestricted		729,402	67	730,319
ΕÜ	68	Temporarily restricted			68	
T N D	69	Permanently restricted			69	
Α	Orga	inizations that do not follow SFAS 117, check he	ere ▶ ☐ and complete			
S B S A		lines 70 through 74.				
EL	70	Capital stock, trust principal, or current funds			70	
TA	71	Paid-in or capital surplus, or land, building, and	equipment fund		71	
SNC	72	Retained earnings, endowment, accumulated inc	ľ		72	
O E	73	Total net assets or fund balances. Add lines 67	_			
RS		70 through 72. (Column (A) must equal line 19 a				
		equal line 21)		729,402	73	730,319
	74	Total liabilities and net assets/fund balances.	729,402	74	730,319	

23-7215349

	instructions.)				T	T += 1
a	Total revenue, gains, and other sup	port per audited financial stateme	nts		a	N/
b	Amounts included on line a but not		1 1			
1	Net unrealized gains on investments				-	
2	Donated services and use of facilities	es , , , , , , , , , , , , , , , , , , ,	T-			
3	Recoveries of prior year grants					
4	Other (specify):		i l			
			<u>b4</u>		┨.	
	Add lines b1 through b4				Ь	
С	Subtract line b from line a				С	
d	Amounts included on Part I, line 12,		1 1			
1	Investment expenses not included of				-	
2	Other (specify):					
	Add lines d1 and d2				d	
е	Total revenue (Part I, line 12). Add	lines c and d		<u>.</u>	е	<u> </u>
Par	t IV-B Reconciliation of E				es pe	er Return
a	Total expenses and losses per audi	ted financial statements			а	
b	Amounts included on line a but not	on Part I, line 17:				
1	Donated services and use of facilities	es	b1			
2	Prior year adjustments reported on	Part I, line 20	b2			
3	Losses reported on Part I, line 20.		b3]	
4	Other (specify)]	
	· · · · · · · · · · · · · · · · · · ·		b4			
	Add lines b1 through b4				b	
С	Subtract line b from line a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		С	
d	Amounts included on Part I, line 17,	but not on line a:				
1	Investment expenses not included of		d1			
2	045 (1	
_			42			
	Add lines d1 and d2				d	
	Total expenses (Part I, line 17). Ad				e	0
Da		irectors, Trustees, and K			wasa	an officer director
Га		at any time during the year even i				
	liustee, of key employee	(B)	(C) Compensation			(E) Expense account
	(A) Name and address	Title and average hours per		I a manufactura a la a made		
		week devoted to position	-0)	a deletted		and other anowarious
		week devoted to position	-0)	compensation	olans	
see	e attachment #4	İ				
		I				
			1			

