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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2010****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2010 calendar year, or tax year beginning** 10/01, 2010, and ending 09/30, 2011**B Check if applicable**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C Name of organization**

NATIONAL COUNCIL FOR INTERNATIONAL VISITORS

**Doing Business As**

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1420 K STREET, NW

800

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20005

**F Name and address of principal officer**

MARK REBSTOCK, INTERIM PRES

1420 K ST NW, STE 800 WASHINGTON, DC 20005

**D Employer identification number**

52-0848094

**E Telephone number**

(202) 842-1414

**G Gross receipts \$** 5,888,319.**H(a) Is this a group return for affiliates?** Yes ☐ No ☒**H(b) Are all affiliates included?** Yes ☐ No ☐  
If "No," attach a list (see instructions)**I Tax-exempt status** ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527**J Website** ▶ WWW.NCIV.ORG**H(c) Group exemption number** ▶**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L Year of formation** 1965 **M State of legal domicile** DC**Part I Summary**

|                                                                       |                                                                                                                                                                                                                  |                                          |                           |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------|
| Activities & Governance                                               | <b>1</b> Briefly describe the organization's mission or most significant activities                                                                                                                              |                                          |                           |
|                                                                       | A M'BSHP NETWORK OF INDV'LS, PROGRAM AGENCIES AND MORE THAN 90 ORG'S THROUGHOUT THE US THAT PROMOTES CITIZEN DIPLOMACY BY BRIDGING CULTURES AND BUILDING RELATIONSHIPS THROUGH PERSON TO PERSON INT'L EXCHANGES. |                                          |                           |
|                                                                       | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                                                  |                                          |                           |
|                                                                       | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                       | <b>3</b>                                 | 18.                       |
|                                                                       | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                           | <b>4</b>                                 | 17.                       |
|                                                                       | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)                                                                                                                            | <b>5</b>                                 | 10.                       |
| Revenue                                                               | <b>6</b> Total number of volunteers (estimate if necessary)                                                                                                                                                      | <b>6</b>                                 | 35.                       |
|                                                                       | <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12                                                                                                                             | <b>7a</b>                                | 0.                        |
|                                                                       | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34                                                                                                                                          | <b>7b</b>                                |                           |
|                                                                       | <b>8</b> Contributions and grants (Part VIII, line 1h)                                                                                                                                                           | Prior Year                               | Current Year              |
|                                                                       | <b>9</b> Program service revenue (Part VIII, line 2g)                                                                                                                                                            | 5,651,827.                               | 5,542,254.                |
|                                                                       | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                          | 33,890.                                  | 162,275.                  |
|                                                                       | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                               | 9,186.                                   | 7,395.                    |
|                                                                       | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                     | 5,725.                                   | 35,189.                   |
|                                                                       | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                                       | 5,700,628.                               | 5,747,113.                |
|                                                                       | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                          | 4,141,783.                               | 4,099,468.                |
| Expenses                                                              | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                                      | 0.                                       | 0.                        |
|                                                                       | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                         | 691,013.                                 | 735,705.                  |
|                                                                       | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,101.                                                                                                                                     | 0.                                       | 0.                        |
|                                                                       | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                                                                                                                                           | 798,112.                                 | 923,438.                  |
|                                                                       | <b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                             | 5,630,908.                               | 5,758,611.                |
|                                                                       | <b>19</b> Revenue less expenses - Subtract line 18 from line 12                                                                                                                                                  | 69,720.                                  | -11,498.                  |
|                                                                       | Net Assets or Fund Balances                                                                                                                                                                                      | <b>20</b> Total assets (Part X, line 16) | Beginning of Current Year |
| <b>21</b> Total liabilities (Part X, line 26)                         |                                                                                                                                                                                                                  | 881,240.                                 | 876,010.                  |
| <b>22</b> Net assets or fund balances - Subtract line 21 from line 20 |                                                                                                                                                                                                                  | 153,316.                                 | 168,420.                  |
|                                                                       |                                                                                                                                                                                                                  | 727,924.                                 | 707,590.                  |

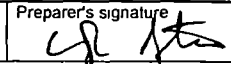
**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Signature of officer  Date 3/6/12

▶ Type or print name and title JENNIFER CLINTON, PRESIDENT

**Paid Preparer Use Only**

Preparer's name: Cong & Stevens  
Preparer's signature:  Date: 2/29/12  
Check if self-employed ☐ PTIN: P00177781  
Firm's name: ARONSON LLC  
Firm's EIN: 37-1611326  
Firm's address: 805 KING FARM BLVD, 3RD FLOOR ROCKVILLE, MD 20850  
Phone no: 301-231-6200

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

917-18

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

ATTACHMENT 1

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code \_\_\_\_\_) (Expenses \$ 5,642,038. including grants of \$ 4,099,468) (Revenue \$ \_\_\_\_\_)

MEMBERSHIP SERVICES - INCLUDE COMMUNITY PARTNERSHIP GRANTS, LOCAL INITIATIVE/MEMBER EXCHANGE GRANTS, NATIONAL MEETING AND NATIONAL MEETING GRANTS, REGIONAL MEETINGS, PROGRAMMERS WORKSHOPS, ORIENTATION PROGRAMS, INTERNSHIP GRANTS, MONTHLY NEWSLETTER, AND DEVELOPMENT OF OTHER PUBLICATIONS.

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶** 5,642,038.

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                 | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .                                                                                                                                                   | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .                                                                |     | X  |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .                                                        | X   |    |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .                         |     |    |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .                                      |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .                                                                                                   |     | X  |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . . |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .                                                                                       | X   |    |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                               |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .                                                                                                                 | X   |    |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .                                               | X   |    |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .                                               |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .                                                                |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .                                                                                                                               | X   |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .      | X   |    |
| 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .                                                                                          | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .              |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                  |     | X  |
| 14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                      |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .                     |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .                              |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .                                  |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .                                      |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .                                                                     | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .                                                                                               |     | X  |
| 20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .                                                                                                                                                                |     | X  |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .                        |     |    |

**Part IV Checklist of Required Schedules (continued)**

|                                                                                                                                                                                                                                                                                             | Yes                                 | No                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. . . . .                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. . . . .                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25. . . . . | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. . . . .                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . .              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. . . . .                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III. . . . .                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . .                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .                                                                                                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. . . . .                                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. . . . .                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1. . . . .                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .                                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. . . . .                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. . . . .                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Form 990 (2010)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

|                                                                                                                                                                                                                                                                         |       | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                                                        | 1a 15 |     |    |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                      | 1b 0  |     |    |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                              | 1c    | X   |    |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.                                                                                       | 2a 10 |     |    |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                          | 2b    | X   |    |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                        | 3a    |     | X  |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                     | 3b    |     |    |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                           | 4a    |     | X  |
| b If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts                                                                                                     |       |     |    |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                | 5a    |     | X  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                      | 5b    |     | X  |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                    | 5c    |     |    |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?                                                                                          | 6a    |     | X  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                         | 6b    |     |    |
| 7 Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                         |       |     |    |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                       | 7a    | X   |    |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                       | 7b    | X   |    |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                  | 7c    |     | X  |
| d If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                    | 7d    |     |    |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                       | 7e    |     | X  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                          | 7f    |     | X  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                      | 7g    |     |    |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                    | 7h    |     |    |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8     |     |    |
| 9 Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                             |       |     |    |
| a Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                               | 9a    |     |    |
| b Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                | 9b    |     |    |
| 10 Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                               |       |     |    |
| a Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                             | 10a   |     |    |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                          | 10b   |     |    |
| 11 Section 501(c)(12) organizations. Enter                                                                                                                                                                                                                              |       |     |    |
| a Gross income from members or shareholders.                                                                                                                                                                                                                            | 11a   |     |    |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                                          | 11b   |     |    |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                          | 12a   |     |    |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                | 12b   |     |    |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                     |       |     |    |
| a Is the organization licensed to issue qualified health plans in more than one state?<br>Note: See the instructions for additional information the organization must report on Schedule O.                                                                             | 13a   |     |    |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                                            | 13b   |     |    |
| c Enter the amount of reserves on hand.                                                                                                                                                                                                                                 | 13c   |     |    |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                          | 14a   |     | X  |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                            | 14b   |     |    |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒ X

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                 | Yes   | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                                | 1a 18 |    |
| b Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                  | 1b 17 |    |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                               | 2     | X  |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | 3     | X  |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                    | 4 X   |    |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                          | 5     | X  |
| 6 Does the organization have members or stockholders? . . . . .                                                                                                                                                                 | 6 X   |    |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .                                                                                        | 7a    | X  |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .                                                                                                             | 7b    | X  |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                             |       |    |
| a The governing body? . . . . .                                                                                                                                                                                                 | 8a X  |    |
| b Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               | 8b X  |    |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .        | 9     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                            | Yes   | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| 10a Does the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                          | 10a X |    |
| b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .                                                                             | 10b X |    |
| 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                           | 11a X |    |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .                                                                                                                                                                                                   |       |    |
| 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                     | 12a X |    |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                              | 12b X |    |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .                                                                                                                                             | 12c X |    |
| 13 Does the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                    | 13 X  |    |
| 14 Does the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                               | 14 X  |    |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                                    |       |    |
| a The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                         | 15a X |    |
| b Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                            | 15b   | X  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .                                                                                                                                                                                                               |       |    |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                        | 16a   | X  |
| b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | 16b   |    |

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ☐ \_\_\_\_\_

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ☒ ELEANOR LLOYD 1420 K ST NW, STE 800 WASHINGTON, DC 20005  
 202-842-1414

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and Title                       | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                             |                                                                                        | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) ALEXANDER DURTKA, JR.<br>CHAIR          | 8.00                                                                                   | X                                      |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (2) LAURA DUPUY<br>VICE CHAIR               | 5.00                                                                                   | X                                      |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (3) NANCY GILBOY<br>VICE CHAIR              | 5.00                                                                                   | X                                      |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (4) KYLE MOYER<br>VICE CHAIR                | 5.00                                                                                   | X                                      |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (5) PETER SIMPSON, PH.D.<br>TREASURER       | 5.00                                                                                   | X                                      |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (6) CARINA BLACK, PH.D.<br>SECRETARY        | 5.00                                                                                   | X                                      |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (7) LAWRENCE J. CHASTANG, CPA<br>EX-OFFICIO | 5.00                                                                                   | X                                      |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (8) CHRIS AJEMIAN<br>DIRECTOR               | 3.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (9) ANNETTE ALVAREZ<br>DIRECTOR             | 3.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (10) JEFFREY BALS, CMP, CMM<br>DIRECTOR     | 3.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (11) ROBERT BROWN, PH.D.<br>DIRECTOR        | 3.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (12) KAREN DE BARTOLOME<br>DIRECTOR         | 3.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (13) BETH SABO HUDDLESTON<br>DIRECTOR       | 3.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (14) THEA RICHARD<br>DIRECTOR               | 3.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (15) JIM STOCKTON, ED.D.<br>DIRECTOR        | 3.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (16) DIANE THOMAS<br>DIRECTOR               | 3.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title                                          | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                        | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (17) JAMES S. WOLF<br>DIRECTOR                                 | 3.00                                                                                   | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (18) SHERRY MUELLER<br>PRESIDENT                               | 40.00                                                                                  | X                                      |                       | X       |              |                              |        | 161,740.                                                             | 0.                                                                        | 26,560.                                                                                       |
| (19) MARK REBSTOCK<br>INTERIM PRESIDENT                        | 40.00                                                                                  |                                        |                       | X       |              |                              |        | 82,997.                                                              | 0.                                                                        | 15,736.                                                                                       |
| (20) STAFFORD KAY<br>DIRECTOR OF EPROGRAMS                     | 40.00                                                                                  |                                        |                       | X       |              |                              |        | 88,010.                                                              | 0.                                                                        | 17,594.                                                                                       |
| (21)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (22)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (23)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (24)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (25)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (26)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (27)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (28)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-total</b>                                            |                                                                                        |                                        |                       |         |              |                              |        | 332,747.                                                             | 0.                                                                        | 59,890.                                                                                       |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                        |                                        |                       |         |              |                              |        | 332,747.                                                             | 0.                                                                        | 59,890.                                                                                       |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

