efile	e Pu	ıblic Visı	al Render	ObjectId: 2	2024008793	49300235 - Su	bmissio	n: 2024-0	3-27	Т	IN: 52-1067256		
Form	n	20	Re	eturn of O	rganizati	on Exempt	From	Incom	e Tax		OMB No. 1545-0047		
Form	33	00	Under section	n 501(c), 527, oi	r 4947(a)(1) of	the Internal Reve mbers on this forn	enue Code	e (except pri	vate founda	tions)	2022		
		f the Treasury nue Service	•	Go to <u>www.irs.</u>	<u>gov/Form990</u>	for instructions a	and the l	atest inform	nation.		Open to Public Inspection		
A F	or th	ne 2022 ca			inning 07-01-	2022 , and endi	ng 06-30	-2023					
		applicable:	C Name of organ AMERICAN CO	nization UNCILS FOR INTERI	NATIONAL				D Employ	er identi	fication number		
_		change hange	EDUCATION A	CTR ACCELS INC					52-106	52-1067256			
O Ini		-	Doing business	s as					-				
	C Final return/terminated										r		
Amended return Number and street (or P.O. box if mail is not delivered to street address) Application pending 1828 L STREET NW 1200 (202) 833-7													
			City or town, s WASHINGTON	state or province, co , DC 20036	ountry, and ZIP or	foreign postal code			G Gross re	ceipts \$ 1	113,412,927		
			DR DAVID PA 1828 L STREE	T NW 1200	pal officer:			subo	is a group re rdinates? all subordinat		Yes Vo		
I Tax	-070	mpt status:	WASHINGTON				2	inclu	ded?		Yes No		
			✓ 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list /W.AMERICANCOUNCILS.ORG H(c) Group exemption no										
JW	ebsi	te:► WW	W.AMERICANC	OUNCILS.ORG				Grou	p exemption	number			
K Form	n of o	organization:	Corporation	Trust 🗌 As	sociation 🗌 Oth	er 🕨		L Year of form	ation: 1974	M State	e of legal domicile: DC		
Pa	art I	Sum	mary										
				nization's mission									
Се		LEADER IN	IINTERNATION	IAL EDUCATION,	ACADEMIC EXC	HANGE, AND OVER	RSEAS LAI	NGUAGE IMM	IERSION.				
nan													
Governance	~	Chock thi	s hoy 🕨 🗌										
		 2 Check this box ► □ 3 Number of voting members of the governing body (Part VI, line 1a)								3	29		
S S	4									4	24		
Activities	5	Total num	ber of individu	als employed in o	calendar year 20	022 (Part V, line 2a)		•	5	435		
STIV	6	Total number of volunteers (estimate if necessary)							6	270			
Ă						(C), line 12			•	7a	0		
	b	Net unrela	ated business t	axable income fr	om Form 990-T,	Part I, line 11 .				7b	0		
								Pr	ior Year		Current Year		
d)			5	s (Part VIII, line 1	,		•		80,552,2		105,683,444		
Revenue				e (Part VIII, line 2			•		2,447,7		4,884,782		
Вe			•			7d)	•		288,3		144,361 209,706		
				column (A), line		/III, column (A), lir	12)		85,550,6		110,922,293		
				5 (•	nes 1-3)	,		1,282,8		739,185		
						e 4)			1/202/0	0	0		
\$, column (A), lines			22,430,3	-	26,411,603		
Ise			-		-	1e)	-			0	0		
Exp enses			-	Part IX, column (D)		-							
ă	17	Other exp	enses (Part IX,	column (A), line	s 11a–11d, 11f	-24e)			58,986,1	191	82,277,856		
	18	Total expe	enses. Add line	s 13–17 (must ed	qual Part IX, col	umn (A), line 25)			82,699,4	432	109,428,644		
	19	Revenue	less expenses.	Subtract line 18	from line 12 .				2,851,2	259	1,493,649		
Net Assets or Fund Balances								Beginning	ear	F End of Year			
Bals	20	Total asse	ets (Part X, line	16)					32,454,9	907	48,462,351		
et /				ne 26)					21,086,7		35,287,352		
Zĭ	22	_		ces. Subtract line	e 21 from line 2	0			11,368,1	194	13,174,999		
Pa	rt II	Signa	ature 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.

					2024-03-27	
Sign	Signature of officer				Date	
Here	JOHN B HENDERSON CFO & DIRECTOR	R OF ADMIN.				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature		Date		PTIN
Paid				2024-03-27	Check U if self-employed	P01345960
Preparer	Firm's name CLIFTONLARSC	DNALLEN LLP			Firm's EIN ► 4	1-0746749
Use Only						
	Firm's address 🏲 901 NORTH GLI	EBE ROAD SUITE 200			Phone no. (571) 227-9500
	ARLINGTON, VA	A 22203				
May the IRS d	liscuss this return with the prepar	er shown above? See Instru	ctions.			. 🗹 Yes 🗌 No
For Paperwo	ork Reduction Act Notice, see t	he separate instructions.		Cat. I	No. 11282Y	Form 990 (2022
		Pac	e 2			
		i de				
Form 990 (20	22)					Page
Part III	Statement of Program Serv	vice Accomplishments				
	Check if Schedule O contains a res	-				
	describe the organization's mission					
- ,	OUNCILS FOR INTERNATIONAL ED		NTERNATIONAL ED			HANGE AND OVERSEAS
LANGUAGE IM	IMERSION. (CONTINUED ON SCHE	EDULE O) AMERICAN COUN	CILS CREATES OPP			
INSTITUTION	S TO SUCCEED IN AN INCREASING	GLY INTERCONNECTED WO	RLD.			
2 Did the	organization undertake any signif	ficant program services duri	ng the year which	were not lis	sted on	_
the prio	or Form 990 or 990-EZ?					🗆 Yes 🛛 No
If "Yes,'	" describe these new services on S	Schedule O.				
3 Did the	organization cease conducting, or	r make significant changes i	n how it conducts,	any progra	im	
services	5?					. 🗌 Yes 🗹 No
If "Yes,'	" describe these changes on Sche	dule O.				
-	e the organization's program serv		h of its three large	est program	services as n	neasured by expenses
Section	501(c)(3) and $501(c)(4)$ organization	ations are required to report				
and rev	enue, if any, for each program se	rvice reported.				
An (Codo)) (Expenses \$	59,545,792 including	aroute of t	176 756	5) (Revenue \$	١.
4a (Code:) (Expenses \$ T EXCHANGE: AMERICAN COUNCILS AI					
GOVERN	IMENTS, FOUNDATIONS AND PRIVATE S	SECTOR SOURCES FOR OVER 5,0	00 SECONDARY SCH	OOL, UNDERG	GRADUATE, AND	GRADUATE STUDENTS EACH YEAR
	PPROXIMATELY 85 COUNTRIES ACROSS AN COUNCILS ALSO MANAGES LANGUA					
	R SECONDARY SCHOOL, UNDERGRADU					
	ANS AND INTERNATIONAL STUDENTS. 1 DN, STUDENTS SHARE THEIR U.S. EXPE					
	TS ARE AFFORDED OPPORTUNITIES TO					
FRIENDS	5 DURING THEIR OVERSEAS PROGRAMS	5.				
4b (Code:) (Expenses \$	32,448,469 including	grants of \$	541,511	L) (Revenue \$	3,729,742)
	M DEVELOPMENT: AMERICAN COUNCIL					
	THESE ROBUST PROGRAMS PROVIDE F EN, UPON RETURN TO THEIR HOME COL					
	STERED PROFESSIONAL DEVELOPMENT				-,	/
	ATIONAL VISITORS LEADERSHIP PROGR SSIONAL OFFICE FOR INTERNATIONAL					
	400 U.S. COMMUNITIES IN ALL 50 STA	TES TO MEET AND SHARE KNOW	LEDGE WITH THEIR	PROFESSION	AL COLLEAGUES	TO LEARN ABOUT LIFE IN
AMERICA	·····					
A						
4c (Code:) (Expenses \$		grants of \$) (Revenue \$	
	CH SCHOLARS: AMERICAN COUNCILS C . THE ORGANIZATION ALSO PUBLISHES					
	ING A VAST ONLINE LANGUAGE LEARNI ITION. AMERICAN COUNCILS ALSO ADM					
	TNAMESE. THE PROGRAMS ARE DESIG					
	IMENT, ACADEMIA, AND THE THIRD SEC DNAL PROFICIENCY.	CTOR WHO ARE ABLE TO SPEAK	READ, UNDERSTAND	, AND WRITE	THESE LANGUA	GES AT THE HIGHEST LEVELS OF
FUNCTIO						
(Code:) (Expenses \$		grants of \$		3) (Revenue \$	786,991)
	R EXCHANGE: AMERICAN COUNCILS SE DEVELOPMENT PROGRAMS THAT OFFE					
AMERICA	AN STUDENTS, LEARN NEW TEACHING	METHODOLOGIES, AND BUILD S	STRONG PROFESSION	IAL RELATION	ISHIPS WITH AME	RICAN COLLEAGUES. AMERICAN
	LS ALSO ADMINISTERS BILATERAL FAC PMENT ACTIVITIES, CONTRIBUTING TO					
GOVERN	IMENT AGENCIES, AND ACADEMIC INST	TITUTIONS, AMERICAN COUNCI	S HAS DEVELOPED N	IATIONAL STA	NDARDIZED ASS	
TEACHER	R AND FACULTY TRAININGS, AND IMPLE	EMENTED COUNTRY-WIDE ACAD	EMIC INTEGRITY SYS	TEMS AND PO	OLICIES.	

