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Form **990**

OMB No 1545-0047

Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**2010****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

▶ 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 Oct 1, 2010, **and ending** Sep 30, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COUNCIL OF AMERICAN OVERSEAS RESEARCH CENTERS		D Employer identification number 52-1395971
	Doing Business As		E Telephone number (202) 633-1599
	Number and street (or P.O. box if mail is not delivered to street addr)	Room/suite	
	P.O. Box 37012	MRC 178	
	City, town or country	State	ZIP code + 4
WASHINGTON	DC	20013-7012	G Gross receipts \$ 12,844,813.
F Name and address of principal officer MARY ELLEN LANE P.O. BOX 37012 WASHINGTON DC 20013			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
J Website: ▶ WWW.CAORC.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1984	M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities. <u>SEE ATTACHED STATEMENT A</u>		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a)	3	28
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	12
6 Total number of volunteers (estimate if necessary)	6	28
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	
8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	11,715,315.	12,410,683.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		255,925.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e)	24,259.	40,003.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,146.	1,320.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,740,720.	12,707,931.
14 Benefits paid to or for members (Part IX, column (A), line 4)	9,041,277.	9,668,205.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a Professional fundraising fees (Part IX, column (A), line 11e)	1,159,187.	1,316,683.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,486,010.	1,656,412.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,686,474.	12,641,300.
19 Revenue less expenses Subtract line 18 from line 12	54,246.	66,631.
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	3,054,071.	2,328,574.
22 Net assets or fund balances Subtract line 21 from line 20	2,117,708.	1,389,462.
	936,363.	939,112.

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 <u>Mary Ellen Lane</u>		Date <u>July 30, 2012</u>	
	Type or print name and title <u>Mary Ellen Lane, Executive Director</u>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	David C. Kohles	<u>David C Kohles</u>	7/24/12	
	Firm's name ▶ Lane & Company, CPAs			
	Firm's address ▶ 1920 N Street NW, Suite 320 Washington DC 20036	Firm's EIN ▶ Phone no (202) 463-6500		

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

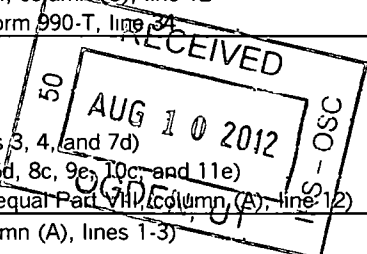
TEEA0101 03/25/11

Form **990** (2010)

SCANNED AUG 14 2012 Governance

Expenses

Net Assets or Fund Balances



2/14

↗

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒

- 1**
- Briefly describe the organization's mission:

SEE ATTACHED STATEMENT A

- 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 \$ 4,708,435. including grants of \$ 3,761,550.) (Revenue \$ 0.)OVERSEAS RESEARCH CENTER SUPPORT: PROVIDES GENERAL SUPPORT AND
ADMINISTRATION OF U.S. DEPARTMENT OF STATE FUNDING, THROUGH
SUBGRANTS, TO EIGHTEEN AMERICAN OVERSEAS RESEARCH CENTERS/PROGRAMS.**4b** (Code:) (Expenses \$ 5,663,756. including grants of \$ 3,320,515.) (Revenue \$ 0.)LANGUAGE PROGRAMS: PROVIDES ADMINISTRATION OF U.S. DEPARTMENT OF STATE
FUNDING FOR INTENSIVE LANGUAGE TRAINING THROUGH SUBGRANTS TO PARTICIPATING
AMERICAN OVERSEAS RESEARCH CENTERS AND AFFILIATED PARTNERS.**4c** (Code:) (Expenses \$ 1,184,378. including grants of \$ 1,046,604.) (Revenue \$ 0.)INTERNATIONAL ACADEMIC DEVELOPMENT: PROVIDES GENERAL SUPPORT &
ADMINISTRATION OF ANDREW W. MELLON FOUNDATION FUNDING TO
SEVENTEEN RESEARCH CENTERS IN EUROPE AND 40 FELLOWSHIPS.