|   | Yes | No |
|---|-----|----|
| 3 |     | X  |
| 4 | X   |    |
| 5 |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

|                                                                   |                                                        |                                                                                                                                                |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|-------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b> | 1a                                                     | Federated campaigns . . . . .                                                                                                                  | 1a                   |                      |                                                    |                                         |                                                                           |
|                                                                   | b                                                      | Membership dues . . . . .                                                                                                                      | 1b                   |                      |                                                    |                                         |                                                                           |
|                                                                   | c                                                      | Fundraising events . . . . .                                                                                                                   | 1c                   |                      |                                                    |                                         |                                                                           |
|                                                                   | d                                                      | Related organizations . . . . .                                                                                                                | 1d                   |                      |                                                    |                                         |                                                                           |
|                                                                   | e                                                      | Government grants (contributions) . . . . .                                                                                                    | 1e                   | 5,445,431            |                                                    |                                         |                                                                           |
|                                                                   | f                                                      | All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .                                                    | 1f                   | 96,823               |                                                    |                                         |                                                                           |
|                                                                   | g                                                      | Noncash contributions included in lines 1a-1f \$ . . . . .                                                                                     |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | h                                                      | <b>Total. Add lines 1a-1f . . . . .</b>                                                                                                        |                      | 5,542,254.           |                                                    |                                         |                                                                           |
| <b>Program Service Revenue</b>                                    |                                                        |                                                                                                                                                | <b>Business Code</b> |                      |                                                    |                                         |                                                                           |
|                                                                   | 2a                                                     | DUES . . . . .                                                                                                                                 | 541900               | 33,065.              | 33,065.                                            |                                         |                                                                           |
|                                                                   | b                                                      | NATIONAL MEETING . . . . .                                                                                                                     | 541900               | 129,210.             | 129,210.                                           |                                         |                                                                           |
|                                                                   | c                                                      | . . . . .                                                                                                                                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | d                                                      | . . . . .                                                                                                                                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | e                                                      | . . . . .                                                                                                                                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | f                                                      | All other program service revenue . . . . .                                                                                                    |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | g                                                      | <b>Total. Add lines 2a-2f . . . . .</b>                                                                                                        |                      | 162,275              |                                                    |                                         |                                                                           |
| <b>Other Revenue</b>                                              | 3                                                      | Investment income (including dividends, interest, and<br>other similar amounts) . . . . .                                                      |                      | 7,395                |                                                    |                                         | 7,395.                                                                    |
|                                                                   | 4                                                      | Income from investment of tax-exempt bond proceeds . . . . .                                                                                   |                      | 0.                   |                                                    |                                         |                                                                           |
|                                                                   | 5                                                      | Royalties . . . . .                                                                                                                            |                      | 0.                   |                                                    |                                         |                                                                           |
|                                                                   |                                                        |                                                                                                                                                | (i) Real             | (ii) Personal        |                                                    |                                         |                                                                           |
|                                                                   | 6a                                                     | Gross Rents . . . . .                                                                                                                          |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | b                                                      | Less rental expenses . . . . .                                                                                                                 |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | c                                                      | Rental income or (loss) . . . . .                                                                                                              |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | d                                                      | Net rental income or (loss) . . . . .                                                                                                          |                      | 0                    |                                                    |                                         |                                                                           |
|                                                                   |                                                        |                                                                                                                                                | (i) Securities       | (ii) Other           |                                                    |                                         |                                                                           |
|                                                                   | 7a                                                     | Gross amount from sales of<br>assets other than inventory . . . . .                                                                            |                      | 25,769               |                                                    |                                         |                                                                           |
|                                                                   | b                                                      | Less cost or other basis<br>and sales expenses . . . . .                                                                                       |                      | 25,769.              |                                                    |                                         |                                                                           |
|                                                                   | c                                                      | Gain or (loss) . . . . .                                                                                                                       |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | d                                                      | Net gain or (loss) . . . . .                                                                                                                   |                      | 0.                   |                                                    |                                         |                                                                           |
|                                                                   | 8a                                                     | Gross income from fundraising<br>events (not including \$ . . . . .<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a                    | 143,210              |                                                    |                                         |                                                                           |
|                                                                   | b                                                      | Less direct expenses . . . . .                                                                                                                 | b                    | 115,437.             |                                                    |                                         |                                                                           |
|                                                                   | c                                                      | Net income or (loss) from fundraising events . . . . .                                                                                         |                      | 27,773               |                                                    |                                         | 27,773.                                                                   |
|                                                                   | 9a                                                     | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                          | a                    |                      |                                                    |                                         |                                                                           |
|                                                                   | b                                                      | Less direct expenses . . . . .                                                                                                                 | b                    |                      |                                                    |                                         |                                                                           |
|                                                                   | c                                                      | Net income or (loss) from gaming activities . . . . .                                                                                          |                      | 0.                   |                                                    |                                         |                                                                           |
|                                                                   | 10a                                                    | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                             | a                    |                      |                                                    |                                         |                                                                           |
| b                                                                 | Less cost of goods sold . . . . .                      | b                                                                                                                                              |                      |                      |                                                    |                                         |                                                                           |
| c                                                                 | Net income or (loss) from sales of inventory . . . . . |                                                                                                                                                | 0                    |                      |                                                    |                                         |                                                                           |
| <b>Miscellaneous Revenue</b>                                      |                                                        | <b>Business Code</b>                                                                                                                           |                      |                      |                                                    |                                         |                                                                           |
| 11a                                                               | MISCELLANEOUS . . . . .                                | 541900                                                                                                                                         | 7,416                | 7,416                |                                                    |                                         |                                                                           |
| b                                                                 | . . . . .                                              |                                                                                                                                                |                      |                      |                                                    |                                         |                                                                           |
| c                                                                 | . . . . .                                              |                                                                                                                                                |                      |                      |                                                    |                                         |                                                                           |
| d                                                                 | All other revenue . . . . .                            |                                                                                                                                                |                      |                      |                                                    |                                         |                                                                           |
| e                                                                 | <b>Total. Add lines 11a-11d . . . . .</b>              |                                                                                                                                                | 7,416                |                      |                                                    |                                         |                                                                           |
| 12                                                                | <b>Total revenue. See instructions . . . . .</b>       |                                                                                                                                                | 5,747,113            | 169,691              | 0                                                  | 35,168                                  |                                                                           |

Form 990 (2010)

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                                     | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .                                                                                                                                               | 4,099,468.            | 4,099,468.                      |                                        |                             |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22 . . . . .                                                                                                                                                             | 0.                    |                                 |                                        |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . .                                                                                                                | 0.                    |                                 |                                        |                             |
| 4 Benefits paid to or for members . . . . .                                                                                                                                                                                                        | 0.                    |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                               | 392,637.              | 370,052.                        | 22,585.                                |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                          | 0.                    |                                 |                                        |                             |
| 7 Other salaries and wages . . . . .                                                                                                                                                                                                               | 253,202.              | 238,172.                        | 15,030.                                |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                                                          | 0.                    |                                 |                                        |                             |
| 9 Other employee benefits . . . . .                                                                                                                                                                                                                | 89,866.               | 85,615.                         | 4,251.                                 |                             |
| 10 Payroll taxes . . . . .                                                                                                                                                                                                                         | 0.                    |                                 |                                        |                             |
| 11 Fees for services (non-employees)                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| a Management . . . . .                                                                                                                                                                                                                             | 0.                    |                                 |                                        |                             |
| b Legal . . . . .                                                                                                                                                                                                                                  | 0.                    |                                 |                                        |                             |
| c Accounting . . . . .                                                                                                                                                                                                                             | 25,255.               |                                 | 25,255.                                |                             |
| d Lobbying . . . . .                                                                                                                                                                                                                               | 0.                    |                                 |                                        |                             |
| e Professional fundraising services See Part IV, line 17                                                                                                                                                                                           | 0.                    |                                 |                                        |                             |
| f Investment management fees . . . . .                                                                                                                                                                                                             | 0.                    |                                 |                                        |                             |
| g Other . . . . .                                                                                                                                                                                                                                  | 190,737.              | 145,382.                        | 34,480.                                | 10,875.                     |
| 12 Advertising and promotion . . . . .                                                                                                                                                                                                             | 0.                    |                                 |                                        |                             |
| 13 Office expenses . . . . .                                                                                                                                                                                                                       | 50,768.               | 49,127.                         | 1,641.                                 |                             |
| 14 Information technology . . . . .                                                                                                                                                                                                                | 18,614.               | 18,614.                         |                                        |                             |
| 15 Royalties . . . . .                                                                                                                                                                                                                             | 0.                    |                                 |                                        |                             |
| 16 Occupancy . . . . .                                                                                                                                                                                                                             | 121,599.              |                                 | 121,599.                               |                             |
| 17 Travel . . . . .                                                                                                                                                                                                                                | 222,550.              | 218,109.                        | 4,441.                                 |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                                  | 0.                    |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                | 0.                    |                                 |                                        |                             |
| 20 Interest . . . . .                                                                                                                                                                                                                              | 0.                    |                                 |                                        |                             |
| 21 Payments to affiliates . . . . .                                                                                                                                                                                                                | 0.                    |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                             | 0.                    |                                 |                                        |                             |
| 23 Insurance . . . . .                                                                                                                                                                                                                             | 3,431.                |                                 | 3,431.                                 |                             |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)                                                |                       |                                 |                                        |                             |
| a ALLOCATION OF INDIRECT EXPEN                                                                                                                                                                                                                     |                       | 192,298.                        | -192,298.                              |                             |
| b REGIONAL MEETINGS                                                                                                                                                                                                                                | 57,154.               | 57,154.                         |                                        |                             |
| c AUDIO/VIDEO PRODUCTION                                                                                                                                                                                                                           | 25,584.               | 25,584.                         |                                        |                             |
| d PRINTING/PUBS/PRODUCTION                                                                                                                                                                                                                         | 34,998.               | 17,497.                         | 17,501.                                |                             |
| e NATIONAL MEETING COSTS                                                                                                                                                                                                                           | 49,293.               | 49,293.                         |                                        |                             |
| f All other expenses                                                                                                                                                                                                                               | 123,455.              | 75,673.                         | 40,556.                                | 7,226.                      |
| 25 Total functional expenses Add lines 1 through 24f                                                                                                                                                                                               | 5,758,611.            | 5,642,038.                      | 98,472.                                | 18,101.                     |
| 26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . . |                       |                                 |                                        |                             |