4d	Other program service (Expenses \$	es (Describe in So 954,584	hedule O.) including grants of \$	20,918) (Revenue \$ 78	5,991)		
4e	Total program servi	ice expenses 🕨	94,590,455	;			0 (2022)
					ľ	-orm 99	0 (2022)
				Page 3			
Form	990 (2022)						Page 3
Pai	t IV Checklist of	Required Sch	edules			N	
1	Is the organization de Schedule A	scribed in section	501(c)(3) or 4947(a)((1) (other than a private foundation)? If "Yes," complete	1	Yes Yes	No
2		quired to complet	e Schedule B, Schedule	e of Contributors? See instructions. 🗐	2	Yes	<u> </u>
3	Did the organization e for public office? If "Ye			baign activities on behalf of or in opposition to candidates	3		No
4			d the organization eng f "Yes," complete Sche	age in lobbying activities, or have a section 501(h) dule C, Part II 🕵	4	Yes	
5				6) organization that receives membership dues, 19? If "Yes," complete Schedule C, Part III 🗐 .	5		No
6		he distribution or		similar funds or accounts for which donors have the right s in such funds or accounts? <i>If "Yes," complete</i>	t 6		No
7	5			, including easements to preserve open space, "Yes," complete Schedule D, Part II 🗐	7		No
8	Did the organization n complete Schedule D,		s of works of art, histo	prical treasures, or other similar assets? If "Yes,"	8		No
9	Did the organization r for amounts not listed services? <i>If "Yes," co</i>	l in Part X; or pro	vide credit counseling,	crow or custodial account liability; serve as a custodian debt management, credit repair, or debt negotiation	9		No
10				n, hold assets in temporarily restricted endowments, plete Schedule D, Part V	10		No
11	If the organization's a or X, as applicable.	nswer to any of t	ne following questions i	is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX	ζ,		
	Schedule D, Part VI.	🔨		equipment in Part X, line 10? <i>If "Yes," complete</i>	11a	Yes	
	assets reported in Par	t X, line 16? If "Y	es," complete Schedule		11b		No
	total assets reported i	in Part X, line 16?	If "Yes," complete Sch	ram related in Part X, line 13 that is 5% or more of its nedule D, Part VIII 🔞	11c		No
	in Part X, line 16? If "	Yes," complete So	hedule D, Part IX 😼	t X, line 15 that is 5% or more of its total assets reported	11d	Yes	
e				Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	Ļ
f 12-	the organization's liab	ility for uncertain	tax positions under FII	ments for the tax year include a footnote that addresses N 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Schedule D, Parts XI a			ancial statements for the tax year? <i>If "Yes," complete</i>	12a		No
b	If "Yes," and if the org	ganization answer	ed "No" to line 12a, the	udited financial statements for the tax year? en completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a s	school described i	n section 170(b)(1)(A)	(ii)? If "Yes," complete Schedule E	13		No
	-			outside of the United States?	14a	Yes	<u> </u>
b	business, investment,	and program ser	vice activities outside t	more than \$10,000 from grantmaking, fundraising, the United States, or aggregate foreign investments value and IV	ed 14b	Yes	
15		•	column (A), line 3, mor Schedule F, Parts II a	re than \$5,000 of grants or other assistance to or for any and IV 🔞	15		No
16	or for foreign individu	als? If "Yes," com	plete Schedule F, Parts		16	Yes	
17	column (A), lines 6 an	nd 11e? <i>If "Yes," o</i>	complete Schedule G, F	xpenses for professional fundraising services on Part IX, Part I. See instructions.	17		No
18	lines 1c and 8a? If "Ye	es," complete Sch	edule G, Part II .	ising event gross income and contributions on Part VIII,	18		No
19	Did the organization r		\$15,000 of gross incom	ne from gaming activities on Part VIII, line 9a? If "Yes,"	19		No

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

- **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . .
 - **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Form	990 (2022)			Page 4
	rt IV Checklist of Required Schedules (continued)			Tuge
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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>	23	Yes	
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36		No
37	organization? If "Yes," complete Schedule R, Part V, line 2			
38	is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 1 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note.	37		No
	All Form 990 filers are required to complete Schedule O.	38	Yes	

...

			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 328			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		F	orm 99	0 (2022)
	Page 5			
orm	990 (2022)			Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Tage L
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	AF, AL, AM, AJ, BK, BU, EN, HU, GR, GG, KZ, KV,			
Fa	KG, LG, LH, MK, MD, MG, MJ, PL, RO, RS, SG, RI, Was the experiment a party to a prohibited tay a Que SI at II a IX a UP a VZ is RS a AM at a BOy EZ, EN, GG	5a		No
54	Was the organization a party to a prohibited tax shorts transaction of any tings and the By E7, EN, GG	Ъd		
D	DidYasy' taxtable heartanne bify the efore gan zation that BekyaB (br, B) (b) BELLY ROA, Arbhiblite (RiaxKSHe) (466 transaction?	5b		No
С	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If Yes, to line 5a or 5b, did the organization file Form 8886-1?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
Ū		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	90		
10				
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
17				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
-			•	-

 \checkmark

Statements kegaroing other 1KS Filings and Tax Compliance

2	Ic the organization	liconcod to	iccua	nualified healt	n nlanc i	n moro thar	n nna ctati

нап v

u	Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
с	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16	No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	
		Fo	rm 990 (2022)

	Page 6			
Form	990 (2022)			Page 6
Par		o" resp	onse to	-
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 29			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$.	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
L.		4		Ma

U	Other onicers of key employees of the or	yanızatıon .				•	•	•		•	120		טאו
	If "Yes" to line 15a or 15b, describe the p	rocess on Sche	dule O	. See instruction	ons.								
16a	Did the organization invest in, contribute taxable entity during the year?	assets to, or pa	rticipa	ate in a joint ve	entur •	e or	simila •	ara •	rrangement with	a •	16a		No
Ь	If "Yes," did the organization follow a writ in joint venture arrangements under appl status with respect to such arrangements	icable federal ta	ax law,	, and take step	s to	safe	guard				16b		
Se	ection C. Disclosure												
17	List the states with which a copy of this F	orm 990 is requ	uired t	o be filed►									
18	Section 6104 requires an organization to $501(c)(3)s$ only) available for public inspectively.									ection			
	🗌 Own website 🛛 Another's website	e 🗹 Upon re	quest	🗌 Other (e	xplai	in in	Sche	dule	e O)				
19	Describe in Schedule O whether (and if so policy, and financial statements available				vern	ning (docun	nen	ts, conflict of inte	rest			
 State the name, address, and telephone number of the person who possesses the organization's books and records: JOHN B HENDERSON 1828 L STREET NW SUITE 1200 WASHINGTON DC, DC 20036 (202) 833-7522 													
									F	orm 99	0 (2022)		
				Page 7 —									
Form	990 (2022)												Page 7
	t VII Compensation of Officers,	Directors.Tri	ustee	es, Kev Emp	love	es.	Hiał	nes	t Compensate	ed Emp	lovee	es,	ruge r
	and Independent Contract	-					5		• • • •	•			
	Check if Schedule O contains a res	sponse or note t	to any	line in this Pa	t VII							<u> </u>	
Se	ction A. Officers, Directors, Trust	ees, Key Em	ploye	ees, and Hig	hes	t Co	ompe	ens	ated Employe	es			
	omplete this table for all persons required	to be listed. Rep	port co	ompensation fo	r the	cale	endar	yea	r ending with or v	within th	e orga	nization	ı's tax
	List all of the organization's current office mpensation. Enter -0- in columns (D), (E),					ls or	r orga	niza	ations), regardless	s of amo	unt		
	ist all of the organization's current key er					defir	nition	of '	'kev emplovee."				
	ist the organization's five current highest									employe	ee)		
	received reportable compensation (box 5 o rganization and any related organizations.	f Form W-2, bo	x 6 of	Form 1099-MI	SC, a	and/o	or box	10	of Form 1099-NEC	C) of mo	re than	ı \$100,0	000 from
	ist all of the organization's former officers portable compensation from the organization				isate	ed en	nploye	ees	who received mo	re than s	\$100,0	00	
	ist all of the organization's former direct inization, more than \$10,000 of reportable of									ustee of	the		
See t	he instructions for the order in which to lis	t the persons al	oove.										
	Check this box if neither the organization n	or any related o	organiz	zation compens	sated	l any	/ curre	ent	officer, director, o	r trustee	<u>؛</u> .		
	(A)	(B)		(C))				(D)	(E)		_ ((F)
	Name and title	Average hours per		ition (do not cl box, unless pe					Reportable compensation	Report compens			mated ount of
		week (list	of	fficer and a dir		/trus	stee)		from the	from re	lated	ot	ther
		any hours for related	입물		ç	Xe No	en Hi	F	organization (W-2/1099-	organiza (W-2/1			ensation m the
		organizations	din di vi	Institutional	fice	γe	a gl	Former	MISC/1099-	MISC/1	099-	orgar	nization
		below dotted line)	Individual to or director	Trustee;	×.	đ	st c	£	NEC)	NEC	.)		related lizations
		inte <i>j</i>	or to			Key employee	Highest compe employee					organ	120110113
			r r			0 0	pe						