- 4d**
- Other program services. (Describe in Schedule O.)

(Expenses \$ 918,628. including grants of \$ 601,849.) (Revenue \$ 0.)

4e Total program service expenses ▶ 12,475,197.

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
12a 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
14a 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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	X	
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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
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? <i>If 'Yes,' complete Schedule J</i>	X	
24a 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a 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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b 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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
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? <i>If 'Yes,' complete Schedule L, Part II</i>		X
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? <i>If 'Yes,' complete Schedule L, Part III</i>		X
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)		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
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? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
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? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
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? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
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	X	

BAA

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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	18	
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	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.	12	
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4 a	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)?		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	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?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 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?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.			
13 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.		
13 c	Enter the amount of reserves on hand.		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

☒**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	28	
1b Enter the number of voting members included in line 1a, above, who are independent	28	
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?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or 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		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?		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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		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		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?	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	X	
b Other officers of key employees of the organization		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?		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?		

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:

The Council 10th & CONSTITUTION, NW, NHB, WASHINGTON DC 20560-0705 (202) 633-1599

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) JEANNE MARECEK CHAIR	7.00	X						0.	0.	0.
(2) JOHN SPENCER VICE CHAIR	4.50	X						0.	0.	0.
(3) LEONARDO VILLALON TREASURER	4.50	X						0.	0.	0.
(4) ERICA EHRENBURG SECRETARY	4.50	X						0.	0.	0.
(5) CATHERINE VANDERPOOL FORMER CHAIRMAN	4.50	X						0.	0.	0.
(6) JONATHAN MARK KENOYER MEMBER-AT-LARGE	4.50	X						0.	0.	0.
(7) CHARLES SCHMITZ MEMBER-AT-LARGE	4.50	X						0.	0.	0.
(8) JULIAN RABY SMITHSONIAN EX-OFFICIO MEMBER	4.50	X						0.	0.	0.
(9) SUSAN E. ALCOCK REPRESENTATIVE	1.50	X						0.	0.	0.
(10) KAMRAN ASDAR ALI REPRESENTATIVE	1.50	X						0.	0.	0.
(11) TOM BARFIELD REPRESENTATIVE	1.50	X						0.	0.	0.
(12) MBEY CHAM REPRESENTATIVE	1.50	X						0.	0.	0.
(13) KEVIN CLINTON REPRESENTATIVE	1.50	X						0.	0.	0.
(14) LOIS PATTISON DE MENIL REPRESENTATIVE	1.50	X						0.	0.	0.
(15) SHELLEY FELDMAN REPRESENTATIVE	1.50	X						0.	0.	0.
(16) WILLIAM FITZHUGH REPRESENTATIVE	1.50	X						0.	0.	0.
(17) MCGUIRE GIBSON REPRESENTATIVE	1.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BENSON HARER REPRESENTATIVE	1.50	X						0.	0.	0.
(19) TIMOTHY HARRISON REPRESENTATIVE	1.50	X						0.	0.	0.
(20) FREDERICK A. WINTER REPRESENTATIVE	1.50	X						0.	0.	0.
(21) PHILIP LUTGENDORF REPRESENTATIVE	1.50	X						0.	0.	0.
(22) CHARLES HALLISEY REPRESENTATIVE	1.50	X						0.	0.	0.
(23) PHILIP MATTAR REPRESENTATIVE	1.50	X						0.	0.	0.
(24) WILLIAM L. MERRILL REPRESENTATIVE	1.50	X						0.	0.	0.
(25) KEVIN REINHART REPRESENTATIVE	1.50	X						0.	0.	0.
(26) IRENE BALD ROMANO REPRESENTATIVE	1.50	X						0.	0.	0.
(27) BRIAN ROSE REPRESENTATIVE	1.50	X						0.	0.	0.
(28) I. WILLIAM ZARTMAN REPRESENTATIVE	1.50	X						0.	0.	0.
(29) MARY ELLEN LANE EXECUTIVE DIRECTOR	40.00			X				271,142.	0.	16,147.
1 b Sub-total								271,142.	0.	16,147.
c Total from continuation sheets to Part VII, Section A								399,979.	0.	23,999.
d Total (add lines 1b and 1c)								671,121.	0.	40,146.