**Part X Balance Sheet**

|                                                                     |                                                                                                                                                                                                                                                                                 | (A)<br>Beginning of year |          | (B)<br>End of year |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------|--------------------|
| <b>Assets</b>                                                       | 1 Cash - non-interest-bearing                                                                                                                                                                                                                                                   |                          | 1        |                    |
|                                                                     | 2 Savings and temporary cash investments                                                                                                                                                                                                                                        | 231,482.                 | 2        | 93,926.            |
|                                                                     | 3 Pledges and grants receivable, net                                                                                                                                                                                                                                            | 40,729.                  | 3        | 49,020.            |
|                                                                     | 4 Accounts receivable, net                                                                                                                                                                                                                                                      |                          | 4        |                    |
|                                                                     | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                                                                                                                           |                          | 5        |                    |
|                                                                     | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) |                          | 6        |                    |
|                                                                     | 7 Notes and loans receivable, net                                                                                                                                                                                                                                               |                          | 7        |                    |
|                                                                     | 8 Inventories for sale or use                                                                                                                                                                                                                                                   |                          | 8        |                    |
|                                                                     | 9 Prepaid expenses and deferred charges                                                                                                                                                                                                                                         | 7,651.                   | 9        | 22,352.            |
|                                                                     | 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                         | 10a 32,376.              |          |                    |
|                                                                     | b Less accumulated depreciation                                                                                                                                                                                                                                                 | 10b 32,376.              | 10c      |                    |
|                                                                     | 11 Investments - publicly traded securities                                                                                                                                                                                                                                     | 463,144.                 | 11       | 436,118.           |
|                                                                     | 12 Investments - other securities. See Part IV, line 11                                                                                                                                                                                                                         | 127,141.                 | 12       | 263,501.           |
|                                                                     | 13 Investments - program-related. See Part IV, line 11                                                                                                                                                                                                                          |                          | 13       |                    |
|                                                                     | 14 Intangible assets                                                                                                                                                                                                                                                            |                          | 14       |                    |
|                                                                     | 15 Other assets. See Part IV, line 11                                                                                                                                                                                                                                           | 11,093.                  | 15       | 11,093.            |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 881,240.                                                                                                                                                                                                                                                                        | 16                       | 876,010. |                    |
| <b>Liabilities</b>                                                  | 17 Accounts payable and accrued expenses                                                                                                                                                                                                                                        | 90,126.                  | 17       | 115,061.           |
|                                                                     | 18 Grants payable                                                                                                                                                                                                                                                               |                          | 18       |                    |
|                                                                     | 19 Deferred revenue                                                                                                                                                                                                                                                             | 5,000.                   | 19       | 0.                 |
|                                                                     | 20 Tax-exempt bond liabilities                                                                                                                                                                                                                                                  |                          | 20       |                    |
|                                                                     | 21 Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                                                                        |                          | 21       |                    |
|                                                                     | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L                                                                                                         |                          | 22       |                    |
|                                                                     | 23 Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                               |                          | 23       |                    |
|                                                                     | 24 Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                 |                          | 24       |                    |
|                                                                     | 25 Other liabilities. Complete Part X of Schedule D                                                                                                                                                                                                                             | 58,190.                  | 25       | 53,359.            |
|                                                                     | 26 <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                            | 153,316.                 | 26       | 168,420.           |
| <b>Net Assets or Fund Balances</b>                                  | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.                                                                                                                                       |                          |          |                    |
|                                                                     | 27 Unrestricted net assets                                                                                                                                                                                                                                                      | 504,949.                 | 27       | 496,809.           |
|                                                                     | 28 Temporarily restricted net assets                                                                                                                                                                                                                                            | 56,678.                  | 28       | 33,124.            |
|                                                                     | 29 Permanently restricted net assets                                                                                                                                                                                                                                            | 166,297.                 | 29       | 177,657.           |
|                                                                     | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.                                                                                                                                                                |                          |          |                    |
|                                                                     | 30 Capital stock or trust principal, or current funds                                                                                                                                                                                                                           |                          | 30       |                    |
|                                                                     | 31 Paid-in or capital surplus, or land, building, or equipment fund                                                                                                                                                                                                             |                          | 31       |                    |
|                                                                     | 32 Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                             |                          | 32       |                    |
|                                                                     | 33 <b>Total net assets or fund balances</b>                                                                                                                                                                                                                                     | 727,924.                 | 33       | 707,590.           |
|                                                                     | 34 <b>Total liabilities and net assets/fund balances</b>                                                                                                                                                                                                                        | 881,240.                 | 34       | 876,010.           |

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

|   |                                                                                                               |   |            |
|---|---------------------------------------------------------------------------------------------------------------|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)                                                     | 1 | 5,747,113. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2 | 5,758,611. |
| 3 | Revenue less expenses Subtract line 2 from line 1                                                             | 3 | -11,498.   |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 727,924.   |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)                                          | 5 | -8,836.    |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 707,590.   |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

|                                                                                                                                                                                                                                                                                                                                                        | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                                                                   |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                                                                                                                                                                     |     | X  |
| b Were the organization's financial statements audited by an independent accountant?                                                                                                                                                                                                                                                                   | X   |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | X   |    |
| d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                            | X   |    |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                                 | X   |    |

Form 990 (2010)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

NATIONAL COUNCIL FOR INTERNATIONAL VISITORS

Employer identification number

52-0848094

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☒ 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 exempt 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). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|-------------------------|
|                                    |          |                                                                                             | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                         |
| (A)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                         |
| (B)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                         |
| (C)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                         |
| (D)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                         |
| (E)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                         |
| Total                              |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                         |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .                                                                                                   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                    |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                            |          |          |          |          |          |           |
| 4 <b>Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . . |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .                                                                                                                                                 |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                            | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 . . . . .                                                                                                                                                                          |          |          |          |          |          |                          |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                               |          |          |          |          |          |                          |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                           |          |          |          |          |          |                          |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .                                                                                              |          |          |          |          |          |                          |
| 11 <b>Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                |          |          |          |          |          |                          |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                             |          |          |          |          | 12       |                          |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                    | 14 | %                        |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                          | 15 | %                        |
| 16a <b>33 1/3 % support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                         |    | <input type="checkbox"/> |
| b <b>33 1/3 % support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                      |    | <input type="checkbox"/> |
| 17a <b>10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .     |    | <input type="checkbox"/> |
| b <b>10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |    | <input type="checkbox"/> |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                                 |    | <input type="checkbox"/> |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                               | (a) 2006   | (b) 2007  | (c) 2008   | (d) 2009   | (e) 2010   | (f) Total   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                  | 3,926,758. | 4,758,700 | 4,804,917  | 5,685,667  | 5,847,739. | 25,023,781. |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |            |           |            |            |            |             |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                             |            |           |            |            |            |             |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                          |            |           |            |            |            |             |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                  |            |           |            |            |            |             |
| <b>6</b> <b>Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                      | 3,926,758  | 4,758,700 | 4,804,917. | 5,685,667. | 5,847,739  | 25,023,781. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .                                                                                                |            |           |            |            |            |             |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |            |           |            |            |            |             |
| <b>c</b> Add lines 7a and 7b . . . . .                                                                                                                                                      |            |           |            |            |            |             |
| <b>8</b> <b>Public support</b> (Subtract line 7c from line 6) . . . . .                                                                                                                     |            |           |            |            |            | 25,023,781  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                            | (a) 2006  | (b) 2007  | (c) 2008  | (d) 2009   | (e) 2010  | (f) Total  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|------------|-----------|------------|
| <b>9</b> Amounts from line 6 . . . . .                                                                                                                                                                                                   | 3,926,758 | 4,758,700 | 4,804,917 | 5,685,667. | 5,847,739 | 25,023,781 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                                                      | 31,642.   | 32,998.   | 18,918    | 9,186      | 7,395     | 100,139    |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                                                                                                               |           |           |           |            |           |            |
| <b>c</b> Add lines 10a and 10b . . . . .                                                                                                                                                                                                 | 31,642    | 32,998    | 18,918.   | 9,186      | 7,395     | 100,139    |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .                                                                                          |           |           |           |            |           |            |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) <b>ATCH 1.</b> . . . . .                                                                                                        | 13,714.   | 500       | 770       | 5,725      | 7,416     | 28,125     |
| <b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .                                                                                                                                                                 | 3,972,114 | 4,792,198 | 4,824,605 | 5,700,578  | 5,862,550 | 25,152,045 |
| <b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |           |           |           |            |           |            |

**Section C. Computation of Public Support Percentage**

|                                                                                                            |           |         |
|------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | 99.49 % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | 99.41 % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                                                                                                                                                                                                                                  |           |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .                                                                                                                                                                                                           | <b>17</b> | .40 % |
| <b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 . . . . .                                                                                                                                                                                                                                  | <b>18</b> | .49 % |
| <b>19a</b> <b>33 1/3 % support tests - 2010</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and <b>stop here</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> <b>X</b> |           |       |
| <b>b</b> <b>33 1/3 % support tests - 2009</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and <b>stop here</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>             |           |       |
| <b>20</b> <b>Private foundation</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>                                                                                                                                                                |           |       |

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

## SCHEDULE A, PART III - OTHER INCOME

| DESCRIPTION  | 2006          | 2007       | 2008       | 2009         | 2010         | TOTAL         |
|--------------|---------------|------------|------------|--------------|--------------|---------------|
| MISC. INCOME | 13,714.       | 500        | 770.       | 5,725.       | 7,416.       | 28,125.       |
| <b>TOTAL</b> | <u>13,714</u> | <u>500</u> | <u>770</u> | <u>5,725</u> | <u>7,416</u> | <u>28,125</u> |

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization

Employer identification number

NATIONAL COUNCIL FOR INTERNATIONAL VISITORS

52-0848094

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours ▶

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| (1)      |             |         |                                                                     |                                                                                                                                            |
| (2)      |             |         |                                                                     |                                                                                                                                            |
| (3)      |             |         |                                                                     |                                                                                                                                            |
| (4)      |             |         |                                                                     |                                                                                                                                            |
| (5)      |             |         |                                                                     |                                                                                                                                            |
| (6)      |             |         |                                                                     |                                                                                                                                            |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule C (Form 990 or 990-EZ) 2010

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**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group.  
**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                               |                                                   | (a) Filing organization's totals | (b) Affiliated group totals                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------|----------------------------------------------------------|
| <b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                  |                                                   | 0.                               |                                                          |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                     |                                                   | 10,621.                          |                                                          |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)                                                                                                 |                                                   | 10,621.                          |                                                          |
| <b>d</b> Other exempt purpose expenditures                                                                                                                 |                                                   | 5,801,092.                       |                                                          |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)                                                                                           |                                                   | 5,811,713.                       |                                                          |
| <b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns                                                              |                                                   | 440,586.                         |                                                          |
| <b>If the amount on line 1e, column (a) or (b) is:</b>                                                                                                     | <b>The lobbying nontaxable amount is:</b>         |                                  |                                                          |
| Not over \$500,000                                                                                                                                         | 20% of the amount on line 1e                      |                                  |                                                          |
| Over \$500,000 but not over \$1,000,000                                                                                                                    | \$100,000 plus 15% of the excess over \$500,000   |                                  |                                                          |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                  | \$175,000 plus 10% of the excess over \$1,000,000 |                                  |                                                          |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                 | \$225,000 plus 5% of the excess over \$1,500,000  |                                  |                                                          |
| Over \$17,000,000                                                                                                                                          | \$1,000,000                                       |                                  |                                                          |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)                                                                                               |                                                   | 110,147.                         |                                                          |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-                                                                                         |                                                   | 0.                               |                                                          |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-                                                                                         |                                                   | 0.                               |                                                          |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |                                                   |                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period             |          |          |          |          |           |
|------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
| <b>2 a</b> Lobbying nontaxable amount                            |          |          |          | 440,586. | 440,586.  |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          | 660,879.  |
| <b>c</b> Total lobbying expenditures                             |          |          |          | 10,621.  | 10,621.   |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          | 110,147. | 110,147.  |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          | 165,221.  |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          | 0.       | 0.        |