(A) Name and title	(B) Average hours per week (list	one	(C) ition (do not ch box, unless pe ficer and a dire	neck erso	n is l	both a	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensatior from the organization and related organizations
(1) DAVID PATTON PRESIDENT	35.00	х		х				360,249	0	23,5
(2) JOHN HENDERSON CHIEF FINANCIAL OFFICER	35.00			x				272,019	0	29,5
(3) LISA CHOATE EXECUTIVE VICE PRESIDENT	35.00			x				276,357	0	21,6
(4) MICHAEL CURTIS SR VICE PRESIDENT STRATEGIC DEVELOPMENT	35.00					x		220,855	0	24,0
(5) NADRA GARAS RESEARCH DIRECTOR, ARC	35.00					x		196,021	0	21,5
(6) SHAWN PAUL BEIGHLE CHIEF INFORMATION OFFICER	. 35.00					x		189,923	0	23,1

(/) KASIA HUTORON	55.00		I		х	I	188,270	0	14,624
SENIOR HUMAN RESOURCES DIRECTOR	•				^		100,270	0	14,024
(8) TODD DRUMMOND	35.00								
DIRECTOR OF ASSESSMENT AND EDUCATION SERVICES					х		174,006	0	17,439
(9) LEESA KAPLAN	35.00								
CHIEF OF PARTY, YOUTH WORKFORCE DEVELOPMENT				х			179,633	0	4,530
(10) ANN DOMORAD	35.00						150.004		10.531
SENIOR MANAGING DIRECTOR, FIELD OPS & PROG				х			159,004	0	19,571
(11) DAN DAVIDSON	35.00								
DIRECTOR OF ARC				х			156,532	0	10,736
(12) ROBERT HEATH	1.00								
CHAIR		Х	х				0	0	0
(13) SHANNON BALDWIN DAVIS	1.00								
TRUSTEE		Х					0	0	0
(14) DR DAVID CHANG	1.00								
TRUSTEE		Х					0	0	0
(15) GRACE CHUNG BECKER	1.00								
TRUSTEE		Х					0	0	0
(16) REV ANNE DERSE	1.00								
TRUSTEE		Х					0	0	0
(17) VIOLETKA DIRLEA	1.00						_	_	_
TRUSTEE		Х					0	0	0
			-						

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

(A) Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	rsor ctor	n is l	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(18) LTG KARL EIKENBERRY RET		х						0	0	0
TRUSTEE (19) EDITH FALK										
TRUSTEE		×						0	0	0
(20) DR BETTY SUE FLOWERS TRUSTEE		×						0	0	0
(21) MYCAL FORD TRUSTEE		×						0	0	0
(22) DR THOMAS GARZA TRUSTEE		×						0	0	0
(23) GAZMEND GJONBALAJ TRUSTEE		×						0	0	0
(24) HILL HAMMOCK TRUSTEE		×						0	0	0
(25) TIFFANY HICKERSON		х						0	0	0

INUSIEE	1	I	1		1		1		1	
(26) DEE BROWN	1.00	х					0		0	0
TRUSTEE		···.^					0		U	U
(27) MICHAEL HORA	1.00	Ň								
TRUSTEE		×					U		0	0
(28) DR ABOL JALILVAND	1.00									
TRUSTEE		X					U		0	0
(29) PEGGY MARSH	1.00	v							0	0
TRUSTEE		X					U		0	0
(30) RICHARD MORNINGSTAR RET AMB	1.00	v					0		0	0
EMERITUS TRUSTEE		X					0		U	U
(31) JOHN ORDWAY RET AMB	1.00	v							0	0
TRUSTEE		х					0		0	U
(32) DR ALAN PLATT	1.00	v					0		0	0
TRUSTEE		×					U		U	0
(33) ROBERT RHEA	1.00	v							0	0
TRUSTEE		X					U		0	0
(34) SUSAN RHENEY	1.00	v							0	0
TRUSTEE		X					0		U	U
(35) NATHAN RUIZ	1.00	х					0		0	0
TRUSTEE		^					0		U	0
(36) DAN SUNDELL	1.00	v					0		0	0
TRUSTEE		х					0		U	U
(37) MARK TAPLIN	1.00	х					0		0	0
TRUSTEE		···.^					0		0	0
(38) NATALIYA USHAKOVA	1.00	х					0		0	0
ACIE TRUSTEE, ACTR PRESIDENT		····^					0		0	0
(39) DR IRWIN WEIL	1.00						0		0	0
EMERITUS TRUSTEE		···.^					0		U	0
1b Sub-Total				۲						
c Total from continuation sheets to Part				Ľ						
d Total (add lines 1b and 1c)							2,372,869	0		210,363
2 Total number of individuals (including bu of reportable compensation from the org		those	listed above) w	ho re	ceived	d more	e than \$100,000			
									Yes	No
3 Did the organization list any former offi			e, key employee	, or h	ighes	t com	pensated employ	ee on		
line 1a? If "Yes," complete Schedule J fo	or such individua.	-		• •	•	•		3		No
4 For any individual listed on line 1a, is the										
organization and related organizations g individual	reater than \$150	J,000:	? If "Yes," comp	iete S	cnea	uie J to -	or sucn			
		-						4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization?If	•									
		Jene		, 501		• •		. 5		No
Section B. Independent Contractor		- J			h			006	4: -	
1 Complete this table for your five highest from the organization. Report compensations									sation	
	(A)	1					(B)			C)
Name and business address Description of services Compensation										

Name and business address	Description of services	Compensation
AFS-USA INC 120 WALL STREET 4TH FLOOR	INTERCULTURAL LEARNING CONSULTING	3,604,295
NEW YORK, NY 10005		
AMIDEAST EDUCATIONAL AND TRAINING	EDUCATION AND TRAINING CONSULTING SERVIC	1,589,141
2025 M STREET NW		
WASHINGTON DC, DC 20036		
IEARN	IT LEARNING CONSULTING SERVICES	1,132,305
475 RIVERSIDE DRIVE SUITE 450		
NEW YORK, NY 10115		
ASPECT FOUNDATION	EDUCATIONAL AND TRAINING CONSULTING	480,300
870 MARKET STREET SUITE 409		
SAN FRANCISCO, CA 94102		
AMERICAN CULTURE EXCHANGE SERVICE	EDUCATION AND TRAINING CONSULTING	438,149
ONE LAKE BELLEVUE DR STE 200		
BELLEVUE, WA 98005		
	•	+