Pa	et V-A Current Officers, Directo	rs, Trustees, and I	Cey Employees (cor	ntinued)		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board							
	meetings			▶4			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees							
	listed in Schedule A, Part I, or highest comp						
	A, Part II-A or II-B, related to each other the						
	identifies the individuals and explains the re	elationship(s)			75b	ļ	X
C	Do any officers, directors, trustees, or key e	mployees listed in Form	990, Part V-A, or highes	compensated employees	;		
	listed in Schedule A, Part I, or highest comp	ensated professional an	d other independent cor	itractors listed in Schedule	•		
	A, Part II-A or II-B, receive compensation for						
to the organization? See the instructions for the defenition of "related organization." ▶						ļ	X
If "Yes," attach a statement that includes the information described in the instructions.							٠,,
d							X
Pa	rt V-B Former Officers, Director						
	Benefits (If any former officer,						
	during the year, list that person b	elow and enter the amou	int of compensation or o	ther benefits in the approp	oriate colum	ın. See	•
	the instructions.)			T			
		(B) Loans and	(C) Compensation	(D) Contributions to employee benefit plans		pense	
	(A) Name and address	Advances	(if not paid,	& deferred	account		her
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	enter -0-)	compensation plans	allow	ances	
			}				
				1			
				1			
Pa	art Vi Other Information (See the in	nstructions.)		- "-		Yes	No
76	Did the organization make a change in its a		onducting activities? If "Y	es," attach a detailed			
	statement of each change		_		76	1	Х
77	Were any changes made in the organizing	or governing documents	but not reported to the I	RS?	77		X
	If "Yes," attach a conformed copy of the ch		,			1	
78a	Did the organization have unrelated busine		00 or more during the ve	ar covered by this return?	78a	İ	Х
b	If "Yes," has it filed a tax return on Form 99					 	X
79	Was there a liquidation, dissolution, termina				·	 	X
75 80a	is the organization related (other than by as				· · · ·	1	
504	membership, governing bodies, trustees, o		_	· -	80a		х
L			evenibi or nonexembt or	gamzanom, , , , , , , ,	504	 	<u> </u>
Ь	If "Yes," enter the name of the organization		nd check whether it is	exempt or nonexe	mnt		
04~	Enter direct and indirect political expenditure	· · · · · · · · · · · · · · · · · · ·	L	. . □	/A		
81a	•						Х
<u> </u>	Did the organization file Form 1120-POL fo	or uns year f	<u></u>	· · · · · · · · · · · · · · · · · · ·		990	

23-7215349

COUNCIL FOR INTERNATIONAL

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Form 990 (2006)

82a b	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	ļ	Yes	No
b	- · · · · · · · · · · · · · · · · · · ·			
		82a		x
	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an		-	f
83a	expense in Part II.			1
83a	(See instructions in Part III)			1
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	x	Ī
ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<u> </u>	Х
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were		 -	<u>F</u>
_	not tax deductible?	84b	1	X
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	 	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		X
_	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received			
	a waiver for proxy tax owed for the prior year.			1
С	Dues, assessments, and similar amounts from members			1
d	Section 162(e) lobbying and political expenditures. 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			ĺ
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			1
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	1	x
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its	-		- -
••	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		x
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities			1
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders			1
ь	Gross income from other sources. (Do not net amounts due or paid to other sources against			1
	amounts due or received from them.)			1
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			1
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			•
	If "Yes," complete Part IX.	88a	İ	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," complete Part XI	88b		x
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			<u> </u>
	section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			1
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year			‡
	or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each			1
	transaction	89b		Х
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during			
	the year under sections 4912, 4955, and 4958 \dots N/A			£
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			ŧ
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	[X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting			
	organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the			İ
	year?	89g		X
90a	List the states with which a copy of this return is filed >		N/A	
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		N/A	
91a	The books are in care of ▶ See attachment #5 Telephone no. ▶			
	Located at ▶ ZIP + 4 ▶			
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No

JVA

If "Yes," enter the name of the foreign country $\,\blacktriangleright\,$ FR $\,$ SZ