Schedule C (Form 990 or 990-EZ) 2010

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

|                                                                                                                                                                                                                                | (a) |    | (b)    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
| a Volunteers?                                                                                                                                                                                                                  |     |    |        |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     |    |        |
| c Media advertisements?                                                                                                                                                                                                        |     |    |        |
| d Mailings to members, legislators, or the public?                                                                                                                                                                             |     |    |        |
| e Publications, or published or broadcast statements?                                                                                                                                                                          |     |    |        |
| f Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     |    |        |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     |    |        |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     |    |        |
| i Other activities? If "Yes," describe in Part IV                                                                                                                                                                              |     |    |        |
| j Total. Add lines 1c through 1i                                                                                                                                                                                               |     |    |        |
| 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                              |     |    |        |
| b If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                            |     |    |        |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                   |     |    |        |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |    |        |

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|                                                                                                    | Yes | No |
|----------------------------------------------------------------------------------------------------|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members?                     | 1   |    |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?                | 2   |    |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3   |    |

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

|                                                                                                                                                                                                                                              |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 1 Dues, assessments and similar amounts from members                                                                                                                                                                                         | 1  |  |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |    |  |
| a Current year                                                                                                                                                                                                                               | 2a |  |
| b Carryover from last year                                                                                                                                                                                                                   | 2b |  |
| c Total                                                                                                                                                                                                                                      | 2c |  |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | 3  |  |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| 5 Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | 5  |  |

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

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**Part IV** Supplemental Information (continued)

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL COUNCIL FOR INTERNATIONAL VISITORS

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Employer identification number

52-0848094

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                                 | (a) Donor advised funds | (b) Funds and other accounts                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1 Total number at end of year . . . . .                                                                                                                                                                                                                                         |                         |                                                          |
| 2 Aggregate contributions to (during year) . . . . .                                                                                                                                                                                                                            |                         |                                                          |
| 3 Aggregate grants from (during year) . . . . .                                                                                                                                                                                                                                 |                         |                                                          |
| 4 Aggregate value at end of year . . . . .                                                                                                                                                                                                                                      |                         |                                                          |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .                                                            |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|                                                                                              |                                                                              |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space                                          |                                                                              |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|                                                                                                                                                      | Held at the End of the Tax Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements . . . . .                                                                                                   | 2a                              |
| b Total acreage restricted by conservation easements . . . . .                                                                                       | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .                                                       | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule D (Form 990) 2010

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition  
b ☐ Scholarly research  
c ☐ Preservation for future generations

d ☐ Loan or exchange programs  
e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table

|                                           | Amount |
|-------------------------------------------|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

|                                                            | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     | 183,317.         | 153,688.       | 149,052            |                      |                     |
| b Contributions . . . . .                                  | 11,360           | 29,186.        | 250.               |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     | 1,769            | 2,131          | 4,386.             |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . | 4                | 1,688          |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            | 196,442          | 183,317        | 153,688            |                      |                     |

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 10.0000 %

b Permanent endowment ▶ 90.0000 %

c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | X  |
| 3a(ii) |     | X  |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment** See Form 990, Part X, line 10.

| Description of investment                                                                                  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                          |                                      |                                 |                              |                |
| b Buildings . . . . .                                                                                      |                                      |                                 |                              |                |
| c Leasehold improvements . . . . .                                                                         |                                      |                                 |                              |                |
| d Equipment . . . . .                                                                                      |                                      | 21,926.                         | 21,926                       | 0.             |
| e Other . . . . .                                                                                          |                                      | 10,450.                         | 10,450                       | 0.             |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . |                                      |                                 |                              | 0.             |

Schedule D (Form 990) 2010

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)    | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|----------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                        |                |                                                             |
| (2) Closely-held equity interests . . . . .                                |                |                                                             |
| (3) Other                                                                  |                |                                                             |
| (A) CERTIFICATES OF DEPOSIT                                                | 263,501.       | FMV                                                         |
| (B) -----                                                                  |                |                                                             |
| (C) -----                                                                  |                |                                                             |
| (D) -----                                                                  |                |                                                             |
| (E) -----                                                                  |                |                                                             |
| (F) -----                                                                  |                |                                                             |
| (G) -----                                                                  |                |                                                             |
| (H) -----                                                                  |                |                                                             |
| (I) -----                                                                  |                |                                                             |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶ | 263,501.       |                                                             |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                         | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|----------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1)                                                                        |                |                                                             |
| (2)                                                                        |                |                                                             |
| (3)                                                                        |                |                                                             |
| (4)                                                                        |                |                                                             |
| (5)                                                                        |                |                                                             |
| (6)                                                                        |                |                                                             |
| (7)                                                                        |                |                                                             |
| (8)                                                                        |                |                                                             |
| (9)                                                                        |                |                                                             |
| (10)                                                                       |                |                                                             |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶ |                |                                                             |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description                                                            | (b) Book value |
|----------------------------------------------------------------------------|----------------|
| (1)                                                                        |                |
| (2)                                                                        |                |
| (3)                                                                        |                |
| (4)                                                                        |                |
| (5)                                                                        |                |
| (6)                                                                        |                |
| (7)                                                                        |                |
| (8)                                                                        |                |
| (9)                                                                        |                |
| (10)                                                                       |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25

| 1. (a) Description of liability                                            | (b) Amount |
|----------------------------------------------------------------------------|------------|
| (1) Federal income taxes                                                   |            |
| (2) DEFERRED RENT                                                          | 53,359.    |
| (3)                                                                        |            |
| (4)                                                                        |            |
| (5)                                                                        |            |
| (6)                                                                        |            |
| (7)                                                                        |            |
| (8)                                                                        |            |
| (9)                                                                        |            |
| (10)                                                                       |            |
| (11)                                                                       |            |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | 53,359.    |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |                                                                                          |    |            |
|----|------------------------------------------------------------------------------------------|----|------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 5,747,113. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 5,758,611. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | -11,498.   |
| 4  | Net unrealized gains (losses) on investments                                             | 4  | -8,836.    |
| 5  | Donated services and use of facilities                                                   | 5  |            |
| 6  | Investment expenses                                                                      | 6  |            |
| 7  | Prior period adjustments                                                                 | 7  |            |
| 8  | Other (Describe in Part XIV)                                                             | 8  |            |
| 9  | Total adjustments (net). Add lines 4 through 8                                           | 9  | -8,836.    |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -20,334.   |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |                                                                                |    |            |
|---|--------------------------------------------------------------------------------|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements       | 1  | 5,811,885. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12             |    |            |
| a | Net unrealized gains on investments                                            | 2a | -8,836.    |
| b | Donated services and use of facilities                                         | 2b | 20,506.    |
| c | Recoveries of prior year grants                                                | 2c |            |
| d | Other (Describe in Part XIV)                                                   | 2d |            |
| e | Add lines 2a through 2d                                                        | 2e | 11,670.    |
| 3 | Subtract line 2e from line 1                                                   | 3  | 5,800,215. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1            |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a |            |
| b | Other (Describe in Part XIV)                                                   | 4b | -53,102.   |
| c | Add lines 4a and 4b                                                            | 4c | -53,102.   |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5  | 5,747,113. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |                                                                                 |    |            |
|---|---------------------------------------------------------------------------------|----|------------|
| 1 | Total expenses and losses per audited financial statements                      | 1  | 5,832,219. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                |    |            |
| a | Donated services and use of facilities                                          | 2a | 20,506.    |
| b | Prior year adjustments                                                          | 2b |            |
| c | Other losses                                                                    | 2c |            |
| d | Other (Describe in Part XIV)                                                    | 2d | 53,102.    |
| e | Add lines 2a through 2d                                                         | 2e | 73,608.    |
| 3 | Subtract line 2e from line 1                                                    | 3  | 5,758,611. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1               |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |            |
| b | Other (Describe in Part XIV)                                                    | 4b |            |
| c | Add lines 4a and 4b                                                             | 4c |            |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5  | 5,758,611. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

OTHER

PART XII LINE 4B AND PART XIII LINE 2D

SPECIAL EVENT EXPENSES NETTED WITH REVENUE FOR 990 \$53,102

FINANCIAL STATEMENT FOOTNOTE REGARDING FIN 48

PART X LINE 2

UNCERTAINTIES IN INCOME TAXES: THE COUNCIL EVALUATES UNCERTAINTY IN  
INCOME TAX POSITIONS BASED ON A MORE-LIKELY-THAN-NOT RECOGNITION  
STANDARD. IF THAT THRESHOLD IS MET, THE TAX POSITION IS THEN MEASURED AT  
THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON  
ULTIMATE SETTLEMENT. AS OF SEPTEMBER 30, 2011 AND 2010, THERE ARE NO  
ACCRUALS FOR UNCERTAIN TAX POSITIONS. IF APPLICABLE, THE COUNCIL RECORDS  
INTEREST AND PENALTIES AS A COMPONENT OF INCOME TAX EXPENSE. TAX YEARS  
FROM OCTOBER 1, 2008 THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION  
BY FEDERAL AND STATE TAX AUTHORITIES.