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 **4**

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) Name and business address	(B) Description of services	(C) 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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b 61,500.				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 10,919,244.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,429,939.				
	g Noncash contributions included in lns 1a-1f. \$	854.				
	h Total. Add lines 1a-1f		12,410,683.			
PROGRAM SERVICE REVENUE	Business Code					
	2a CONTRACTED SERVICES	519100	255,925.	255,925.	0.	0.
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		255,925.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		35,152.	0.	0.	35,152.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		4,851.	0.	0.	4,851.
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a OTHER REVENUE	900099	1,320.	1,320.	0.	0.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		1,320.				
12 Total revenue. See instructions		12,707,931.	257,245.	0.	40,003.	

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	8,210,897.	8,210,897.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,457,308.	1,457,308.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	476,664.	469,252.	7,412.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	696,328.	685,501.	10,827.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	67,239.	66,193.	1,046.	0.
9 Other employee benefits				
10 Payroll taxes	76,452.	75,263.	1,189.	0.
11 Fees for services (non-employees)				
a Management				
b Legal	58,000.	53,000.	5,000.	0.
c Accounting	103,150.	103,150.	0.	0.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	182,805.	180,205.	2,600.	0.
12 Advertising and promotion				
13 Office expenses	58,938.	58,513.	425.	0.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	296,096.	272,432.	23,664.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	337,388.	337,388.	0.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,982.	0.	7,982.	0.
23 Insurance	7,595.	6,302.	1,293.	0.
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 PUBLIC RELATIONS	14,975.	2,375.	12,600.	0.
b PURCHASED SERVICES	455,297.	442,395.	12,902.	0.
c MEMBERSHIPS	33,470.	0.	33,470.	0.
d DUES AND SUBSCRIPTIONS	29,340.	8,519.	20,821.	0.
e MISCELLANEOUS	71,376.	46,504.	24,872.	0.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	12,641,300.	12,475,197.	166,103.	0.
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) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing		1	
	2 Savings and temporary cash investments	264,065.	2	573,836.
	3 Pledges and grants receivable, net	588,661.	3	489,233.
	4 Accounts receivable, net	73,872.	4	86,909.
	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	7,344.	9	11,242.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 39,706.		
	b Less accumulated depreciation	10b 23,231.	10c	16,475.
	11 Investments — publicly traded securities	2,096,250.	11	1,150,879.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,054,071.	16	2,328,574.	
LIABILITIES	17 Accounts payable and accrued expenses	509,464.	17	880,182.
	18 Grants payable		18	
	19 Deferred revenue	1,608,244.	19	509,280.
	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		25	
	26 Total liabilities. Add lines 17 through 25	2,117,708.	26	1,389,462.
NET ASSETS OR FUND BALANCES	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	467,750.	27	479,229.
	28 Temporarily restricted net assets	117,813.	28	103,833.
	29 Permanently restricted net assets	350,800.	29	356,050.
	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 Total net assets or fund balances	936,363.	33	939,112.
	34 Total liabilities and net assets/fund balances.	3,054,071.	34	2,328,574.

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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	12,707,931.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,641,300.
3	Revenue less expenses Subtract line 2 from line 1	3	66,631.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	936,363.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-63,882.
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	939,112.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☐**1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

Yes No

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?**2a** X**b** Were the organization's financial statements audited by an independent accountant?**2b** 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?**2c** X

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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☒ Separate basis ☐ Consolidated basis ☐ 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?**3a** 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.**3b** X

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Form 990 (2010)

2010

Name of the Organization

Employer Identification number

COUNCIL OF AMERICAN OVERSEAS RESEARCH CENTERS

52-1395971

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

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

COUNCIL OF AMERICAN OVERSEAS RESEARCH CENTERS

Employer identification number

52-1395971

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 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 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?