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and

Form 990 (20	COUNCIL FOR	INTERNAT	TIONAL 23-7	21534	19		Page 8
Part VI	Other Information (continued)					Yes No
	time during the calendar year, did the		naintain an office outside (of the Uni	ted States?	91c	X
If "Yes	," enter the name of the foreign count	by ▶			_	<u> </u>	
92 Section	n 4947(a)(1) nonexempt charitable tru	sts filing Form 9	990 in lieu of Form 1041 -	Check	here		▶ 🗍
and en	iter the amount of tax-exempt interes	t received or ac	crued during the tax year		▶ 92		
Part VII	Analysis of Income-Produc	cing Activitie	es (See the instructions.)				
Note: Enter	gross amounts unless	Unrelat	ted business income	Excluded	by section 512, 513, or 514	(E)
otherwise in	ndicated.	(A) Business	(B)	(C)	(D)	Related o	r exempt
_	m service revenue:	code	Amount	Excl. code	Amount	function	income
a See	attachment #6						8,373
b							
c					-		
d				<u> </u>			
e							
f Medica	are/Medicaid payments						
g Fees &	contracts from government agencies	3		<u> </u>			
94 Membe	ership dues and assessments			<u> </u>			
95 Interest	on savings and temporary cash investments						
96 Dividei	nds and interest from securities						5,473
97 Net rer	ntal income or (loss) from real estate:						
a debt-fi	nanced property	·		ļ <u>.</u>			
b not de	bt-financed property	,		<u> </u>			
98 Net rent	al income or (loss) from personal property .						
99 Other i	nvestment income	•		ļi.		_	
	(loss) from sales of assets other than invento						
	come or (loss) from special events						
	profit or (loss) from sales of inventory						
	revenue. a	_		 			
ь		-	<u></u>	 			
		-					
d			. 	 			
e	(5) (5)	-	0				12 046
	al (add columns (B), (D), and (E))		<u> </u>		0		13,846
	(add line 104, columns (B), (D), and (05 plus line 1e, Part I, should equal th				········ • <u> </u>	13,	846
				net Dive	2000 (0 4	.	
	Relationship of Activities t						4 - 4 4 1
Line No. ▼	Explain how each activity for which is organization's exempt purposes (oth				ated importantly to the a	ccompilsnm	ent of the
	See attachment #7	or than by provi	ang rando for bash parpe				
	See accaemment #7				·		
							
Dart IV	Information Regarding Taxa	hie Subsidia	ries and Disrenard	ed Enti	ties (See the instruction	ne)	
1 211 174	(A)	(B)	(C)	100 27111	(D)	(E	<u>)</u>
		Percentage of ownership int.	Nature of activities	,	Total income	End-of asse	
partnership, or disregarded entity over See attachment #8		% witership int.				4336	
		%					
		%					
		%	·				
Part X	Information Regarding Trans		iated with Personal	Benefi	t Contracts (See the	Instructions	1)
	ganization, during the year, receive ai						<u> </u>
• • •	e organization, during the year, pay p	-			•	—	L . 1
	es" to (b), file Form 8870 and Form						

JVA

Par	Information Regarding Tra		ontrolled Entities.	Complete only if the	organization	
106	Did the reporting organization make any if "Yes," complete the schedule below for	transfers to a controlled entity	as defined in section 51	2(b)(13) of the Cod	e? N/A	No
	(A) (B) Name, address, of each controlled entity Employer identification Number		(C) Description transfer		(D) Amount of trans	sfer
a		-				
ь		_				
С			-			
	Totals				·	
107	Did the reporting organization receive ar if "Yes," complete the schedule below for		entity as defined in section	n 512(b)(13) of the	Code? N/A	No
	(A) Name, address, of each controlled entity	(B) Employer identification Number	(C) Description transfer		(D) Amount of trans	sfer
a		_				
b						
С		-				
	Totals					·
108	Did the organization have a binding writte and annuities described in question 107		17, 2006, covering the in	iterest, rents, royalti	es, N/A	No
Plea Sign	- Kay The	is true, correct, and complete	urn, including accompan Declaration of preparer	ying schedules and (other than officer)	statements, and is based on all inf	to the orm-
Here	Signature of officer / RAY PHILLIPS Type or print name and title		TRUSTEE	 ,	Date	
Paid	Preparer's signature	<u> </u>	-/5-// employed	▶ 8,500	SN or PTIN (See Gen. PCO 2 456	20
Prepa Use (Firm's name (or yours of self-employed), address, and ZIP + 4	S 2300 E SUITE	BUHLER, PLLC 201 4117	Phone	87 <i>-050</i> 27 01-308-02	•
JVA	Dure	ms (Software Only) - 2006 TW	'	1	Form 990	