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

**▶ Attach to Form 990 or Form 990-EZ      ▶ See separate instructions.**

OMB No 1545-0047

2010

**Open To Public  
Inspection**

Name of the organization

NATIONAL COUNCIL FOR INTERNATIONAL VISITORS

Employer identification number

52-0848094

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities Check all that apply

- |   |                          |                                  |   |                          |                                       |
|---|--------------------------|----------------------------------|---|--------------------------|---------------------------------------|
| a | <input type="checkbox"/> | Mail solicitations               | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input type="checkbox"/> | Internet and email solicitations | f | <input type="checkbox"/> | Solicitation of government grants     |
| c | <input type="checkbox"/> | Phone solicitations              | g | <input type="checkbox"/> | Special fundraising events            |
| d | <input type="checkbox"/> | In-person solicitations          |   |                          |                                       |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                  |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                  |                                                   |
| Total                                                     |               |                                                                |    |                                   |                                                                  |                                                   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |                                                                         | (a) Event #1         | (b) Event #2 | (c) Other Events | (d) Total events<br>(add col (a) through<br>col (c)) |
|-----------------|-------------------------------------------------------------------------|----------------------|--------------|------------------|------------------------------------------------------|
|                 |                                                                         | GALA<br>(event type) | (event type) | (total number)   |                                                      |
| Revenue         | 1 Gross receipts . . . . .                                              | 143,210.             |              |                  | 143,210.                                             |
|                 | 2 Less. Charitable contributions . . . . .                              |                      |              |                  |                                                      |
|                 | 3 Gross income (line 1 minus line 2) . . . . .                          | 143,210.             |              |                  | 143,210.                                             |
| Direct Expenses | 4 Cash prizes . . . . .                                                 |                      |              |                  |                                                      |
|                 | 5 Noncash prizes . . . . .                                              |                      |              |                  |                                                      |
|                 | 6 Rent/facility costs . . . . .                                         |                      |              |                  |                                                      |
|                 | 7 Food and beverages . . . . .                                          |                      |              |                  |                                                      |
|                 | 8 Entertainment . . . . .                                               |                      |              |                  |                                                      |
|                 | 9 Other direct expenses . . . . .                                       | 115,437.             |              |                  | 115,437.                                             |
|                 | 10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . |                      |              |                  | ( 115,437.)                                          |
|                 | 11 Net income summary Combine line 3, column (d), and line 10 . . . . . |                      |              |                  | 27,773.                                              |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |                                                                            | (a) Bingo                                                           | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming (add<br>col (a) through col (c)) |
|-----------------|----------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
|                 |                                                                            |                                                                     |                                                                     |                                                                     |                                                   |
| Revenue         | 1 Gross revenue . . . . .                                                  |                                                                     |                                                                     |                                                                     |                                                   |
|                 |                                                                            |                                                                     |                                                                     |                                                                     |                                                   |
| Direct Expenses | 2 Cash prizes . . . . .                                                    |                                                                     |                                                                     |                                                                     |                                                   |
|                 | 3 Noncash prizes . . . . .                                                 |                                                                     |                                                                     |                                                                     |                                                   |
|                 | 4 Rent/facility costs . . . . .                                            |                                                                     |                                                                     |                                                                     |                                                   |
|                 | 5 Other direct expenses . . . . .                                          |                                                                     |                                                                     |                                                                     |                                                   |
|                 | 6 Volunteer labor . . . . .                                                | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                   |
|                 | 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .     |                                                                     |                                                                     |                                                                     | ( )                                               |
|                 | 8 Net gaming income summary Combine line 1, column d, and line 7 . . . . . |                                                                     |                                                                     |                                                                     |                                                   |

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL COUNCIL FOR INTERNATIONAL VISITORS

Employer identification number

52-0848094

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed** ☐

| (1) Name and address of organization or government                                     | (2) EIN    | (3) IRC section if applicable | (4) Amount of cash grant | (5) Amount of non-cash assistance | (6) Method of valuation (book, FMV, appraisal, other) | (7) Description of non-cash assistance | (8) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) IIE WEST COAST CENTER<br>530 BUSH STREET SUITE 1000                                | 13-1624046 | 501(C)(3)                     | 171,858                  |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (2) WORLD AFFAIRS COUNCIL-SEATTLE<br>2200 ALASKAN WAY SUITE 450                        | 91-0586924 | 501(C)(3)                     | 142,982                  |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (3) INTERNATIONAL VISITORS COUNCIL OF LOS ANGELES<br>3540 WILSHIRE BOULEVARD SUITE 910 | 95-3692511 | 501(C)(3)                     | 142,733                  |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (4) WORLD CHICAGO<br>78 EAST WASHINGTON STREET                                         | 36-2406639 | 501(C)(3)                     | 138,282                  |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (5) WORLD AFFAIRS COUNCIL OF OREGON<br>650 SMITHFIELD STREET #1180                     | 93-0568356 | 501(C)(3)                     | 116,447                  |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (6) UTAH COUNCIL FOR CITIZEN DIPLOMACY<br>1840 SOUTH 1300 STREET                       | 87-6128308 | 501(C)(3)                     | 116,288                  |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (7) WORLD BOSTON<br>212 NORTHERN AVENUE EAST BLDG 1 #300                               | 04-2281954 | 501(C)(3)                     | 115,461                  |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (8) NEW ORLEANS CITIZEN DIPLOMACY COUNCIL<br>1215 PRYTANIA STREET SUITE 203            | 72-1196697 | 501(C)(3)                     | 115,064                  |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (9) WORLD TRADE CENTER INSTITUTE (BALTIMORE)<br>401 EAST PRATT STREET SUITE 232        | 52-1591820 | 501(C)(3)                     | 112,858                  |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (10) MINNESOTA INTERNATIONAL CENTER<br>711 EAST RIVER PARKWAY                          | 41-0826559 | 501(C)(3)                     | 108,073                  |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (11) INTERNATIONAL VISITORS COUNCIL OF PHILADELPHIA<br>1515 ARCH STREET 12TH FLOOR     | 23-1489115 | 501(C)(3)                     | 102,068                  |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (12) NATIONAL CALIFORNIA WORLD TRADE CENTER<br>ONE CAPITOL MALL SUITE 300              | 91-1811449 | 501(C)(3)                     | 102,010                  |                                   |                                                       |                                        | GENERAL PURPOSE                    |

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL COUNCIL FOR INTERNATIONAL VISITORS

Employer identification number

52-0848094

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ☐ Yes ☐ No

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed** ☐

| 1    | (a) Name and address of organization or government                                          | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|---------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1)  | GEORGIA COUNCIL FOR INTERNATIONAL VISITORS<br>100 EDGEWOOD AVENUE SUITE 1560                | 58-0940926 | 501 (C) (3)                   | 89,463                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (2)  | CITIZENS DIPLOMACY COUNCIL OF SAN DIEGO<br>3604 30TH STREET SAN DIEGO, CA 92104-3509        | 95-3477071 | 501 (C) (3)                   | 88,434                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (3)  | INSTITUTE OF INTERNATIONAL EDUCATION<br>475 17TH STREET SUITE 800 DENVER, CO 80202          | 13-1624046 | 501 (C) (3)                   | 83,817                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (4)  | INSTITUTE OF INTERNATIONAL EDUCATION HOUSTON<br>1800 WEST LOOP SOUTH #250                   | 13-1624046 | 501 (C) (3)                   | 82,202                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (5)  | GLOBAL AUSTIN<br>201 EAST SECOND STREET                                                     | 74-1383241 | 501 (C) (3)                   | 82,191                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (6)  | MIAMI COUNCIL FOR INTERNATIONAL VISITORS<br>2000 PONCE DE LEON BOULEVARD SIXTH FLOOR        | 59-6153212 | 501 (C) (3)                   | 81,909                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (7)  | INT'L VISITORS COUNCIL OF GREATER KANSAS CITY<br>30 WEST PERSHING ROAD #408-2423            | 43-1727811 | 501 (C) (3)                   | 77,740                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (8)  | INT'L COUNCIL OF THE TAMPA BAY REGION<br>547 FIRST STREET SOUTH SUITE 200                   | 59-3651710 | 501 (C) (3)                   | 72,360                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (9)  | NORTHERN NEVADA INTERNATIONAL CENTER<br>821 NORTH CENTER STREET RENO, NV 89501-1015         | 94-2796785 | 501 (C) (3)                   | 66,266                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (10) | SANTA FE COUNCIL ON INTERNATIONAL RELATIONS<br>1210 LUISA STREET SUITE 6                    | 85-0196904 | 501 (C) (3)                   | 64,491                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (11) | INT'L AFFAIRS COUNCIL OF RESEARCH TRIANGLE<br>100 E SIX FORKS ROAD SUITE 309                | 51-0175681 | 501 (C) (3)                   | 64,348                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (12) | INTERNATIONAL SERVICES COUNCIL OF ALABAMA<br>100 NORTHSIDE SQUARE MADISON COUNTY COURTHOUSE | 63-0506191 | 501 (C) (3)                   | 62,420                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I (Form 990) (2010)

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

NATIONAL COUNCIL FOR INTERNATIONAL VISITORS

Employer identification number

52-0848094

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ☐ Yes ☐ No

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.** ☐

| 1    | (a) Name and address of organization or government                                | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|-----------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1)  | WORLD AFFAIRS COUNCIL OF ARIZONA<br>3295 DRINKWATER BLVD #9                       | 23-7003229 | 501(C)(3)                     | 60,534                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (2)  | INT'L CENTER OF INDIANAPOLIS<br>32 EAST WASHINGTON STREET SUITE 1625              | 35-1300785 | 501(C)(3)                     | 58,477                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (3)  | WORLD AFFAIRS COUNCIL OF KENTUCKY AND SOUTH<br>200 WEST BROADWAY SUITE 607        | 61-1078276 | 501(C)(3)                     | 58,323                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (4)  | GULF COAST CITIZEN DIPLOMACY COUNCIL<br>223 PAPAFOX PLACE #200                    | 80-0249546 | 501(C)(3)                     | 57,617                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (5)  | WORLD AFFAIRS COUNCIL OF DALLAS/FORT WORTH<br>325 NORTH ST PAUL STREET SUITE 2200 | 75-0855628 | 501(C)(3)                     | 57,595                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (6)  | NORTH TEXAS CIV<br>6440 N CENTRAL EXPRESSWAY                                      | 20-4828941 | 501(C)(3)                     | 57,595                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (7)  | CLEVELAND COUNCIL ON WORLD AFFAIRS<br>812 HURON ROAD SUITE 620                    | 34-0720549 | 501(C)(3)                     | 55,997                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (8)  | ARKANSAS COUNCIL FOR INTERNATIONAL VISITORS<br>523 LOUISIANA STREET #450          | 71-0562233 | 501(C)(3)                     | 51,633                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (9)  | INTERNATIONAL VISITOR CORPS OF JACKSONVILLE<br>4077 WOODCOCK DRIVE SUITE 100      | 59-3032070 | 501(C)(3)                     | 50,775                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (10) | GREATER CINCINNATI WAC<br>1118 PENDLETON STREET #202                              | 31-0711853 | 501(C)(3)                     | 49,637                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (11) | GLOBAL PITTSBURGH<br>650 SMITHFIELD STREET #1180                                  | 25-6067678 | 501(C)(3)                     | 48,886                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (12) | INTERNATIONAL HOUSE OF METROLINA<br>322 HAWTHORNE LANE CHARLOTTE, NC 28204-2434   | 58-1440413 | 501(C)(3)                     | 48,396                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |

- 2 Enter total number of section 501(c)(3) and government organizations ☐
- 3 Enter total number of other organizations ☐

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Schedule I (Form 990) (2010)

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
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Name of the organization