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 23

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Form 990 (2022) Part VIII Statement of Revenue					Page 9
Check if Schedule O contains		line in this Part VIII			
		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Federated campaigns <u>1a</u> Contributions,	I		revenue		512 - 514
Sifts, Grants, and Membership dues <u>1b</u> DtherAmt					
Similar Amolinedraising events 1c					
1,285 d Related organizations 1d					
e Government grants (contributions) 1e					
102,382,508 f All other contributions, gifts, grants,					
and similar amounts not included 1f					
3,299,651 g Noncash contributions included in lines 1a - 1f:\$ 1g					
1,285	-				
h Total. Add lines 1a-1f	• • • • • 105,683,444				
·	Business Code				
2a TUITION REVENUE	611600	3,729,742	3,729,742		
 TESTING ADMINISTRATIVE FEES CURRICULUM FEES TUUES, MEMBERSHIPS & SUBSCRIPTIONS 	611600	979,921	979,921		
CURRICULUM FEES	611600	119,502	119,502		
£	611600	32,631	32,631		
3 TEXTBOOK/HANDBOOK SALES	611600	22,986	22,986		
f All other program service revenue.	4 994 793				
9 Total. Add lines 2a-2f3 Investment income (including divide					
similar amounts)		10,371			10,371
4 Income from investment of tax-exen	· · · · · · · · · · · · · · · · · · ·				
5 Royalties		5,228			5,228
(i) Rea	al (ii) Personal				
6a Gross rents 6a	21,000				
b Less: rental expenses 6b c Rental income	0				
or (loss) 6c	21,000	01.005			
d Net rental income or (loss)	ities (ii) Other	21,000			21,000
7a Gross amount	523,339				
ess: cost or					

Other Reve	other basis and sales expenses	70 2,0	489,349					
ď		7c						
er	Gain or (loss)		133,990		122.000			122.000
7	d Net gain or (loss)		· ·	••••	133,990			133,990
ĭ	Gross income from fu (not including \$	ndraising events 1,285 of						
	contributions reported	d on line 1c).						
	See Part IV, line 18		8a	1,525				
	b Less: direct expense	ses	8b	1,285				
	c Net income or (los	s) from fundraisi	ng eve	nts 🕨	240			240
g	a Gross income from See Part IV, line 19 b Less: direct expensi		9a 9b			_		
	c Net income or (los	s) from gaming a	octivitie	es				
t	Da Gross sales of inverse returns and allowa	nces	10a					
	b Less: cost of goods	s sold	10b					
	c Net income or (los	s) from sales of i	nvento	,				
				Business Code				
	11aOFFICE SUPPORT	REVENUE		900099	112,023			112,023
	b OTHER REVENUE			900099	71,215			71,215
Othe	er f evenueMiscAmt							
	d All other revenue							
	e Total. Add lines 1	1a-11d	· ·	>	183,238			
	12 Total revenue. Se	ee instructions	• •	· · •	110,922,293	4,884,782	0	354,067
								Form 990 (2022)

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Part IX Statement of Functional Expenses

Page **10**

Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	. All other organizatio	ons must complete col	lumn (A).
Check if Schedule O contains a response or note to a	ny line in this Part IX			🗹
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 domestic organizations and domestic governments. See Part IV, line 21	191,148	191,148		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	147,687	147,687		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	400,350	400,350		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,662,393	666,683	995,710	
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	18,362,638	12,568,575	5,640,150	153,913
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	841,657	233	841,424	
9 Other employee benefits	4,187,930	2,791,112	1,364,277	32,541
10 Payroll taxes	1,356,985	124,953	1,232,032	
11 Fees for services (non-employees):				
a Management	ĺ	Î		

	LI			
b Legal	94,347	41,010	53,337	
c Accounting	126,213	7,977	118,236	
d Lobbying	58,250	58,250		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column(A) amount, list line 11g expenses on Schedule O)	35,487,482	34,900,858	575,624	11,000
12 Advertising and promotion	238,088	234,549	3,539	
13 Office expenses	2,519,048	2,136,050	374,406	8,592
14 Information technology	1,478,683	1,369,228	107,739	1,716
15 Royalties				
16 Occupancy	2,940,848	887,715	2,053,133	
17 Travel	3,082,485	2,909,538	157,843	15,104
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,043,582	1,042,240	1,342	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	69,571		69,571	
23 Insurance	115,741	97,099	18,137	505
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PARTICIPANT EXPENSES	23,881,752	23,851,046	30,706	
b TUITION	9,923,172	9,922,495	677	
c OTHER TAXES	836,528	77,029	759,499	
d DUES & SUBSCRIPTIONS	169,473	142,177	26,556	740
e All other expenses	212,593	22,453	190,008	132
25 Total functional expenses. Add lines 1 through 24e	109,428,644	94,590,455	14,613,946	224,243
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				

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Forr	n 990	(2022)					Page 11
Ρ	art X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			3,736,861	1	3,929,781
	2	Savings and temporary cash investments			170,850	2	756,474
	3	Pledges and grants receivable, net			13,543,165	3	16,334,791
	4	Accounts receivable, net			1,096,496	4	934,383
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of the	antial c	ontributor, or 35%		5	
	6	Loans and other receivables from other disqualif section $4958(f)(1)$, and persons described in se				6	
ŝ	7	Notes and loans receivable, net				7	
. et	8	Inventories for sale or use				8	
As,	9	Prepaid expenses and deferred charges		· · [6,127,737	9	4,784,181
-	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,543,261			
	b	Less: accumulated depreciation	10b	3,180,935	431,897	10c	362,326
	1						

	11	Investments—publicly traded securities . 5,824,296	11	4,970,841
	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	16,389,574
	16	Total assets. Add lines 1 through 15 (must equal line 33)	16	48,462,351
	17	Accounts payable and accrued expenses	17	11,436,638
	18	Grants payable	18	
	19	Deferred revenue	19	1,176,847
	20	Tax-exempt bond liabilities	20	
ŝ	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	25	22,673,867
	26	Total liabilities. Add lines 17 through 25 21,086,713	26	35,287,352
Fund Balances	27	Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		11,959,410
ЧP	28	Net assets with donor restrictions 1,469,441	28	1,215,589
or Fun	29	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds	29	
	30	Paid-in or capital surplus, or land, building or equipment fund	30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds	31	
	32	Total net assets or fund balances 11,368,194	32	13,174,999
Net	33	Total liabilities and net assets/fund balances	33	48,462,351

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Form 990 (2022) Page **12** Part XI **Reconcilliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI 1 110,922,293 1 2 109,428,644 2 3 1,493,649 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . 4 11,368,194 4 5 Net unrealized gains (losses) on investments 5 313,156 6 Donated services and use of facilities 6 7 7 8 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain in Schedule O) 0 10 13,174,999 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII **Financial Statements and Reporting**

	······································			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Schere Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			

_

b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	Yes	
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.	Зb	Yes	
		F	orm 99	0 (2022)

Form 990 (2022)	
Additional Data	Return to Form

efil	e Pub	olic Visual	Render	ObjectId: 2	20240087934930	0235 - Submi	ission: 2024-	03-27	TIN: 52-1067256 OMB No. 1545-0047
Department of the Treasury				nplete if the o	Public Charity Status and Public Support Dete 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.				
Internal Revenue Service				Go to <u>www.irs</u>	<u>s.gov/Form990</u> for in	nstructions and	I the latest info	ormation.	Open to Public Inspection
AMERI	CAN CO		INTERNATIONA	L				Employer identif	cation number
		ACTR ACCELS I						52-1067256	
	rt I rganiz	ation is not a	a private four	ndation because	us (All organizations e it is: (For lines 1 thro	<u>s must comple</u> ugh 12, check o	nly one box.)	see instructions.	
1		A church, c	convention of	churches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school de	escribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3		A hospital of	or a cooperat	ive hospital serv	vice organization descr	ribed in section	170(b)(1)(A)(iii).	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descr	ibed in section 1	L70(b)(1)(A)(iii).	Enter the hospital's
5		170(Ď)(1)	(A)(iv). (Co	omplete Part II.)					ibed in section
6 7				-	 governmental unit de a substantial part of it. 				ral public described in
	\cup	section 17	70(b)(1)(A)	(vi). (Complete	e Part II.)		-	The of from the gene	
8			•		n 170(b)(1)(A)(vi).				
9		An agricult non-land g	ural research rant college o	organization de of agriculture. S	escribed in 170(b)(1) ee instructions. Enter	(A)(ix) operate the name, city, a	d in conjunction and state of the c	with a land-grant co college or university:	llege or university or a
10		An organiza from activit investment	ation that not ties related to income and	rmally receives: to its exempt fur unrelated busin	(1) more than 331/3% actions—subject to cert ness taxable income (le	o of its support fi ain exceptions,	rom contribution: and (2) no more	s, membership fees, than 33 1/3% of its	
11	\square				omplete Part III.) d exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		An organiza more public	ation organiz cly supported	ed and operated l organizations o	d exclusively for the be described in section 5 s the type of supportin	enefit of, to perfo 09(a)(1) or se	orm the functions	s of, or to carry out t). See section 509 (
а		Type I. A son organization	supporting or n(s) the pow	ganization oper	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically b	
b		Type II. A manageme	supporting c nt of the sup	organization sup	pervised or controlled in ation vested in the sam				
с		Type III f	unctionally	integrated. A s	supporting organization				ated with, its
d		Type III n functionally	ion-function	ally integrate The organizatio	ions). You must com d. A supporting organi n generally must satis	zation operated fy a distribution	in connection with requirement and	th its supported orga	
е	\Box	Check this	box if the org	anization receiv	rt IV, Sections A and ved a written determin	ation from the I		pe I, Type II, Type I	I functionally
f	Entor	. .			integrated supporting				
g			••	-				· · · · · · · · -	
		lame of supp organization	ported	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota									
		work Reduc or 990-EZ.	tion Act Not	tice, see the Iı	nstructions for	Cat. No. 11285	5F	Schedul	e A (Form 990) 2022
					Pag	ge 2			
Scheo	lule A	(Form 990)	2022						Page 2
Ра	rt II	(Comple	ete only if y	ou checked th	tations Described the box on line 5, 7, ify under the tests l	or 8 of Part I d	or if the organi	zation failed to qu	
	ction	A. Public		1		· · · · · / P		, ,	
סוב׳ ז	ndarı	VASP		I	I	ı	I	·	