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

2006 Supplementary Information — (See separate instructions.)

Department of the Treasury

ь

Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number

OMB No 1545-0047

COUNCIL FOR INTERNATIONAL ED	UCATION		23-7215349	
Part 1 Compensation of the Five Higher (See the instructions. List each one. If there	· ·	ner Than Office	ers, Directors, a	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶ Part II-A Compensation of the Five High	ost Boid Indopendent C	contractors for	Professional Se	nvicos
Part II-A Compensation of the Five Higher (See the instructions. List each one (whether the compensation of the Five Higher (See the instructions).	est Paid independent C ier individuals or firms). If there	are none, enter "No	ne.")	RVICES
(a) Name and address of each independent contract			of service	(c) Compensation
NONE				
T	T			
Total number of others receiving over \$50,000 for professional services	0			
Part II-B Compensation of the Five High	<u> </u>	Contractors for	Other Services	
(List each contractor who performed service				
firms. If there are none, enter "None." See	instructions.)			
(a) Name and address of each independent contract	or paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE				
Total number of other contractors receiving over	<u> </u>		····	
\$50,000 for other services	0			

Pe	rt III Statements About Activities (See the instructions)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities • \$ (Must equal amounts on line 38,		
	Part VI-A, or line I of Part VI-B)		X_
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?	_	<u>x</u>
b	Lending of money or other extension of credit?		x
С	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		<u>x</u>
е	Transfer of any part of its income or assets?	_	X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		х
b	Did the organization have a section 403(b) annuity plan for its employees?		x
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? if "Yes," attach a detailed statement		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<u>x</u>
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		
С	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such finds or accounts		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		

Schedule A (Form 990 or 990-EZ) 2006 COUNCIL FOR INTERNATIONAL

Page 2

23-7215349

JVA

Part IV	Reason for Non-Private F	oungation Status	(See instructions)		_		
_	e organization is not a private founda			pplicable box	.)		
5 A chu	urch, convention of churches, or asso	ociation of churches. Se-	ction 170(b)(1)(A)(i).				
6 A sch	nool. Section 170(b)(1)(A)(ii). (Also co	mplete Part V.)					
7 A ho:	spital or a cooperative hospital servic	e organization. Section	170(b)(1)(A)(ııı).				
8 A fed	eral, state, or local government or go	vernmental unit. Section	n 170(b)(1)(A)(v).				
9 A me	dical research organization operated	in conjunction with a ho	ospital. Section 170(b)(1)(A)(III). En	ter the hospital'	s name, city, and	
	ganization operated for the benefit o complete the Support Schedule in		owned or operated b	y a governme	ntal unit. Section	170(b)(1)(A)(IV)	
	rganization that normally receives a so)(1)(A)(vi). (Also complete the Suppo			ental unit or fr	om the general p	public. Section	
11b A co	mmunity trust. Section 170(b)(1)(A)(vi	i). (Also complete the So	upport Schedule in F	Part IV-A.)			
from from orga	12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the						
requi	rements of section 509(a)(3). Check Type I Type II		he type of supporting				
	Provide the following	Information about the	supported organiza	tions. (See in	structions)		
	(a)	(b)	(c)	(0	i)	(e)	
Name(s	of supported organization(s)	Employer Identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	organization the sup organia		Amount of support	
		·		Yes	No		
					L		
Total ,				· · · · · · · · · · · · · · · ·	▶		
14	organization organized and operated	to test for public safety	Section 509(a)(4). (S	See instruction	s.)		