NATIONAL COUNCIL FOR INTERNATIONAL VISITORS

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52-0848094

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ☐ Yes ☐ No

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

| 1    | (a) Name and address of organization or government                                | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|-----------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1)  | MONTANA CENTER FOR INTERNATIONAL VISITORS<br>PO BOX 5114 BOZEMAN, MT 59717        | 36-3558751 | 501(C)(3)                     | 46,534                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (2)  | WORLD AFFAIRS COUNCIL OF ST. LOUIS<br>815 OLIVE STREET SUITE 29                   | 43-6040974 | 501(C)(3)                     | 45,750                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (3)  | TULSA GLOBAL ALLIANCE<br>800 S. TUCKER DRIVE TULSA, OK 74104-9700                 | 73-1017401 | 501(C)(3)                     | 40,094                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (4)  | IOWA INTERNATIONAL CENTER<br>929 3RD STREET #204                                  | 42-0944296 | 501(C)(3)                     | 37,990                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (5)  | EL PASO COUNCIL FOR INTERNATIONAL VISITORS<br>1155 WESTMORELAND DRIVE #217        | 74-6081917 | 501(C)(3)                     | 37,521                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (6)  | INTERNATIONAL CENTER OF THE CAPITAL REGION<br>423 STATE STREET ALBANY, NY 12210   | 14-6012797 | 501(C)(3)                     | 37,488                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (7)  | WORLD AFFAIRS COUNCIL OF NEW HAMPSHIRE<br>2500 NORTH RIVER ROAD                   | 02-0239519 | 501(C)(3)                     | 37,309                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (8)  | INTERNATIONAL COUNCIL OF CENTRAL FLORIDA<br>300 N PARK AVENUE #220                | 59-1837575 | 501(C)(3)                     | 36,062                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (9)  | ALBUQUERQUE COUNCIL OF INTS VISITORS<br>2403 SAN MATEO BLVD                       | 85-0338419 | 501(C)(3)                     | 35,897                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (10) | SAN ANTONIO COUNCIL FOR INTERNATIONAL VISIT<br>PO BOX 29744 SAN ANTONIO, TX 78229 | 74-2726236 | 501(C)(3)                     | 32,898                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (11) | VERMONT COUNCIL ON WORLD AFFAIRS<br>60 MAIN STREET BURLINGTON, VT 05401-8422      | 03-6010787 | 501(C)(3)                     | 31,255                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (12) | ROCHESTER INTERNATIONAL COUNCIL<br>4-219 DEWEY HALL ROCHESTER, NY 14627-0449      | 16-0877269 | 501(C)(3)                     | 30,953                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |

- 2 Enter total number of section 501(c)(3) and government organizations ☐
- 3 Enter total number of other organizations ☐

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

NATIONAL COUNCIL FOR INTERNATIONAL VISITORS

Employer identification number

52-0848094

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ Yes ☐ No

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

| 1    | (a) Name and address of organization or government                                                                                                         | (b) EIN                  | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1)  | INTERNATIONAL INSTITUTE OF WISCONSIN<br>1110 NORTH OLD WORLD THIRD STREET SUITE 420<br>INT'L VISITORS COUNCIL OF DETROIT<br>2601 CAMBRIDGE COURT SUITE 500 | 39-0806350<br>38-1981715 | 501(C)(3)<br>501(C)(3)        | 30,636<br>30,382         |                                   |                                                       |                                        | GENERAL PURPOSE<br>GENERAL PURPOSE |
| (3)  | PAAC (HONOLULU)<br>1601 EAST-WEST ROAD NUMBER 4059                                                                                                         | 99-0073501               | 501(C)(3)                     | 27,424                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (4)  | INTERNATIONAL CENTER OF SYRACUSE<br>930 JAMES STREET SYRACUSE, NY 13202                                                                                    | 16-6068138               | 501(C)(3)                     | 26,982                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (5)  | WYOMING COUNCIL FOR INTERNATIONAL VISITORS<br>PO BOX 10195 JACKSON, WY 83002-0404                                                                          | 20-0824440               | 501(C)(3)                     | 26,658                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (6)  | INTERNATIONAL INSTITUTE OF BUFFALO<br>864 DELAWARE AVENUE BUFFALO, NY 14209-2093                                                                           | 16-0743052               | 501(C)(3)                     | 26,642                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (7)  | PIEDMONT-TRIAD COUNCIL FOR INT'L VISITORS<br>300 SOUTH MAIN STREET HIGH POINT, NC 27264                                                                    | 56-1729107               | 501(C)(3)                     | 26,355                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (8)  | COLLEAGUES INTERNATIONAL<br>259 MICHIGAN AVENUE #206A                                                                                                      | 38-3051840               | 501(C)(3)                     | 25,107                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (9)  | INTERNATIONAL VISITORS BUREAU<br>11347 BUNCHE HALL                                                                                                         | 95-6006143               | 501(C)(3)                     | 23,509                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (10) | DAKOTAH TERRITORY IVP<br>1830 W FULTON STREET #201                                                                                                         | 46-0443218               | 501(C)(3)                     | 23,472                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (11) | COUNCIL FOR INTERNATIONAL VISITORS TO IOWA<br>1111 UNIVERSITY CENTER                                                                                       | 42-1272034               | 501(C)(3)                     | 23,278                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (12) | STANFORD UNIVERSITY OFFICE OF INT'L VISITOR<br>PO BOX 20227 STANFORD, CA 94305                                                                             | 94-1156365               | 501(C)(3)                     | 23,250                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

NATIONAL COUNCIL FOR INTERNATIONAL VISITORS

Employer identification number

52-0848094

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ☐ Yes ☐ No

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed** ☐

| 1    | (a) Name and address of organization or government                                                                                          | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|---------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1)  | AKRON INTERNATIONAL FRIENDSHIP<br>6595 MANCHESTER ROAD CLINTON, OH 42216                                                                    | 34-1433786 | 501(C)(3)                     | 22,949                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (2)  | MEMPHIS COUNCIL FOR INTERNATIONAL VISITORS<br>1866 EVELYN AVENUE MEMPHIS, TN 38114                                                          | 51-0151306 | 501(C)(3)                     | 22,521                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (3)  | TUCSON COUNCIL FOR INTERNATIONAL VISITORS<br>3900 EAST TIMROD STREET TUCSON, AZ 85711                                                       | 86-0309326 | 501(C)(3)                     | 15,864                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (4)  | JACKSON STATE UNIVERSITY<br>PO BOX 17103 JACKSON, MS 39217-0103                                                                             | 64-6000057 | 501(C)(3)                     | 12,045                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (5)  | WORLD AFFAIRS COUNCIL OF MAINE<br>PO BOX 3313 PORTLAND, ME 04104                                                                            | 01-0365691 | 501(C)(3)                     | 11,970                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (6)  | SPRINGFIELD COMM ON INT'L VISITORS<br>109 NORTH SEVENTH STREET<br>FREEPORT AREA INTERNATIONAL VISITORS COUNCIL<br>2849 NORTH FLANSBURG ROAD | 37-1376914 | 501(C)(3)                     | 11,900                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (7)  | GRAND ISLAND AREA CIV<br>PO BOX 5014 GRAND ISLAND, NE 68802-5014                                                                            | 36-3950588 | 501(C)(3)                     | 8,530                    |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (8)  | INTERNATIONAL CENTER OF WORCESTER INC<br>138 WOODLAND STREET WORCESTER, MA 01610                                                            | 47-0831535 | 501(C)(3)                     | 8,448                    |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (9)  | WORLD AFFAIRS COUNCIL OF SOUTH TEXAS<br>PO BOX 260096 CORPUS CRISTI, TX 78426                                                               | 04-2375529 | 501(C)(3)                     | 8,262                    |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (10) | ROCK RIVER VALLEY INT'L FELLOWSHIP<br>15543 HIGHLAND DRIVE STERLING, IL 61081                                                               | 65-1217862 | 501(C)(3)                     | 6,879                    |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (11) | BOULDER COUNCIL FOR INTERNATIONAL VISITORS<br>700 GRANT PLACE BOULDER, CO 80302                                                             | 36-3021297 | 501(C)(3)                     | 6,825                    |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (12) |                                                                                                                                             | 84-0698597 | 501(C)(3)                     | 6,735                    |                                   |                                                       |                                        | GENERAL PURPOSE                    |

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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SCHEDULE I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL COUNCIL FOR INTERNATIONAL VISITORS

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part III can be duplicated if additional space is needed ☐

| 1    | (a) Name and address of organization or government                     | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1)  | PARIS INT'L THANKSGIVING FELLOWSHIP<br>PO BOX 12 PARIS, IL 61944       | 37-6047320 | 501(C)(3)                     | 6,090.                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (2)  | MASSACHUSETTS<br>1350 MAIN STREET SPRINGFIELD, MA 01101-4234           | 04-6121813 | 501(C)(3)                     | 5,214                    |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (3)  | PALMETTO COUNCIL FOR INT'L VISITORS<br>PO BOX 12231 COLUMBIA, SC 29211 | 57-0913604 | 501(C)(3)                     | 5,065.                   |                                   |                                                       |                                        | GENERAL PURPOSE                    |
| (4)  |                                                                        |            |                               |                          |                                   |                                                       |                                        |                                    |
| (5)  |                                                                        |            |                               |                          |                                   |                                                       |                                        |                                    |
| (6)  |                                                                        |            |                               |                          |                                   |                                                       |                                        |                                    |
| (7)  |                                                                        |            |                               |                          |                                   |                                                       |                                        |                                    |
| (8)  |                                                                        |            |                               |                          |                                   |                                                       |                                        |                                    |
| (9)  |                                                                        |            |                               |                          |                                   |                                                       |                                        |                                    |
| (10) |                                                                        |            |                               |                          |                                   |                                                       |                                        |                                    |
| (11) |                                                                        |            |                               |                          |                                   |                                                       |                                        |                                    |
| (12) |                                                                        |            |                               |                          |                                   |                                                       |                                        |                                    |

2 Enter total number of section 501(c)(3) and government organizations ☐ 75

3 Enter total number of other organizations ☐ 0

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Schedule I (Form 990) (2010)

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**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

|   | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| 1 |                                 |                          |                          |                                   |                                                       |                                        |
| 2 |                                 |                          |                          |                                   |                                                       |                                        |
| 3 |                                 |                          |                          |                                   |                                                       |                                        |
| 4 |                                 |                          |                          |                                   |                                                       |                                        |
| 5 |                                 |                          |                          |                                   |                                                       |                                        |
| 6 |                                 |                          |                          |                                   |                                                       |                                        |
| 7 |                                 |                          |                          |                                   |                                                       |                                        |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

NCIV GRANT RECIPIENTS ARE REQUIRED TO SUBMIT A MID-YEAR AND FINAL REPORT  
 DETAILING HOW THE FUNDS HAVE BEEN SPENT IN ACCORDANCE WITH THE LINE ITEM  
 BUDGET IN THEIR APPLICATION. THE FINAL REPORT ALSO EXPLAINS HOW THE  
 ORIGINAL GOALS OF THE GRANT HAVE BEEN ACHIEVED. DURING SITE VISITS BY  
 NCIV STAFF GRANTS ARE REVIEWED TO ENSURE THAT ALL GRANT CONDITIONS ARE  
 BEING MET.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL COUNCIL FOR INTERNATIONAL VISITORS

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

52-0848094

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- ☐ First-class or charter travel  
☐ Travel for companions  
☐ Tax indemnification and gross-up payments  
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use  
☐ Payments for business use of personal residence  
☐ Health or social club dues or initiation fees  
☐ Personal services (e.g., maid, chauffeur, chef)

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- ☒ Compensation committee  
☐ Independent compensation consultant  
☒ Form 990 of other organizations

- ☐ Written employment contract  
☐ Compensation survey or study  
☒ Approval by the board or compensation committee