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

h Provide the following information about the supported organization(s)

(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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA 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 'unusual grants'.)	10,337,806.	13,519,694.	15,721,458.	11,715,315.	12,410,683.	63,704,956.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,337,806.	13,519,694.	15,721,458.	11,715,315.	12,410,683.	63,704,956.
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)						1,125,903.
6 Public support. Subtract line 5 from line 4						62,579,053.

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	10,337,806.	13,519,694.	15,721,458.	11,715,315.	12,410,683.	63,704,956.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,787.	32,725.	25,531.	17,112.	35,512.	135,667.
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.)			136,275.	1,146.	1,320.	138,741.
11 Total support. Add lines 7 through 10						63,979,364.
12 Gross receipts from related activities, etc (see instructions)					12	

13 **First five years.** 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 **stop here** ▶ ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	97.81 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	96.03 %

16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒b **33-1/3% support test – 2009.** 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 **stop here.** The organization qualifies as a publicly supported organization ▶ ☐17a **10%-facts-and-circumstances test – 2010.** 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 **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ ☐b **10%-facts-and-circumstances test – 2009.** 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 **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ ☐18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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Schedule A (Form 990 or 990-EZ) 2010

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 yr 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 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						
14 First five years. 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 stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests – 2010. 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 **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐

b 33-1/3% support tests – 2009. 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 **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

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

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

- **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 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

COUNCIL OF AMERICAN OVERSEAS RESEARCH CENTERS

52-1395971

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.

- 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

(a) Donor advised funds

(b) Funds and other accounts

- 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?
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?

☐ Yes ☐ No☐ Yes ☐ 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)

- ☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

- ☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

- 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 section 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

► \$

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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 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 XIV and complete the following table.

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the 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	673,838.	601,547.	0.		
b Contributions	225,000.	0.	582,435.		
c Net investment earnings, gains, and losses	-28,222.	72,291.	19,112.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	870,616.	673,838.	601,547.		

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

a Board designated or quasi-endowment ▶ 50.00 %

b Permanent endowment ▶ 50.00 %

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

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

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

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		39,706.	23,231.	16,475.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,475.

BAA

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (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)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15)	

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	

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)		12,707,931.
2	Total expenses (Form 990, Part IX, column (A), line 25)		12,641,300.
3	Excess or (deficit) for the year Subtract line 2 from line 1		66,631.
4	Net unrealized gains (losses) on investments		-63,882.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		-63,882.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9		2,749.

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	12,644,049.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-63,882.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-63,882.
3	Subtract line 2e from line 1	3	12,707,931.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments 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 revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	12,707,931.

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

1	Total expenses and losses per audited financial statements	1	12,641,300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	12,641,300.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments 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	12,641,300.

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

Part XIV Supplemental Information (continued)[illegible]

**Schedule F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010**Open to Public
Inspection**

Name of the organization

COUNCIL OF AMERICAN OVERSEAS RESEARCH CENTERS

Employer identification number

52-1395971

Part I **General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.**1 For grantmakers.** 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States**3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America	0	0	PROGRAM SERVICES AND GRANTS	FELLOWSHIPS	9,400.
(2) Europe	0	0	PROGRAM SERVICES AND GRANTS	FELLOWSHIPS	618,100.
(3) South Asia	0	0	PROGRAM SERVICES AND GRANTS	FELLOWSHIPS	344,032.
(4) Middle East	0	0	PROGRAM SERVICES AND GRANTS	FELLOWSHIPS	485,776.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			1,457,308.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			1,457,308.