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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note	. Tou may use the worksheet if	The manuchons for co	inverting from the accit	an to the cash methor	u or accounting.		
Calen	dar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	:	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)						
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	10,876	255,046	579,598			845,520
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	5,789	3,475	3,843	4,	055	17,162
19	Net income from unrelated business activities not included in line 18	·			·		
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	16,665	258,521		4,	055	862,682
24	Line 23 minus line 17, , , ,	5,789	3,475		4,	055	17,162
25	Enter 1% of line 23	167	2,585	5,834		41	
26	Organizations described on	lines 10 or 11: a	Enter 2% of amount	in column (e), line 24 .		26a	N/A
b	Prepare a list for your records	to show the name of a	nd amount contributed	by each person (other	er than a		
	governmental unit or publicly s	supported organization)	whose total gifts for 2	002 through 2005 exc	eeded the		
	amount shown in line 26a. Do	not file this list with y	our return. Enter the t	otal of all these exces	s amounts 🕨	26b	N/A
C	Total support for section 509(a	i)(1) test: Enter line 24,	column (e)			26c	N/A
d	Add: Amounts from column (e) for lines: 18		19			
		22		26b		26d	N/A
е	Public support (line 26c minus	line 26d total)			▶	26e	N/A
f	Public support percentage (I	ine 26e (numerator) di	ivided by line 26c (de	nominator))	▶	26f	N/A %
27	Organizations described on person," prepare a list for your Do not file this list with your (2005)	records to show the na		unts received in each ach year:		"dısqualı	
b	For any amount included in lin	_ ` <i>'</i>	 `	<i>'</i>	· ·		or your records to
	show the name of, and amour (Include in the list organization computing the difference betw (the excess amounts) for each (2005)	nt received for each yea is described in lines 5 to reen the amount received year:	r, that was more than hrough 11b, as well as	the larger of (1) the individuals) Do not unt described in (1) o	amount on line file this list with r (2), enter the	25 for the h your re sum of th	year or (2) \$5,000 turn. After
C	Add: Amounts from column (e			16			
	17	845,520 20 an		21	▶	27c	845,520
d			d line 27b total		▶	27d	
e	Public support (line 27c total n					27e	845,520
f	Total support for section 509(a					┤ ╿	00 01
g	Public support percentage (I					27g	98.01 %
h						27h	1.99 %
	Hausual Grante: For an organ						

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Schedule A (Form 990 or 990-EZ) 2006 COUNCIL FOR INTERNATIONAL 23-7215349 Private School Questionnaire (See the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other Yes No 29 governing instrument, or in a resolution of its governing body?.................. Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and 30 scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the 31 period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: 32 Records indicating the racial composition of the student body, faculty, and administrative staff?..... 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?..... 32c Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33 33c Employment of faculty or administrative staff? 33e 33f 33g 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization receive any financial aid or assistance from a governmental agency?...... 34a

35

If you answered "Yes" to either 34a or b, please explain using an attached statement.

b Has the organization's right to such aid ever been revoked or suspended?.....