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?  
**b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?  
**b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
|           |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     |    |
|           |     |    |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
|           |     |    |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
|           |     |    |
| <b>7</b>  |     | X  |
|           |     |    |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name         | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
|                  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                            |
| 1 SHERRY MUELLER | (i) 161,740.<br>(ii) 0.                            | 0.<br>0.                            | 0.<br>0.                            | 14,904.<br>0.                                  | 11,656.<br>0.           | 188,300.<br>0.                  | 0.<br>0.                                                   |
| 2                | (i) (ii)                                           |                                     |                                     |                                                |                         |                                 |                                                            |
| 3                | (i) (ii)                                           |                                     |                                     |                                                |                         |                                 |                                                            |
| 4                | (i) (ii)                                           |                                     |                                     |                                                |                         |                                 |                                                            |
| 5                | (i) (ii)                                           |                                     |                                     |                                                |                         |                                 |                                                            |
| 6                | (i) (ii)                                           |                                     |                                     |                                                |                         |                                 |                                                            |
| 7                | (i) (ii)                                           |                                     |                                     |                                                |                         |                                 |                                                            |
| 8                | (i) (ii)                                           |                                     |                                     |                                                |                         |                                 |                                                            |
| 9                | (i) (ii)                                           |                                     |                                     |                                                |                         |                                 |                                                            |
| 10               | (i) (ii)                                           |                                     |                                     |                                                |                         |                                 |                                                            |
| 11               | (i) (ii)                                           |                                     |                                     |                                                |                         |                                 |                                                            |
| 12               | (i) (ii)                                           |                                     |                                     |                                                |                         |                                 |                                                            |
| 13               | (i) (ii)                                           |                                     |                                     |                                                |                         |                                 |                                                            |
| 14               | (i) (ii)                                           |                                     |                                     |                                                |                         |                                 |                                                            |
| 15               | (i) (ii)                                           |                                     |                                     |                                                |                         |                                 |                                                            |
| 16               | (i) (ii)                                           |                                     |                                     |                                                |                         |                                 |                                                            |

Schedule J (Form 990) 2010

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

NATIONAL COUNCIL FOR INTERNATIONAL VISITORS

52-0848094

MEMBERSHIP

PART VI LINE 6

THE BOARD OF DIRECTORS PRESCRIBES THE PROCEDURE FOR MEMBERSHIP, DESIGNS  
THE DUES STRUCTURE AND DETERMINES CRITERIA AND ELIGIBILITY FOR RECEIVING  
THE BENEFITS OF NCIV'S WORK IN COORDINATING AND PROMOTING COMMUNITY  
SERVICES AND RELATED ACTIVITIES IN SUPPORT OF INTERNATIONAL EDUCATION AND  
CULTURAL EXCHANGE AND TRAINING PROGRAMS FOR VISITORS TO THE UNITED  
STATES.

990 REVIEW PROCESS

PART VI LINE 11B

THE 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT, REVIEWED BY MANAGEMENT,  
AND PROVIDED TO THE BOARD FOR REVIEW BEFORE FILING WITH THE IRS.

CONFLICT OF INTEREST MONITORING

PART VI LINE 12C

NCIV HAS A THOROUGH WRITTEN CONFLICT OF INTEREST POLICY AND REQUIRES AN  
ANNUAL SIGNED STATEMENT FROM EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER  
OF A COMMITTEE WITH THE BOARD DELEGATED POWERS AFFIRMING THEY HAVE  
RECEIVED, UNDERSTAND, WILL COMPLY WITH THE POLICY AND UNDERSTAND THAT  
NCIV IS A CHARITABLE TAX EXEMPT ORGANIZATION THAT ENGAGES PRIMARILY IN  
ACTIVITIES WHICH ACCOMPLISH ITS TAX EXEMPT PURPOSE.

COMPENSATION DETERMINATION PROCESS

Name of the organization

Employer identification number

NATIONAL COUNCIL FOR INTERNATIONAL VISITORS

52-0848094

## PART VI LINE 15C

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS APPROVES THE TOP  
MANAGEMENT COMPENSATION ANNUALLY AFTER COMPARISON WITH SIMILAR  
ORGANIZATIONS AND A REVIEW OF GOALS.

## CERTAIN DOCUMENTS AVAILABILITY

## PART VI LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

## OTHER CHANGES IN NET ASSETS OR FUND BALANCES

## PART XI LINE 5

THE OTHER CHANGES IN FUND BALANCE IS THE UNREALIZED LOSS ON INVESTMENTS  
TOTALING \$8,836.

## SIGNIFICANT CHANGES TO GOVERNING DOCUMENT

## PART VI LINE 4

THE BYLAWS WERE AMENDED AS OF OCTOBER 27, 2011. A COPY IS ATTACHED TO  
THIS RETURN.

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF THE NATIONAL COUNCIL FOR INTERNATIONAL VISITORS  
(NCIV), A MEMBERSHIP NETWORK OF INDIVIDUALS, PROGRAM AGENCIES AND  
MORE THAN 90 ORGANIZATIONS THROUGHOUT THE UNITED STATES IS TO PROMOTE  
EXCELLENCE IN CITIZEN DIPLOMACY. CITIZEN DIPLOMACY IS THE CONCEPT  
THAT, IN A VIBRANT DEMOCRACY, THE INDIVIDUAL CITIZEN HAS THE RIGHT -  
EVEN THE RESPONSIBILITY - TO HELP SHAPE FOREIGN RELATIONS. NCIV

Name of the organization

NATIONAL COUNCIL FOR INTERNATIONAL VISITORS

Employer identification number

52-0848094

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SERVES AS A PROFESSIONAL ASSOCIATION FOR PROGRAM AGENCIES AND COMMUNITY-BASED NONPROFIT ORGANIZATIONS WHO DESIGN AND IMPLEMENT PROFESSIONAL AND CULTURAL PROGRAMS FOR THE FOREIGN LEADERS WHO PARTICIPATE IN THE INTERNATIONAL VISITOR LEADERSHIP PROGRAM (IVLP) OF THE U.S. DEPARTMENT OF STATE AND OTHER EXCHANGES. EACH YEAR MORE THAN 80,000 VOLUNTEERS ARE INVOLVED IN NCIV ACTIVITIES THAT LINK FOREIGN LEADERS WITH THEIR U.S. COUNTERPARTS. NCIV PROVIDES SERVICES TO ITS MEMBERS WITH TWO OVERARCHING GOALS. ONE, TO DEVELOP MEMBER'S LEADERSHIP ABILITIES AND NONPROFIT MANAGEMENT SKILLS. TWO, TO EXPAND MEMBERS CAPACITY TO PRODUCE QUALITY EDUCATIONAL EXPERIENCES FOR THE FOREIGN LEADERS THEY SERVE AND THE U.S. CITIZENS WHO WELCOME THEM TO THEIR HOMES, OFFICES AND SCHOOLS. NCIV SERVICES TO MEMBERS INCLUDE TRAINING AND NETWORKING EVENTS, PUBLICATIONS AND GRANTS.

**BYLAWS**  
**OF THE**  
**NATIONAL COUNCIL FOR INTERNATIONAL VISITORS**

**Amended as of October 27, 2011**

Article I  
Mission

The National Council for International Visitors, hereinafter known as the Corporation, a membership network of individuals and community organizations in the United States, has as its mission to promote excellence in citizen diplomacy. Citizen diplomacy is the concept that, in a vibrant democracy, the individual has the right – even the responsibility – to help shape U.S. foreign relations through person-to-person international exchanges.

Article II  
Membership

Section 1. Membership in the Corporation shall be open to all persons, groups and/or organizations whose aims and purposes are in concert with those of the Corporation.

Section 2 Voting Members of the Corporation shall be members of the Board of Directors who are elected to hold office as provided in these Bylaws. Ex-Officio members and staff members who meet with the Board have no vote in the business of the Corporation.

Section 3 The Corporation shall have the following types of affiliate members: Community Organizations and National Program Agencies; Provisional Members; Individual Members; and Associate Members. Affiliate members shall have only such voting rights as may be specifically authorized from time to time by the Board.

- (a.) Community Organizations and National Program Agencies. Any nonprofit organization that adopts the NCIV Standards when organizing professional programs and training for international visitors coming to the United States and is substantially engaged in furthering the purposes of the Corporation shall be eligible for membership. The Board shall establish such requirements for organization membership as it deems appropriate.
- (b ) Provisional Members. Any nonprofit organization seeking full Community Organization or National Program Agency membership is eligible for provisional membership. This provides the opportunity for both NCIV and the applying organization to examine the relationship. The Board shall establish such requirements for organization membership as it deems appropriate.

- (c.) Individuals. Any person interested in furthering the purposes of the Corporation shall be eligible for membership. The Board shall establish such requirements for individual membership as it deems appropriate.
- (d.) Associate. Any organization/corporation interested in furthering the purposes of the Corporation shall be eligible for membership. The Board shall establish such requirements for organization membership as it deems appropriate.

### Article III Membership Meetings

Section 1. The Annual Meeting of the Board of Directors of the Corporation shall be held during the first quarter of each calendar year at such time and place as may be fixed by the Board for the election of Directors and for the transaction of business which may properly be a part of the Annual Meeting.

Section 2. Special meetings of the members may be called by the Chair or shall be called by him/her upon the written request of ten percent (10%) or more members of the Corporation; or a majority of members of the Board, to be held at such time of day and at such place as the Chair may designate.

Section 3. The notice of time, place and purpose of all meetings shall be provided by mail or electronically by the Secretary to each member of the Corporation not less than ten (10) days before the time appointed for such meetings.

Section 4. The meetings of the Corporation shall be open to all interested persons, but voting shall be limited to the members of the Corporation.

Section 5. Members of the Corporation may vote by proxy, but no proxies shall be permitted to vote unless their appointment is in writing and filed with the Secretary before the meeting. Ten percent (10%) of the current membership of the Corporation present in person or represented by proxy shall constitute a quorum for the transaction of such business as may come before any members' meeting. The vote of a majority of the members present in person, or represented by proxy, at a meeting in which a quorum is present shall be decisive of any action taken at such meeting.

### Article IV Board of Directors

Section 1. The property, affairs and business of the Corporation shall be under the care of and managed by a board of not less than nine (9) and no more than twenty-three (23) Directors elected from the membership at the Annual Meeting of the Corporation in the manner and for the period hereinafter prescribed. The Immediate Past Chair shall hold this position as a voting member during his/her tenure as an ex-officio voting member, and the President, as an ex-officio, non-voting member. The composition of the Board shall be broadly based to assure inclusiveness of its membership.

Section 2. Directors shall be elected to serve for a term of three (3) years, provided, however, that the term of Directors serving on the Board of Directors on March 1, 2011 shall be extended for one (1) year. Each Director shall hold office until (a) the expiration of the term for which he/she was elected and until his/her successor has been elected and qualified, or (b) his/her earlier death, resignation, or removal. It is the expectation that Directors will not serve more than two (2) terms, (excluding any initial short term) but members of the Executive Committee or others providing valuable service may be re-elected at the recommendation of the Nominating Committee. Election by the Board to fill an unexpired term for less than three (3) years shall not be deemed to be service for a full term.

Section 3. Vacancies in the Directorships caused by death, resignation, removal or any other cause, may be filled until the next succeeding annual election by the affirmative vote of a majority of the Directors then in office, though less than a quorum. Any Director who fails to attend two duly noticed meetings of the Board in any one (1) fiscal year or two (2) consecutive meetings, unless excused, shall cease to be a Director as of the date of the close of the second meeting. Any Director may be removed from office by the affirmative vote of a majority of Directors.

Section 4 Regular meetings of the Board shall be held at least three (3) times a year. Special meetings may be called by the Chair and shall be called upon written request of a majority of the members of the Board. Regular and special meetings shall be held at such times and in such places as the Board may designate, and if the Board shall fail to make such designation, the Chair shall designate the time and place of the meetings. Meetings of the Board may be held by means of conference telephone or similar communication by which all persons participating in the meeting can hear each other at the same time. Resolutions of the Board may also be adopted without a meeting by majority written consent of the members of the Board.