	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.").						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by						
3	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
	line 4.						
	Section B. Total Support	(-) 2018	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(6) Total
(0	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12			,			12	
13	First 5 years. If the Form 990 is for the				,		ization, check
	this box and stop here				<u></u>	▶∪	
14			-	column (f))		14	
	Public support percentage for 2021 Sch					15	
	33 1/3% support test—2022. If the					more, check this	хох
ł	and stop here. The organization quali 33 1/3% support test—2021. If the						
17;	box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "fact	—2022. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
Ł	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes	est. The organizat t—2021. If the o	ion qualifies as a rganization did no	publicly supported t check a box on li	organization . ine 13, 16a, 16b,	or 17a, and line 15	▶ □ 5 is 10% or
	more, and if the organization meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		-
18							
	instructions		<u></u>				► 🗆 Form 990) 2022
						Schedule A (I	0111 550) 2022
			Page 3				
			-				
Sch	edule A (Form 990) 2022						Page 3
	Part III Support Schedule fo	or Organizatio	ns Described i	n Section 509	(a)(2)		ruge 🖌
	(Complete only if you the organization fails						er Part II. If
5	Section A. Public Support	to quality and ci		belowy piedde e		/	
	lendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	76,946,743	70,357,242	49,720,413	80,552,208	105,683,444	383,260,050
	membership fees received. (Do not include any "unusual grants.") .	76,946,743	70,337,242	49,720,413	80,552,208	105,665,444	383,200,030
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in	7,016,636	6,267,245	1,718,210	2,447,779	4,884,782	22,334,652
	any activity that is related to the organization's tax-exempt purpose						
3							
	business under section 513						
4	Tax revenues levied for the						