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of

Pa	To be o	ing Expenditures bompleted ONLY by an	y Electing Public eligible organization that	Charities (Se t filed Form 576	e the ins B)	structions.)			N/A
Che	eck ▶ a If the org	anization belongs to an a	ffiliated group. Chec	k ⊳ b if yo	ou check	ed "a" and	i "limite	ed contro	ol" provisions apply.
_	(The te	Limits on Lobbyin		red)	_	Affiliated tot			(b) To be completed for all electing organizations
36		itures to influence public			36				
		itures to influence a legisl			37				
		itures (add lines 36 and 3			38			1	
		expenditures			39		-		
		expenditures (add lines 3			40			i	
		amount. Enter the amount							·
	If the amount on line		e lobbying nontaxable						
	Not over \$500,000	209	% of the amount on line	40]					
	Over \$500,000 but not	over \$1,000,000 \$10	0,000 plus 15% of the excess	s over \$500,000					
	Over \$1,000,000 but n	ot over \$1,500,000 \$17	5,000 plus 10% of the excess	s over \$1,000,000	41]	
	Over \$1,500,000 but n	ot over \$17,000,000 \$22	5,000 plus 5% of the excess	over \$1,500,000					
	Over \$17,000,000	\$1,							
42	Grassroots nontaxable	amount (enter 25% of lin	ne 41)		42				
43	Subtract line 42 from I	ine 36. Enter -0- if line 42	2 is more than line 36 .		43				
44	Subtract line 41 from li	ine 38. Enter -0- if line 41	I is more than line 38		44			<u>_</u>	
	Caution: If there is an	amount on either line 43	· · · · · · · · · · · · · · · · · · ·						
			Averaging Period						
	(Some o	organizations that made a				all of the five	e colu	mns bel	ow.
		Г	See the instructions for	ines 45 inrough	50)				·
			Lobbylng Expend	ditures During 4	-Year A	veraging P	eriod		
	lendar year (or fiscal ar beginning in) ▶	(a) 2006	(b) 2005	(c) 2004		•	d) 103		(e) Total
45	Lobbying nontaxable amount								,
46	Lobbying ceiling amount (150% of line 45(e))								
47 	Total lobbying expenditures								
	Grassroots nontaxable amount								
49 	Grassroots ceiling amount (150% of line 48(e))			<u></u>		<u>.</u>			
50	Grassroots lobbying expenditures								
	(For rep	ring Activity by Nor orting only by organization	ns that did not complete	Part VI-A) (See				r ,	N/A
		ganization attempt to influ				any	Yes	No	Amount
atte	empt to influence public	copinion on a legislative r	matter or referendum, th	rough the use of	ŀ		L		
а							<u> </u>		
b	-	ement (Include compensa							
C									
d		s, legislators, or the public						 	
e	•	lished or broadcast states						 -	
f		inizations for lobbying pur	•						
g		egislators, their staffs, gov						 	
h		ons, seminars, convention							
1		nditures (Add lines c thro e above, also attach a sta							
		e above, also allach a sia		•	io iobbyl			A /Earm	990 or 990-EZ\ 200

SCHEDULE OF OTHER EXPENSES

Attachment 1: page 1 - 990 Page 2, Part II, Line 43

Attachment 1: page 1 - 990	Page 2, Part	II, LINE 43							
Open to Public		01 0006 .	02 21	2007					
Inspection For calendar year 2006 or tax p	erlod beginning 04	-01-2006, and en							
Name of Organization Employer Identification Number									
COUNCIL FOR INTERNATIONAL E	DUCATION		23-72153	49					
Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising					
PROGRAM SERVICES	12,344	12,344							
-									
			In						
		i							
Total	12,344	12,344		L					

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990 Page 3, Part III Open to Public 03-31-2007. Inspection For calendar year 2006 or tax period beginning 04 - 01 - 2006, and ending **Employer Identification Number** Name of Organization 23-7215349 COUNCIL FOR INTERNATIONAL EDUCATION Part III - Statement of Program Service Accomplishments Amount includes foreign grants Program service expenses 12,929 Grants and allocations **Exempt Purpose Achievements**

ORGANIZE ITINERARIES & LECTURES WITH UNIVERSITIES AND PROFESSORS: ADVERTISE AND PUBLISH PROMOTIONAL MATERIAL FOR STUDENTS; COORDINATE TRAVEL ARRANGEMENT, COLLECT TUITION & PAY EXPENSES FOR UNERGRADUATE STUDENTS.

SCHEDULE OF OTHER ASSETS Attachment 3: page 1 - 990 Page 4, Part IV, Line 58 Open to Public 04 - 01 - 2006, and ending 03-31-2007. For calendar year 2006 or tax period beginning Inspection **Employer Identification Number** Name of Organization 23-7215349 COUNCIL FOR INTERNATIONAL EDUCATION **EOY FMV** Beginning End Description of Other Assets of Year of Year (990-PF Only) FURN & EQUIP 5,551 5,551