Notices of regular and special meetings shall be provided to all Directors at least ten (10) days prior to the meeting. Notices of special meetings shall state the purpose of the meeting.

Section 5. A simple majority of the number of Directors shall constitute a quorum for the transaction of any business which may come before any Directors' meeting. The vote of a majority of the Directors present at a Directors' meeting at which a quorum is present, or, in the case of resolutions adopted without a meeting, the consent of a majority of the Directors, shall be decisive of any action taken at such meeting.

Section 6 Directors shall receive no compensation for their services. The Directors may be reimbursed for actual expenses incurred by them in attending meetings or in attending to the affairs of the Corporation and other expenses as determined by the Board.

## Article V Officers

Section 1. The officers of the Corporation shall be a Chair, Vice-Chair, one or more other Vice Chairs (the number to be determined by the Board), Secretary and Treasurer, who shall be elected from the members of the Board at the first meeting following the Annual Meeting. The officers shall hold office for one (1) year and until their respective successor is elected.

Section 2 The Chair shall perform all such duties as usually devolve on such office, and shall preside at all meetings of the Corporation, the Board, and the Executive Committee. He/she shall be an ex-officio member of all committees except the Nominating Committee. The Chair, with the approval of the Board, shall appoint the Chair of all committees.

Section 3. The Vice-Chair, in the absence or inability of the Chair to discharge the duties of office, shall perform such duties.

Section 4. The Secretary shall keep a record of the meetings and membership of the Corporation, be the custodian of the corporate seal, documents and archival material, and keep a record of the meetings of the Board

Section 5 The Treasurer, under the authority of the Board of Directors, shall have custody of all funds of the Corporation and shall deposit the funds in such depositories as are approved by the Board. The Treasurer shall collect and disburse all funds of the Corporation and shall make reports of the financial condition of the Corporation to the Board and members. The Treasurer shall disburse the funds of the Corporation in accordance with the budget approved by the Board or pursuant to special appropriation made by the Board. The accounts of the Corporation shall be audited annually after the close of the fiscal year and before the following annual meeting by independent certified public accountants appointed by the Board.

Section 6. A vacancy in any office may be filled until the next succeeding annual election by the affirmative vote of a majority of the Directors present at any meeting of the Board called for such purpose, even if less than a quorum is present; provided, however, if the vacancy occurs in the office of the Chair, his/her duties shall be performed for the remainder of the term by the Vice-Chair.

Section 7 The President of the National Council for International Visitors shall be the Chief Executive Officer, who shall be hired by the Board, who shall have active management of the business of the Corporation and see that all orders and resolutions of the Board are carried into effect. The President shall perform such other duties as are delegated to him/her by the Board or the Chair. The President shall be an ex-officio, non-voting member of the Board. The President shall hold such office at the discretion of the Board. The President shall be responsible for the employment, supervision, evaluation and termination of all staff. The Board may authorize additional staff positions to meet the needs of the Corporation.

#### Article VI

##### Nominating Committee: Election of Directors and Officers

Section 1 A Nominating Committee shall be comprised of five (5) members from the membership of the Corporation, at least two (2) of whom shall not be members of the Board. The Immediate Past Chair shall be the Chair of the Nominating Committee.

Section 2. The Nominating Committee shall present at the Annual Meeting a slate consisting of a candidate for each vacancy among the Directors which is to be filled by the vote of the Board at said Annual Meeting. The Nominating Committee shall secure the consent of each nominee to serve, if elected.

Section 3. Officers shall be selected by ballot by the Board of Directors from the nominations submitted by the Nominating committee.

Section 4 Directors shall take office at the close of the Annual Meeting at which they were elected.

#### Article VII

##### Executive Committee

The corporation shall have an Executive Committee composed of the officers and the Immediate Past Chair. The Executive Committee shall have and may exercise all the powers of the Board in the management of the affairs of the Corporation between meetings of the Board. It shall review and present the annual budget to the Board for approval and shall submit the approved budget to the appropriate funding sources. A majority of the members of the Executive Committee shall constitute a quorum for the transaction of all business.

Article VIII  
Additional Committees

Section 1. The corporation shall have two (2) administrative (standing) committees -- Personnel Committee and Finance Committee each of which shall be comprised of two (2) Directors of the Corporation, and such other persons who shall be appointed by the Chair with the approval of the Executive Committee to hold office during the current terms of the officers of the corporation.

(a) Finance Committee. The Finance Committee shall be responsible for the financial resources available to the Corporation to carry out its mission. Activities shall include financial development, fiscal accountability, audit and preparation of the annual budget for presentation and review by the Board. The Treasurer shall be the Chair of the Finance Committee.

(b) Personnel Committee. The Personnel Committee shall be responsible for the preparation and periodic review of the written Personnel Policies and Practices of the organization, discharging the responsibilities assigned to it in said policies. These policies, including changes thereof, shall be subject to Board approval. It shall make recommendations to the appropriate committees on the personnel compensation program. It shall assist the Board in any other functions that it may assign. The Personnel Committee shall be available to the President for consultation and other assistance in personnel matters

(c) Other Standing Committee. Other administrative (standing) committees may be appointed by the Chair with Board approval as needed. One such committee is an Advisory Committee, comprised of individuals recognized for their service and expertise to provide assistance and advice to the Corporation. Advisory Board members shall be appointed by the Chair of the Board with the consent of the Board.

Article IX  
Directors and Officers; Liability and  
Indemnity, Transactions with Corporation

Section 1. Indemnification. No officer or Director shall be personally liable for any obligations arising out of any acts or conduct of said officer or Director performed for or on behalf of the Corporation. The Corporation shall and does hereby indemnify and hold harmless each person and his or her heirs and administrators who shall serve at any time hereafter as a Director or officer of the Corporation from and against any and all claims, judgments and liabilities to which such persons shall become subject by reason of his or her having heretofore or hereafter been a Director or officer of the Corporation, or by reason of any action alleged to have been heretofore or hereafter taken or omitted to have been taken by him or her as such Director or officer, and shall reimburse each such person for all legal and other expenses reasonably incurred by him or her in connection with any such claim or liability; including power to defend such person from all suits as provided for under the provisions of the District of Columbia Non-Profit Corporation Act; provided, however that no such person shall be indemnified against, or be reimbursed for, any expense incurred in connection with any claim or liability arising out of his or her own willful misconduct. The rights accruing to any person under the foregoing provisions of this section shall not exclude any other right to which he or she may lawfully be entitled, nor shall anything herein contained restrict the right of the Corporation to indemnify or reimburse such person in any proper case, even though not specifically provided for herein. The Corporation, its Directors, officers, employees and agents shall be fully protected in taking any action or making any payment or in refusing so to do in reliance upon the advice of counsel.

Section 2. Other Indemnification. The indemnification herein provided shall not be deemed exclusive of any other rights to which those seeking indemnification may be entitled under any Bylaw, agreement, vote of members or disinterested Directors, or otherwise, both as to action in his or her official capacity and as to action in a person who has ceased to be a Director, officer or employee and shall inure to the benefit of the heirs, executives and administrators of such a person

Section 3 Insurance The Corporation shall purchase and maintain insurance on behalf of any person who is or was a Director, officer or employee of the Corporation, or is or was serving at the request of another Corporation, partnership, joint venture, trust or other enterprise against any liability asserted against him or her, incurred by him or her in any capacity, or arising out of his or her status as such, whether or not the Corporation would have the power to indemnify him or her against liability under the provisions of this Article IX or under the District of Columbia Non-Profit Corporation Act.

Section 4. Settlement by Corporation. The right of any person to be indemnified shall be subject always to the right of the Corporation and by its Board of Directors, in lieu of such indemnity, to settle any such claim, action, suit or proceeding at the expense of the Corporation by the payment for the amount of such settlement and the costs and expenses incurred in connection therewith.

## Article X Conflicts of Interest

Section 1. Policy. Any duality of interest or possible conflict of interest on the part of any member of the Board, officer, administrative staff members, volunteer, or any employee associated with this Corporation, shall be disclosed and made a matter of record on an annual basis as well as when the interest develops, and before the transaction in question is consummated. Procedures designed to ensure disclosure may be developed by the Board from time to time and implemented by the Board and the administration.

Section 2. Disclosure; Voting; Minutes. Any member of the Board having a duality of interest or possible conflict of interest on any matter should promptly notify the presiding officer of the same and should not vote or use his or her personal influence on the matter. However, such Director(s) may be counted in determining the presence of a quorum for the meeting. The minutes of the meeting should reflect that a disclosure was made, the abstention from voting, the quorum situation, and the determination that the proposed contract or transaction is fair and reasonable to the Corporation. However, the foregoing requirements should not be construed as preventing the member of the Board of Directors so involved from briefly stating his or her position of the matter nor from answering pertinent questions of other members of the board.

Section 3. Good Faith Standard. The Board, the Chair of the Board, officers, administrative staff members, employees and volunteers shall exercise the utmost good faith in all transactions touching upon their duties with this Corporation and its operation. In their dealings with and on behalf of this Corporation, they shall be held to a strict rule of honest and fair dealing. All acts of such persons shall be for the best interest of the Corporation. Such persons shall not accept any material gifts, favors or hospitality that might influence their decision-making or actions affecting the Corporation. They shall not use their positions or knowledge gained therefrom, so that a conflict might arise between the interest of this Corporation and that of the individual.

Any new Director, officer, administrative staff member, volunteer or other employee shall be informed of this policy concurrent with the assumption of responsibilities.

Article XI  
The Fiscal Year

The fiscal year of the Corporation shall be from October 1 to September 30 of each year.

Article XII  
Authority

Roberts' Rules of Order Revised shall govern procedure in all cases to which they are applicable and in which they are not inconsistent with these Bylaws or law.

Article XIII  
Execution of Instruments

Section 1. Upon the recommendation of the Finance Committee and Executive Committee and with the approval of the Board, the President, or in his/her absence or inability to serve, the Chair, and such officer or officers as the Board of Directors shall from time to time designate for that purpose, are authorized and empowered to sell, assign, pledge or hypothecate any or all shares of stock, bonds or securities, or interest in stock, bonds or securities, owned or held by this Corporation at any time, including, without limitation because of enumeration, deposit certificates for stock and warrants or rights which entitle the holder thereof to subscribe for shares of stock, and to make and execute to the purchaser, pledge or pledges, on behalf and in the name of the Corporation, any assignment of bonds or stock certificates representing shares of stock owned or held by this Corporation, and any deposit certificates for stock, or certificated representing any rights to subscribe for shares of stock.

Section 2. All checks, drafts and orders for payment of money shall be signed in the name of the Corporation by the President, in his/her absence or inability to serve, by the Chair, and may be countersigned by such officer, officers or staff, as the Board from time to time shall designate for that purpose.

Section 3. When the execution of any contract or other instrument has been authorized without specification of the executing officers, the President may execute the same, together with such signature or signatures of such officer or officers as the Board may designate on behalf of the Corporation and may affix the corporate seal thereto.

Article XIV  
Amendments to Bylaws

The Bylaws may be amended by the majority vote of the voting members present at any regular or special meeting of the Corporation. Written notice of such meeting, together with a copy of the proposed amendments, shall be provided to all members ten (10) days in advance of such meeting.

10/28/2011

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