4	Tax revenues levied for the
	arganization's banafit and aitha

	paid to or expended on its behalf								
5	 The value of services or facilities								
	furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5	83,963,379	76,624,487	51,438,623	82,999,987	110,568,	226	405,	594,702
7a	Amounts included on lines 1, 2, and	37,750	27,000	20,000	28,000	26,	000	:	138,750
ь	3 received from disqualified persons Amounts included on lines 2 and 3		,	,			_		
5	received from other than								
	disqualified persons that exceed the greater of \$5,000 or 1% of the								0
	amount on line 13 for the year.								
с 8	Add lines 7a and 7b Public support. (Subtract line 7c	37,750	27,000	20,000	28,000	26,	000		138,750
0	from line 6.)							405,4	455,952
	ction B. Total Support								
	ndar year ïscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
9	Amounts from line 6	83,963,379	76,624,487	51,438,623	82,999,987	110,568,	226	405,	594,702
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties	103,757	139,027	97,467	46,871	36,	599	4	423,721
	and income from similar sources								
b	 Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
с	Add lines 10a and 10b.	103,757	139,027	97,467	46,871	36,	599	4	423,721
11	Net income from unrelated business activities not included on								
	line 10b, whether or not the								
12	business is regularly carried on. Other income. Do not include gain								
12	or loss from the sale of capital	89,972	58,278	3,072,516	2,241,360	183,	478	5,6	645,604
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c,								
15	11, and 12.).	84,157,108		54,608,606					664,027
14	First 5 years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth	tax year as a sect	ion 501(c)(3) (organ	ization, cł	neck
					<u></u>			<u></u>	
	ction C. Computation of Public	: Support Perc	entage						490.%
15	ction C. Computation of Public Public support percentage for 2022 (Support Perc line 8, column (f)	entage divided by line 13	, column (f)) . .		15		98.	.490 %
15 16	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021	ine 8, column (f) Schedule A, Part	entage divided by line 13 III, line 15	, column (f)) . .				98.	.490 %
15 16	ction C. Computation of Public Public support percentage for 2022 (Support Perc line 8, column (f) Schedule A, Part	entage divided by line 13 III, line 15 Percentage	, column (f))	· · · · · · · · · · · · · · · · · · ·	15		98. 98.	
15 16 Se 17 18	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 2 Investment income percentage from	C Support Perc line 8, column (f) Schedule A, Part timent Income 022 (line 10c, colu 2021 Schedule A	entage divided by line 13 III, line 15 Percentage umn (f) divided by , Part III, line 17 .	, column (f)) 	(f))	15 16 17 18		98. 98. 0. 0.	.370 %
15 16 Se 17 18	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Inves Investment income percentage for 2	C Support Perc line 8, column (f) Schedule A, Part timent Income 022 (line 10c, colu 2021 Schedule A	entage divided by line 13 III, line 15 Percentage umn (f) divided by , Part III, line 17 .	, column (f)) 	(f))	15 16 17 18		98. 98. 0. 0.	.370 %
15 16 5e 17 18 19a	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 2 Investment income percentage from 33 1/3% support tests-2022. If th more than 33 1/3%, check this box an	Support Perc line 8, column (f) Schedule A, Part timent Income 022 (line 10c, colu 2021 Schedule A e organization did nd stop here. The	entage divided by line 13 III, line 15 e Percentage umn (f) divided by , Part III, line 17 . not check the box e organization quai	, column (f)) 	(f))	15 16 17 18 n 33 1/3%, and zation	line	98. 98. 0. 0. 17 is not . ► ☑	.370 % .100 % .140 %
15 16 Se 17 18	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 2 Investment income percentage from 33 1/3% support tests-2022. If th more than 33 1/3%, check this box an 33 1/3% support tests-2021. If th	Support Perc line 8, column (f) Schedule A, Part timent Income 022 (line 10c, colu 2021 Schedule A e organization did nd stop here. The he organization did	entage divided by line 13 III, line 15 Percentage umn (f) divided by , Part III, line 17 . not check the box organization quai d not check a box	, column (f)) , ine 13, column (, con line 14, and li lifies as a publicly on line 14 or line	(f))	15 16 17 18 n 33 1/3%, and zation s more than 33	line :	98. 98. 0. 0. 17 is not . ► ☑ ► ☑ . and line	.370 % .100 % .140 %
15 16 Se 17 18 19a b	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 2 Investment income percentage from 33 1/3% support tests-2022. If the more than 33 1/3%, check this box an 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perc line 8, column (f) Schedule A, Part timent Income 022 (line 10c, colu 2021 Schedule A e organization did nd stop here. The he organization die ox and stop here.	entage divided by line 13 III, line 15 Percentage umn (f) divided by , Part III, line 17 . not check the box e organization quai d not check a box The organization	, column (f)) , ine 13, column (,	(f))	15 16 17 18 n 33 1/3%, and zation	line : 	98. 98. 0. 0. 17 is not . ► ♥ and line . ► □	.370 % .100 % .140 %
15 16 5e 17 18 19a	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 2 Investment income percentage from 33 1/3% support tests-2022. If th more than 33 1/3%, check this box an 33 1/3% support tests-2021. If th	Support Perc line 8, column (f) Schedule A, Part timent Income 022 (line 10c, colu 2021 Schedule A e organization did nd stop here. The he organization die ox and stop here.	entage divided by line 13 III, line 15 Percentage umn (f) divided by , Part III, line 17 . not check the box e organization quai d not check a box The organization	, column (f)) , ine 13, column (,	(f))	15 16 17 18 n 33 1/3%, and zation	line : 	98. 98. 0. 0. 17 is not . ► ☑ . ► □ . ► □	.370 % .100 % .140 % 18 is
15 16 Se 17 18 19a b	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 2 Investment income percentage from 33 1/3% support tests-2022. If the more than 33 1/3%, check this box an 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perc line 8, column (f) Schedule A, Part timent Income 022 (line 10c, colu 2021 Schedule A e organization did nd stop here. The he organization die ox and stop here.	entage divided by line 13 III, line 15 Percentage umn (f) divided by , Part III, line 17 . not check the box e organization quai d not check a box The organization	, column (f)) , ine 13, column (,	(f))	15 16 17 18 n 33 1/3%, and zation	line : 	98. 98. 0. 0. 17 is not . ► ☑ . ► □ . ► □	.370 % .100 % .140 % 18 is
15 16 Se 17 18 19a b	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 2 Investment income percentage from 33 1/3% support tests-2022. If the more than 33 1/3%, check this box an 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perc line 8, column (f) Schedule A, Part timent Income 022 (line 10c, colu 2021 Schedule A e organization did nd stop here. The he organization die ox and stop here.	entage divided by line 13 III, line 15 Percentage umn (f) divided by , Part III, line 17 . not check the box e organization quai d not check a box The organization	, column (f)) , ine 13, column (,	(f))	15 16 17 18 n 33 1/3%, and zation	line : 	98. 98. 0. 0. 17 is not . ► ☑ . ► □ . ► □	.370 % .100 % .140 % 18 is
15 16 Se 17 18 19a b	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 2 Investment income percentage from 33 1/3% support tests-2022. If the more than 33 1/3%, check this box an 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perc line 8, column (f) Schedule A, Part timent Income 022 (line 10c, colu 2021 Schedule A e organization did nd stop here. The he organization die ox and stop here.	entage divided by line 13 III, line 15 Percentage umn (f) divided by , Part III, line 17 . not check the box e organization qual d not check a box The organization a box on line 14,	, column (f)) , ine 13, column (,	(f))	15 16 17 18 n 33 1/3%, and zation	line : 	98. 98. 0. 0. 17 is not . ► ☑ . ► □ . ► □	.370 % .100 % .140 % 18 is
15 16 17 18 19a b 20	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 2 Investment income percentage from 33 1/3% support tests-2022. If th more than 33 1/3%, check this box ar 33 1/3% support tests-2021. If th not more than 33 1/3%, check this bot Private foundation. If the organiza	Support Perc line 8, column (f) Schedule A, Part timent Income 022 (line 10c, colu 2021 Schedule A e organization did nd stop here. The he organization die ox and stop here.	entage divided by line 13 III, line 15 Percentage umn (f) divided by , Part III, line 17 . not check the box e organization qual d not check a box The organization a box on line 14,	, column (f)) , ine 13, column (,	(f))	15 16 17 18 n 33 1/3%, and zation	line : 	98. 98. 0. 0. 17 is not . ► ☑ . ► ☑ . ► □ . ► □	370 % 100 % 140 % 18 is 2022
15 16 Se 17 18 19a b 20	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 2 Investment income percentage from 33 1/3% support tests-2022. If th more than 33 1/3%, check this box ar 33 1/3% support tests-2021. If th not more than 33 1/3%, check this box Private foundation. If the organiza	Support Perc line 8, column (f) Schedule A, Part itment Income 022 (line 10c, colu 2021 Schedule A e organization did nd stop here. The he organization did box and stop here. tion did not check	entage divided by line 13 III, line 15 Percentage umn (f) divided by , Part III, line 17 . not check the box e organization qual d not check a box The organization a box on line 14,	, column (f)) , ine 13, column (,	(f))	15 16 17 18 n 33 1/3%, and zation	line : 	98. 98. 0. 0. 17 is not . ► ☑ . ► ☑ . ► □ . ► □	.370 % .100 % .140 % 18 is
15 16 Se 17 18 19a b 20	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 2 Investment income percentage from 33 1/3% support tests-2022. If th more than 33 1/3%, check this box ar 33 1/3% support tests-2021. If th not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2022 t IV Supporting Organization	Support Perc line 8, column (f) Schedule A, Part itment Income 022 (line 10c, colu 2021 Schedule A e organization did nd stop here. The he organization did bit and stop here. tion did not check	entage divided by line 13 III, line 15 e Percentage umn (f) divided by , Part III, line 17 . not check the box e organization qual d not check a box The organization a box on line 14, Page 4	, column (f))	(f))	15 16 17 18 n 33 1/3%, and zation s more than 33 ganization e instructions . Schedule /	line : ; 1/3% A (Fo	98. 98. 0. 0. 17 is not . ► ☑ . ► □ . ► □ . ► □ . ► □ . ► □	370 % 100 % 140 % 18 is 2022 Page 4
15 16 Se 17 18 19a b 20	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invest Investment income percentage from 33 1/3% support tests-2022. If the more than 33 1/3%, check this box ar 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2022 t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Support I	schedule A, Part Schedule A, Part Schedule A, Part Comment Income Comment Income Comment Income Comment Schedule A e organization did nd stop here. The he organization did nd stop here. The he organization did not stop here. The organization did not stop here. The organization did not stop here. The organization did not stop here. Schedule Schedule Schedule Schedule Schedule Schedule Sch	entage divided by line 13 III, line 15 Percentage umn (f) divided by , Part III, line 17 . not check the box e organization qua d not check a box The organization a box on line 14, Page 4 of Part I. If you checked box	, column (f))	(f))	15 16 17 18 n 33 1/3%, and zation s more than 33 ganization e instructions . Schedule a	line : : 1/3% A (Fo	98. 98. 0. 0. 17 is not . ► ☑ . ► □ . ► □ . ► □ . ► □ . ► □	370 % 100 % 140 % 18 is 2022 Page 4 ked
15 16 See 17 18 19a b 20 Schee Par	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invest Investment income percentage from 33 1/3% support tests-2022. If the more than 33 1/3%, check this box ar 33 1/3% support tests-2021. If the note than 33 1/3%, check this box ar 33 1/3% support tests-2021. If the note more than 33 1/3%, check this box Private foundation. If the organization Guile A (Form 990) 2022 t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section	schedule A, Part Schedule A, Part Schedule A, Part (ine 10c, colu 2021 Schedule A e organization did nd stop here. The he organization did bx and stop here. tion did not check schedule A tion did not check a box on line 12 Sections A and C. 10 ons A and D, and	entage divided by line 13 III, line 15 Percentage umn (f) divided by , Part III, line 17 . not check the box e organization qua d not check a box The organization a box on line 14, Page 4 of Part I. If you checked box	, column (f))	(f))	15 16 17 18 n 33 1/3%, and zation s more than 33 ganization e instructions . Schedule a	line : : 1/3% A (Fo	98. 98. 0. 0. 17 is not . ► ☑ . ► □ . ► □ . ► □ . ► □ . ► □	370 % 100 % 140 % 18 is 2022 Page 4 ked
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15 16 See 17 18 19a b 20 Schee Par	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invess Investment income percentage from 33 1/3% support tests-2022. If th more than 33 1/3%, check this box ar 33 1/3% support tests-2021. If th not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete Section ction A. All Supporting Organization	Support Perc line 8, column (f) Schedule A, Part itment Income 022 (line 10c, colu 2021 Schedule A e organization did nd stop here. The he organization did by and stop here. tion did not check tion did not check ns d a box on line 12 Sections A and C. 1 ons A and D, and a zations	entage divided by line 13 III, line 15 Percentage umn (f) divided by , Part III, line 17 . not check the box e organization qual d not check a box The organization a box on line 14, Page 4 of Part I. If you che ff you checked box complete Part V.)	, column (f))	f))	15 16 17 18 n 33 1/3%, and zation s more than 33 ganization a instructions . Schedule . Sections A and A, D, and E. If y	line : : 1/3% A (Fo	98. 98. 0. 0. 17 is not . ► ☑ . ► □ . ► □ . ► □ . ► □ . ► □	370 % 100 % 140 % 18 is 2022 Page 4 ked
15 16 See 17 18 19a b 20 Schee Par	 ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invest Investment income percentage from 33 1/3% support tests-2022. If th more than 33 1/3%, check this box an 33 1/3% support tests-2021. If th not more than 33 1/3%, check this box Private foundation. If the organiza dule A (Form 990) 2022 t IV Supporting Organizatio (Complete only if you checkee box 12b, of Part I, complete Secti 21d, of Part I, complete Secti ction A. All Supporting Organization's supporte If "No," describe in Part VI how the 	schedule A, Part Schedule A, Part Schedule A, Part (ine 8, column (f) Schedule A, Part (ine 10c, colu 2021 Schedule A e organization did nd stop here. The he organization did bx and stop here. The organization did bx and stop here. The organization did by a box on line 12 Sections A and C. 12 ons A and D, and zations d organizations lis supported organiz	entage divided by line 13 III, line 15 Percentage umn (f) divided by , Part III, line 17 . not check the box e organization quaid d not check a box The organization a box on line 14, Page 4 of Part I. If you checked box complete Part V.) eted by name in the cations are designed	, column (f))	(f))	15 16 17 18 n 33 1/3%, and zation s more than 33 ganization e instructions . Schedule / Sections A and A, D, and E. If y hts?	line : : 1/3% A (Fo	98. 98. 0. 0. 17 is not . ► . ► . ► . ► . ► . ► . ► . ►	370 % 100 % 140 % 18 is 2022 Page 4 ked x
15 16 See 17 18 19a b 20 Schee Par	 ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 2 Investment income percentage from 33 1/3% support tests-2022. If th more than 33 1/3%, check this box ar 33 1/3% support tests-2021. If th not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Secti I2d, of Part I, complete Secti Ction A. All Supporting Organization's supporte 	schedule A, Part Schedule A, Part Schedule A, Part (ine 8, column (f) Schedule A, Part (ine 10c, colu 2021 Schedule A e organization did nd stop here. The he organization did bx and stop here. The organization did bx and stop here. The organization did by a box on line 12 Sections A and C. 12 ons A and D, and zations d organizations lis supported organiz	entage divided by line 13 III, line 15 Percentage umn (f) divided by , Part III, line 17 . not check the box e organization quaid d not check a box The organization a box on line 14, Page 4 of Part I. If you checked box complete Part V.) eted by name in the cations are designed	, column (f))	(f))	15 16 17 18 n 33 1/3%, and zation s more than 33 ganization e instructions . Schedule / Sections A and A, D, and E. If y hts?	line : : 1/3% A (Fo	98. 98. 0. 0. 17 is not and line b and line and line b and line b and line b	370 % 100 % 140 % 18 is 2022 Page 4 ked x
15 16 See 17 18 19a b 20 Schee Par	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invest Investment income percentage from 33 1/3% support tests-2022. If the more than 33 1/3%, check this box ar 33 1/3% support tests-2021. If the more than 33 1/3%, check this box ar 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Secti ction A. All Supporting Organization Are all of the organization's supporte If "No," describe in Part VI how the describe the designation. If historic ar Did the organization have any support	Support Perc Iine 8, column (f) Schedule A, Part itment Income 022 (line 10c, colu 2021 Schedule A e organization did hd stop here. The he organization did tion did not check tion did not check ns I a box on line 12 Sections A and C. I ons A and D, and zations d organizations lis supported organiz rted organization file	entage divided by line 13 III, line 15 e Percentage umn (f) divided by , Part III, line 17 . not check the box e organization qual d not check a box The organization a box on line 14, Page 4 of Part I. If you che If you checked box complete Part V.) etted by name in the tations are designated other of the other of the other of the other other of the other of the other of the other difference of the other of the other of the other other of the other of the other of the other other other of the other of the other other other of the other of the other of the other other other other other of the other other other other other other other other other other other other other other other other other o	column (f))	(f))	15 16 17 18 n 33 1/3%, and zation s more than 33 ganization s more than 33 ganization s instructions . Schedule / Sections A and A, D, and E. If y hts? sse, der section	line : 	98. 98. 0. 0. 17 is not and line b and line and line b and line b and line b	370 % 100 % 140 % 18 is 2022 Page 4 ked x
15 16 Se 17 18 19a b 20 Schee Par 5 Se	ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Invest Investment income percentage from 33 1/3% support tests-2022. If the more than 33 1/3%, check this box ar 33 1/3% support tests-2021. If the more than 33 1/3%, check this box ar 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organization Are all of the organization. If historic ar	Support Perc Iine 8, column (f) Schedule A, Part itment Income 022 (line 10c, colu 2021 Schedule A e organization did hd stop here. The he organization did bix and stop here. The tion did not check I a box on line 12 Sections A and C. 1 ons A and D, and zations d organizations lis supported organiz rted organization for Part VI how the	entage divided by line 13 III, line 15 e Percentage umn (f) divided by , Part III, line 17 . not check the box e organization qual d not check a box The organization a box on line 14, Page 4 of Part I. If you che If you checked box complete Part V.) etted by name in the tations are designated other of the other of the other of the other other of the other of the other of the other difference of the other of the other of the other other of the other of the other of the other other other of the other of the other other other of the other of the other of the other other other other other of the other other other other other other other other other other other other other other other other other o	column (f))	(f))	15 16 17 18 n 33 1/3%, and zation s more than 33 ganization s more than 33 ganization s instructions . Schedule / Sections A and A, D, and E. If y hts? sse, der section	line : 	98. 98. 0. 0. 17 is not . ► . ► . ► . ► . ► . ► . ► . ►	370 % 100 % 140 % 18 is 2022 Page 4 ked x

- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*

3b

3a

с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		1
· ·	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3c	
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the transformation under section $172(c)(2)(R)$ and $509(a)(1)$ or (2)?	4c	
5a	the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
Ja	and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	5a	
b	amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
organization's supported organizations? If "Yes," provide detail in Part VI.		6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	_	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	7	
		8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
		9a	
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets		
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
		10a	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
		10b	

Schedule A (Form 990) 2022

Page 5

Schedule A (Form 990) 2022 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the а governing body of a supported organization? 11a b A family member of a person described on 11a above? 11b A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part 11c с VI. Section B. Type I Supporting Organizations Yes No Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly 1 appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No, ' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting 2 organization.

Section C. Type II Supporting Organizations

Yes No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of 1 each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Yes

1

2

3

No

Section D. All Type III Supporting Organizations

- Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's 1 tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant 3 voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - The organization satisfied the Activities Test. Complete line 2 below. а \square
 - b \square The organization is the parent of each of its supported organizations. Complete line 3 below.
 - The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions) С \square

Activities Test. Answer lines 2a and 2b below. 2

- No Yes a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a **b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI.
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

3b Schedule A (Form 990) 2022

2b

3a

Page 6

Sche	dule A (Form 990) 2022			Page
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
~	Tatal (add lines to the and to)	1.4	İ	t

Ľ	I ULAI (auu IIIICS IA, ID, aliu IC)	1 - 4	1 1	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		(Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990) 2022

Page 7

Schedule A (Form 990) 2022 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** 1 **1** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in 2 excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide 8 details in **Part VI**). See instructions 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount 10 (iii) (ii) Section E - Distribution Allocations (i) Underdistributions Distributable (see instructions) **Excess Distributions** Pre-2022 Amount for 2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022: **a** From 2017. **b** From 2018. c From 2019. d From 2020. e From 2021. f Total of lines 3a through e **g** Applied to underdistributions of prior years h Applied to 2022 distributable amount i. Carryover from 2017 not applied (see instructions)

Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

4 Distributions for 2022 from Section D, line 7:

i

\$

a Applied to underdistributions of prior years	
b Applied to 2022 distributable amount	
c Remainder. Subtract lines 4a and 4b from line 4.	
 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 	
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.	
7 Excess distributions carryover to 2023. Add lines 3j and 4c.	
8 Breakdown of line 7:	
a Excess from 2018	
b Excess from 2019	
c Excess from 2020	
d Excess from 2021	
e Excess from 2022	Schodulo A (Earm 990) (2022)

Schedule A (Form 990) (2022)

—— Page 8 —

Schedule A (Form 990) 2022

- Page **8**
- Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circumstances	Test

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	SPEAKING WRITING FEES - 2018 AMOUNT: \$ 8,323. 2019 AMOUNT: \$ 11,464. 2020 AMOUNT: \$ 45,218. 2021 AMOUNT: \$ 66,824. 2022 AMOUNT: \$ 71,215. OFFICE SUPPORT - 2018 AMOUNT: \$ 81,499. 2019 AMOUNT: \$ 46,739. 2020 AMOUNT: \$ 19,860. 2021 AMOUNT: \$ 2,174,536. 2022 AMOUNT: \$ 112,023. MISCELLANEOUS - 2018 AMOUNT: \$ 150. 2019 AMOUNT: \$ 75. 2020 AMOUNT: \$ 100. EMPLOYEE RETENTION CREDIT - 2020 AMOUNT: \$ 3,007,338. SILENT AUCTION EVENT - 2022 AMOUNT: \$ 240.