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

Schedule F (Form 990) 2010

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who 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 of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe	FELLOWSHIP	5,400.	WIRE	0.	N/A	N/A
(2)			Europe	FELLOWSHIP	45,000.	WIRE	0.	N/A	N/A
(3)			Europe	FELLOWSHIP	65,000.	WIRE	0.	N/A	N/A
(4)			Europe	FELLOWSHIP	85,000.	WIRE	0.	N/A	N/A
(5)			Europe	FELLOWSHIP	65,000.	WIRE	0.	N/A	N/A
(6)			Europe	FELLOWSHIP	65,000.	WIRE	0.	N/A	N/A
(7)			Europe	FELLOWSHIP	65,000.	WIRE	0.	N/A	N/A
(8)			Europe	FELLOWSHIP	85,000.	WIRE	0.	N/A	N/A
(9)			Europe	FELLOWSHIP	85,000.	WIRE	0.	N/A	N/A
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 9

3 Enter total number of other organizations or entities 0

BAA

Schedule F (Form 990) 2010

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FELLOWSHIP	Central America	2	9,400.	CHECK & WIRE	0.	N/A	N/A
(2) FELLOWSHIP	Europe	14	52,700.	CHECK & WIRE	0.	N/A	N/A
(3) FELLOWSHIP	Middle East	150	485,776.	CHECK & WIRE	0.	N/A	N/A
(4) FELLOWSHIP	South Asia	138	344,032.	CHECK & WIRE	0.	N/A	N/A
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

BAA

Schedule F (Form 990) 2010

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U S. Owner (see instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 5471, Information Return of U S Persons with respect to Certain Foreign Corporations (see instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If 'Yes,' the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If 'Yes,' the organization may be required to file Form 8865, Return of U S Persons with respect to Certain Foreign Partnerships (see instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713)* ☐ Yes ☒ No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Pt I Line 2 THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE
AMOUNT OF THE GRANTS AND THE SELECTION CRITERIA USED TO
AWARD THE GRANTS TO FOREIGN ORGANIZATIONS OR INDIVIDUALS.
THE ORGANIZATION FOLLOWS THE GUIDELINES OF THE GRANTING
ORGANIZATION OR FEDERAL AGENCY TO MONITOR THE USE OF GRANT
FUNDS OUTSIDE THE U.S.

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, lines 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

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Inspection

Name of the organization

COUNCIL OF AMERICAN OVERSEAS RESEARCH CENTERS

Employer identification number

52-1395971

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?

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.

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) SEE ATTACHED STATEMENT B			8,155,726.				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

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

3 Enter total number of other organizations

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TEEA3901 10/29/10

Schedule I (Form 990) 2010

36 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to 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.

Pt I Line 2 THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF THE GRANTS AND
THE SELECTION CRITERIA USED TO AWARD THE GRANTS. THE ORGANIZATION FOLLOWS
THE GUIDELINES OF THE GRANTING ORGANIZATION OR FEDERAL AGENCY TO MONITOR THE
USE OF THE GRANTS IN THE U.S.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**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**

Name of the organization

COUNCIL OF AMERICAN OVERSEAS RESEARCH CENTERS

Employer identification number

52-1395971

Part I Questions Regarding Compensation

- 1 a** 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**1 b****2****4 a****4 b****4 c****5 a****5 b****6 a****6 b****7****8****9**

X

X

X

X

X

X

X

X

X

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Schedule J (Form 990) 2010

Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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 and incentive compensation	(iii) Other reportable compensation				
1 MARY ELLEN LANE	(i)	271,142.	0.	0.	16,147.	0.	287,289.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 HEIDI MASSARO	(i)	176,242.	0.	0.	10,575.	0.	186,817.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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)							

BAA

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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.

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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**

Name of the organization

COUNCIL OF AMERICAN OVERSEAS RESEARCH CENTERS

Employer identification number

52-1395971

Pt VI-A, Line 6 and 7 THERE ARE TWENTY-FIVE MEMBER OVERSEAS RESEARCH CENTER
ORGANIZATIONS THAT MAY APPOINT ONE PERSON TO SERVE AS A
DIRECTOR OF THE COUNCIL. THE SMITHSONIAN INSTITUTION IS
ALSO A MEMBER AND APPOINTS ONE PERSON AS A DIRECTOR. THE
FORMER CHAIR OF THE BOARD ALSO REMAINS ON THE BOARD OF
DIRECTORS. OF THESE TWENTY-EIGHT DIRECTORS, EIGHT ARE
ELECTED TO SERVE AS PART OF THE EXECUTIVE COMMITTEE.