Totals

5,551

5,551

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: page 1 - 990 Page 5, Part V-A Open to Public 04 - 01 - 2006, and ending 03-31-2007. Inspection For calendar year 2006 or tax period beginning **Employer Identification Number** Name of Organization 23-7215349 COUNCIL FOR INTERNATIONAL EDUCATION (E) Expense Account (B) Title and Average (C) Compensation (If (D) Cont. to Employee (A) Name and Address & Other Allowances Hrs. per Week not paid, enter 0) Ben, Plans & Def, Comp RAY PHILLIPS TRUSTEE 701 11TH EVE 0.00 0 0 0 Salt Lake City, UT 84103 MICHAEL A WENDLER TRUSTEE 2087 PINNACLE HIGHLAND 0.00 0 0 Salt Lake City, UT 84121 0 F W CHAMP TRUSTEE 875 DONNER WAY 0.00 0 Salt Lake City, UT 84108 0 TRUSTEE JOHN PEACH PO BOX 5376 0.00 Yuma, AZ 85364 0 0

BOOKS ARE IN CARE OF

<u>Atta</u>	chment	: 5 -	990 I	Page 7	, Part VI,	Line 93	La	
		For ca	lendar yea	2006 or ta	x period beginning	04-01	, and ending	03-31-2007.
	f Organizat							Employer Identification Number
COUN	CIL FO	R IN	TERNA:	CIONAL	EDUCATION			23-7215349
Part VI -	Line 91a							
Individua or						<u>RA</u>	Y PHILLIPS	
Busines	s Name:							
				<u>.</u>				
Street A	ddress					<u>326</u>	SO 500 E SI	C, UT
							 -	
U.S. Add	dress:							
;	Zıp code	8410	2-4022	<u>2</u> c	ny SALT LAK	E CITY	Sta	ate <u>UT</u>
	or Address							
	City .			• • • • • • • • • •				
	Province or	State .				<u> </u>		
	Country ,							<u> </u>
	Postal code							
	Phone Nun	nber .						(801)355-3630
	Fax Numbe	r						··· ··

PART VII - ANALYSIS OF INCOME-PRODUCING ACTIVITIES

Attachment 6: page 1 - 990 Page 8, Part VII, Line 93

Name of Organizati	on .	Employer Identification Number	
Inspection	For calendar year 2006 or tax period beginning	04-01-2006 , and ending	03-31-2007.
Open to Public			
Accaciment	o. page 1 - Jou rage o, 1	are vir, brite 75	

	ection	For calendar year 2006 or tax per	iod beginning	04-01-2006	, and endi		
Name COU	of Organiza	nton OR INTERNATIONAL ED	UCATION			Employer Iden 23 - 72153	tification Number 49
	1			ed business income	Excluded by	section 512, 513 or 514	(e)
Item	 	Program Service Revenue	(a) business code	(b) Amount	(c) Excl code	(d) Amount	Related or exempt function income (see instructions)
a	FEES						8,373
					1		
	ŀ						
	1						
			•				
						į	
	<u> </u>		Totals				8,373

SCHEDULE OF RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

OUNCIL FOR INTERNATIONAL EDUCATION Briefly describe how the activity reported in column (E) of Part VII specifically contributed to the accomplishment of foundation's exempt purposes (other than by providing funds for such purposes)	<u>'. </u>
Line Briefly describe how the activity reported in column (E) of Part VII specifically contributed to the accomplishment of foundation's exempt purposes (other than by providing funds for such purposes)	Number
Number foundation's exempt purposes (other than by providing funds for such purposes) A In the such purposes (other than by providing funds for such purposes)	of the
/A	

SCHEDULE OF INFORMATION REGARDING TAXABLE SUBSIDIARIES AND DISREGARED ENTITIES

.			SREGARED ENTITIES		
	8: page 1 990	Page 8, P	art IX		
Open to Public Inspection	For calendar year 2006 or	tax period beginning	ng 04-01-2006, and en	ding 03-31-	2007.
Name of Organizat		an period dog	.g		ntification Number
	R INTERNATIONA	L EDUCATIO	N	23-72153	49
	(A)	(B)	(C)	(D)	(E)
	, and EIN of Corporation,	Percent of	Nature of Activities	Total Income	End-of-Year
	or Disregarded Entity	Ownership Int.			Assets
N/A					
			İ		
		!			
			:		
		1			1