Pt VI-B, Line 11a THE FORM 990 WAS NOT REVIEWED BY THE GOVERNING BODY.
MANAGEMENT, CONSISTING OF THE EXECUTIVE DIRECTOR AND
DEPUTY DIRECTOR, REVIEWS THE FORM 990 BEFORE FILING WITH
THE IRS.

Pt VI-B, Line 15 THE FINANCE COMMITTEE REVIEWS SALARY SURVEYS AND DETERMINES
THE APPROPRIATE SALARY FOR THE EXECUTIVE DIRECTOR. THIS
PROCESS WAS UNDERTAKEN ON AN ANNUAL BASIS TO DETERMINE
SALARY LEVELS FOR THE FISCAL YEAR BEGINNING OCTOBER 1, 2010.

Pt VI-C, Line 19 ALL ARE AVAILABLE UPON REQUEST.

Pt XI, Line 5 UNREALIZED LOSSES ON INVESTMENTS OF \$63,882.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code: _____	Description: OTHER PROGRAMS - SEE STATMENT A
Expenses	918,628.
Grants Of	601,849.
Revenue	0.

Page 1, Part I, Line 1 - Organization's Mission

The mission of the Council of American Overseas Research Centers is to advance knowledge of the world outside the United States in an era of global engagement. To accomplish this mission, CAORC strengthens American overseas research centers by securing and managing financial support for them, promoting advanced training in foreign language and area studies, assisting in the establishment of new centers, fostering international scholarly exchange, coordinating research that connects multiple centers and spans regions, furthering international and cross-cultural understanding, representing overseas research at the national level in the U.S., and acting as an advocate for centers and American research in other countries.

Page 2, Part III , Line 1 - Statement of Program Service Accomplishments

The Council of American Overseas Research Centers supports a worldwide network of institutes of advanced study, which foster international scholarly exchange primarily through fellowship programs allowing American scholars to pursue independent research important to the increase of knowledge and the understanding of foreign cultures.

Page 2, Part III , Line 4d

Digital Library: Organized and administered the Digital Library for International Research (formerly named the American Overseas Digital Library). Provides general support and administration of grants from the U.S. Department of Education and the National Endowment for the Humanities for the Digital Library for International Research.

Grants and Allocations: \$28,995

Program Service Expenditure: \$206,113

Special Projects: Assisted with the establishment of a center in Istanbul to facilitate East-West dialogue, as requested by the Senate Appropriations Committee; provided fellowships for research in Mongolia; organized a program for U.S. teachers to study in Amman, Jordan; provided fellowships for regional research through a grant from the Getty Grant Foundation.

Grants and Allocations: \$572,854

Program Service Expenditure: \$712,514

Total Grants and Allocations: \$601,849

Total Program Service Expenditures: \$918,627

(a) Name and address of organization or government	(b) Employer Identification Number	© IRC tax exempt code	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
International Center for Middle East-West Dialogue 1331 H Street, NW, Suite 701 Washington, DC 20005	20-5917278	501(c)3	\$311,282	NONE	N/A	N/A	Subgrant for programs and conferences to promote Middle Eastern-Western dialogue
American Center for Oriental Research 656 Beacon Street, 5th Floor Boston, MA 02215-2010	23-7084091	501(c)3	\$80,000	NONE	N/A	N/A	Subgrants to promote international exchange and outreach from non federal grants
W. F. Albright Institute of Archaeological Research P O Box 40151 Philadelphia, PA 19106	23-7083811	501(c)3	\$69,000	NONE	N/A	N/A	same as above
American Institute for Sri Lankan Studies c/o John Rogers, U S Director 155 Pine Street Belmont, MA 02478	04-3326345	501(c)3	\$5,600	NONE	N/A	N/A	same as above
American Institute for Yemeni Studies P O Box 311 Ardmore, PA 19003-0311	36-2979533	501(c)3	\$91,260	NONE	N/A	N/A	same as above
American Research Institute in Turkey University of Pennsylvania Museum 33rd & Spruce Streets Philadelphia, PA 19104-6324	13-6171220	501(c)3	\$80,500	NONE	N/A	N/A	same as above
American Academy in Rome 7 East 60 Street New York, NY 10022-1001	13-1623881	501(c)3	\$67,000	NONE	N/A	N/A	same as above
American Institute of Indian Studies 412 Foster Hall 1130 East 59th Street University of Chicago Chicago, IL 60637	23-6297039	501(c)3	\$25,000	NONE	N/A	N/A	same as above
American Research Ctr in Sofia Goldwin Smith Hall 120 Cornell University Ithaca, NY 14853	20-1936637	501(c)3	\$23,704	NONE	N/A	N/A	same as above

American School of Classical Studies at Athens 6 Charlton Street Princeton, NJ 08540-5232	13-5658824	501(c)3	\$65,000	NONE	N/A	N/A	same as above
Cyprus American Archaeological Research Institute 656 Beacon Street, 5th Floor Boston, MA 02215-2010	04-2697479	501(c)3	\$6,000	NONE	N/A	N/A	same as above
West African Research Association African Studies Center Boston University 270 Bay State Road Boston, MA 02215	52-1690509	501(c)3	\$5,530	NONE	N/A	N/A	same as above
Princeton University B-18-M Firestone Library One Washington Rd Princeton, NY 08544	21-0634483	501(c)3	\$28,995	NONE	N/A	N/A	U S Department of Education Technological Innovation and Cooperation for Foreign Information Access
American Center for Oriental Research 656 Beacon Street, 5th Floor Boston, MA 02215-2010	23-7084091	501(c)3	\$1,079,350	NONE	N/A	N/A	U S Department of State pass-through subgrants to American Overseas Research Centers
W. F. Albright Institute of Archaeological Research P O Box 40151 Philadelphia, PA 19106	23-7083811	501(c)3	\$141,000	NONE	N/A	N/A	same as above
American Institute of Iranian Studies c/o Judith Lerner, Treasurer 16 West 16th Street New York, NY 10011	23-7004865	501(c)3	\$343,739	NONE	N/A	N/A	same as above
American Institute for Maghrib Studies Center for Middle Eastern Studies 845 N Park Ave Marshall Bldg , Room 477 PO Box 210158-B Tucson, AZ 85721-0158 USA	95-3978173	501(c)3	\$1,657,136	NONE	N/A	N/A	same as above
American Institute of Bangladesh Studies University of Wisconsin Department of Anthropology 5240 Social Sciences Building 1180 Observatory Drive Madison, WI 53706	25-1581689	501(c)3	\$275,459	NONE	N/A	N/A	same as above

American Institute of Pakistan Studies University of Wisconsin Department of Anthropology 5240 Social Sciences Building 1180 Observatory Drive Madison, WI 53706	71-0762618	501(c)3	\$172,000	NONE	N/A	N/A	same as above
American Institute of Afghanistan Studies c/o Prof Tom Barfield Boston University 232 Bay State Road Boston, MA 02215	43-2017217	501(c)3	\$215,000	NONE	N/A	N/A	same as above
American Institute for Sri Lankan Studies c/o John Rogers, U S Director 155 Pine Street Belmont, MA 02478	04-3326345	501(c)3	\$142,800	NONE	N/A	N/A	same as above
American Research Center in Egypt 8700 Crownhill Blvd Suite 507 San Antonio, TX 78209-1130	04-2391500	501(c)3	\$420,063	NONE	N/A	N/A	same as above
American Institute for Yemeni Studies P O Box 311 Ardmore, PA 19003-0311	36-2979533	501(c)3	\$279,794	NONE	N/A	N/A	same as above
American Research Institute in Turkey University of Pennsylvania Museum 33rd & Spruce Streets Philadelphia, PA 19104-6324	13-6171220	501(c)3	\$369,175	NONE	N/A	N/A	same as above
American Academy in Rome 7 East 60 Street New York, NY 10022-1001	13-1623881	501(c)3	\$1,000	NONE	N/A	N/A	same as above
American Center for Mongolian Studies Center for East Asian Studies 333 Ingraham Hall 1155 Observatory Drive Madison, WI 53706	55-0799211	501(c)3	\$63,547	NONE	N/A	N/A	same as above
American Institute for Indonesian Studies 106 1/2 Westfield Drive Ithaca, NY 14850	27-4510956	501(c)3	\$25,572	NONE	N/A	N/A	same as above

American Institute of Indian Studies 412 Foster Hall 1130 East 59th Street University of Chicago Chicago, IL 60637	23-6297039	501(c)3	NONE	\$945,560	N/A	N/A	same as above
	91-1535880	501(c)3	NONE	\$11,577	N/A	N/A	same as above
	13-4044429	501(c)3	NONE	\$114,880	N/A	N/A	same as above
Association for Nepal and Himalayan Studies 1600 Grand Avenue % Geography Department Saint Paul, MN 55105	04-2697479	501(c)3	NONE	\$102,000	N/A	N/A	same as above
	52-2082809	501(c)3	NONE	\$83,431	N/A	N/A	same as above
	52-2131143	501(c)3	NONE	\$123,500	N/A	N/A	same as above
Cyprus American Archaeological Research Institute 656 Beacon Street, 5th Floor Boston, MA 02215-2010	36-3684155	501(c)3	NONE	\$230,000	N/A	N/A	same as above
	52-1690509	501(c)3	NONE	\$340,908	N/A	N/A	same as above
	14-1368361	501(c)3	NONE	\$9,502	N/A	N/A	U S Department of State pass-through subgrants to other organizations
Mexico North Research Network c/o Greta de Leon, U S Director 231 F Street, NE Washington, DC 20002	03-0179592	501(c)3	NONE	\$149,863	N/A	N/A	same as above
Palestinian American Research Center c/o Penelope Mitchell, Executive Director 6520 Halbert Road Bethesda, MD 20817							
The American Academic Research Institute in Iraq 1507 E 53rd Street, Suite 920 Chicago, IL 60615							
West African Research Association African Studies Center Boston University 270 Bay State Road Boston, MA 02215							
The Research Foundation of SUNY P O Box 9 Albany, NY 12201-0009							
World Learning/School for International Training Kipling Road Brattleboro, VT 05302							
TOTAL				\$8,155,726			

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	COUNCIL OF AMERICAN OVERSEAS RESEARCH CENTERS	52-1395971
	Number, street, and room or suite number. If a P.O. box, see instructions	
	P.O. Box 37012, MRC 178	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WASHINGTON	DC 20013-7012

Enter the Return code for the return that this application is for (file a separate application for each return) ...

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► The CouncilTelephone No. ► (202) 842-8636

FAX No. ►

• If the organization does not have an office or place of business in the United States, check this box ☐• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 15, 20 12, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:► ☐ calendar year 20 ____ or► ☒ tax year beginning Oct 1, 20 10, and ending Sep 30, 20 112 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of exempt organization	Employer identification number
	COUNCIL OF AMERICAN OVERSEAS RESEARCH CENTERS	52-1395971
	Number, street, and room or suite number. If a P.O. box, see instructions	
	P.O. Box 37012, MRC 178	
City, town or post office, state, and ZIP code. For a foreign address, see instructions		
WASHINGTON DC 20013-7012		

Enter the Return code for the return that this application is for (file a separate application for each return) . . .

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of The Council
Telephone No. (202) 842-8636 FAX No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until Aug 15, 20 12.

5 For calendar year , or other tax year beginning Oct 1, 20 10, and ending Sep 30, 20 11.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature RA E.R. Title CRA Date 5/8/12

BAA

FIFZ0502 11/15/10

Form 8868 (Rev 1-2011)