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Ren	der ObjectId: 202400879349300235 - Submission: 2024-03-27		TIN: 52-1067256				
Schedule B	Schedule of Contributors		OMB No. 1545-0047				
(Form 990) Department of the Treasury Internal Revenue Service	2022						
Name of the organization AMERICAN COUNCILS FC EDUCATION ACTR ACCEL	DR INTERNATIONAL	Employer id	entification number				
Organization type (che	eck one):						
Filers of:	Section:						
Form 990 or 990-EZ	□ 501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ation					
	□ 527 political organization						
Form 990-PF	\Box 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	\Box 501(c)(3) taxable private foundation						

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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Cat. No. 30613X

Page 2

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Page 2

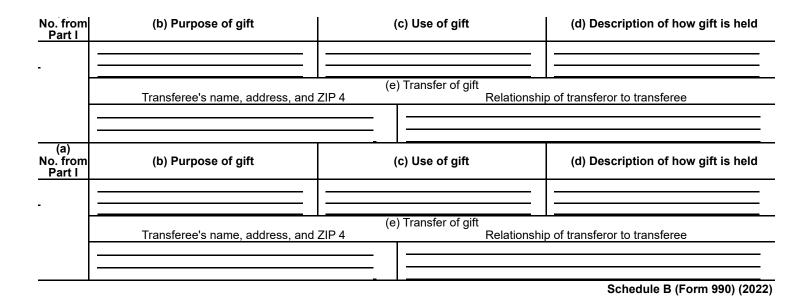
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	· · · · · · · · · · · · · · · · · · ·	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Schedule	B (Form 990) (2022)		Page 3
Name of or AMERICAN	rganization COUNCILS FOR INTERNATIONAL	Employer identification	n number
	N ACTR ACCELS INC	52-1067256	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-			\$	
(a) No. from Part I	(b) Description of noncash p		(C) (or estimate) e instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash p		(C) (or estimate) e instructions)	(d) Date received
			\$	
-			ψ	
(a) No. from Part I	(b) Description of noncash p		(C) (or estimate) e instructions)	(d) Date received
-			\$	
(a)	(b)		(c)	(4)
No. from Part I	(b) Description of noncash p		(or estimate)	(d) Date received
Faili		(50	e instructions)	
-			\$	
(a) No. from Part I	(b) Description of noncash p		(C) (or estimate) e instructions)	(d) Date received
			\$	
-				
				Schedule B (Form 990) (2022)
				,
		Page 4		
Schedule	B (Form 990) (2022)			Page 4
			Employer ident	tification number
	I COUNCILS FOR INTERNATIONAL		52-1067256	
Part III	Exclusively religious, charitable, etc., contri than \$1,000 for the year from any one contri organizations completing Part III, enter the t year. (Enter this information once. See instr Use duplicate copies of Part III if additional spa	butor. Complete columns (a) through (e total of <i>exclusively</i> religious, charitable, uctions.)▶ \$) and the following	j line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
	· · .		1	
-	·			
	Transformale warman address 1.71	(e) Transfer of gift		transformer
	Transferee's name, address, and ZI	r 4 Kelations	hip of transferor to	transieree

		<u> </u>		
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
-				
	Transferee's name, address, and		ransfer of gift Relationshi	p of transferor to transferee
		<u> </u>		
(a)				I



Additional Data

Return to Form

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 SCHEDULE C
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	IEDULE D		Sunnlemer	ntal Financi	al Statemente			OMB No.	1545-0047
	n 990)		Supplemental Financial Statements Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				20)22	
	nent of the Treasury Revenue Service	► G		Attach to Form <u>1990</u> for instruction	990. ons and the latest infor	matio	n.		to Public pection
	ne of the organ	ization					loyer ident		
	RICAN COUNCILS FO		NAL			52-1	067256		
Pa					ther Similar Funds o	r Acc	ounts.		
	Complet	te if the orga	anization answered "Ye		Part IV, line 6. r advised funds		(b) Funds a	nd other a	ccounts
1	Total number at e	end of year .		(4) Bollo					
2	Aggregate value	of contribution	ns to (during year)						
3	Aggregate value	of grants from	ı (during year)						
4	Aggregate value	at end of year	••••						
5					ne assets held in donor ad I?		unds are the		Yes 🗌 No
6	charitable purpo	ses and not fo		or donor advisor, c	ting that grant funds can or for any other purpose c 			_	Yes 🗌 No
Par		vation Ease			Down IV / Hang 7				
1			anization answered "Ye sements held by the orga						
-			public use (e.g., recreation		Preservation of an	histori	cally import:	ant land ar	·ea
	\frown	of natural hab			 Preservation of a c 		, ,		cu
	\square	on of open spa				crunce			
2				qualified conservat	ion contribution in the for	m of a	conservatio	n	
	easement on the					[the Year
а			easements			2a			
b	2		servation easements			2b			
c			nents on a certified histori nents included in (c) acqu		. ,	2c			
d			National Register	ileu alter July 23, 2		2d			
3	Number of conset tax year >	ervation easer	nents modified, transferre	ed, released, exting	uished, or terminated by	the org	anization du	ring the	
4	Number of state	s where prope	erty subject to conservation	on easement is loca	ted 🕨		_		
5	Does the organiz	zation have a	written policy regarding tl rvation easements it hold:	he periodic monitor	ing, inspection, handling of	of viola	tions,	_	_
6					olations, and enforcing co	onserva) Yes ents during	No The year
7		nses incurred	in monitoring, inspecting,	handling of violatio	ons, and enforcing conserv	vation	easements d	uring the	year
-	►\$		-						
8	and section 170	(h)(4)(B)(ii)?						Yes	🗆 No
9	balance sheet, a	and include, if		footnote to the org	s in its revenue and exper ganization's financial state			es	
Par	Complet	te if the orga	anization answered "Ye	s" on Form 990,					
1a	historical treasu	res, or other s		lic exhibition, educa	rt in its revenue statemen ation, or research in furth these items.				
b		res, or other s	imilar assets held for pub		its revenue statement an ation, or research in furth				
(i) Revenue includ	ed on Form 99	90, Part VIII, line 1				►\$		
(ii	i)Assets included	in Form 990,	Part X				. ►\$		
2	following amoun	nts required to	be reported under FASB	ASC 958 relating to		-		the	_
а							·		
b	Assets included	in Form 990, I	Part X · · · · · · · · ·				▶\$		

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

			— Page 2					
Scheo	dule D (Form 990) 2022							Page 2
	III Organizations Maintaining	Collections of <i>L</i>	rt Histor	ical Trea	SULLAS O	r Other Similar A	scots (con	
3	Using the organization's acquisition, acce							
а	items (check all that apply): Public exhibition 		d	🗆 Lo	oan or exch	lange programs		
b	Scholarly research		е	_				
с	Preservation for future generations							
4	Provide a description of the organization's	s collections and ex	plain how th	ey further	the organi:	zation's exempt purp	ose in	
_	Part XIII.				-			
5	During the year, did the organization solid assets to be sold to raise funds rather that						🗌 Yes	
Par	t IV Escrow and Custodial Arran Complete if the organization a line 21.		າ Form 990), Part IV,	line 9, or	r reported an amo	unt on Forr	n 990, Part X,
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?						🗌 Yes	🗆 No
ь	If "Yes," explain the arrangement in Part	XIII and complete	the following	table:			Amount	
с	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount o	n Form 990, Part X	, line 21, for	escrow or	custodial a	account liability?	. 🗌 Yes	
b	If "Yes," explain the arrangement in Part							
	rt V Endowment Funds.							
	Complete if the organization a	inswered "Yes" of	<u>า Form 990</u>), Part IV,	line 10.			
		(a) Current ye	ar (b) F	Prior year	(c) Two y	years back (d) Three ye	ears back (e)	Four years back
	Beginning of year balance							
b (Contributions							
	Net investment earnings, gains, and losses							
d (Grants or scholarships • • •							
	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	current year end ba	lance (line 1	g, column	(a)) held a	as:		
а	Board designated or quasi-endowment							
b	Permanent endowment 🕨							
С	Term endowment							
-	The percentages on lines 2a, 2b, and 2c s	•		t are hold	and admin	istand for the		
3a	Are there endowment funds not in the po organization by:	ssession of the orga		it are neiu		instered for the		Yes No
	(i) Unrelated organizations						3a(i))
	(ii) Related organizations						3a(ii)
b	If "Yes" on 3a(ii), are the related organization	ations listed as requ	ired on Sche	edule R?			. 3b	
4	Describe in Part XIII the intended uses of	_	endowment	funds.				
Par	t VI Land, Buildings, and Equip		- Farma 000		line 11e		why line 1	0
) Cost or other			cumulated depreciation		Book value
1a	Land							
b I	Buildings							
c	Leasehold improvements			2,246,2	21	1,905,540		340,681
						4 275 205		21.645
d	Equipment			1,297,0	140	1,275,395		21,645
	Other			1,297,0	140	1,275,395		21,045

Schedule D (Form 990) 2022	2
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Part VII Investr	nents - Other Securities.			
	te if the organization answered "Yes" on Form 9			
	 (a) Description of security or category (including name of security) 	(b) Book value	Cost	(c) Method of valuation: or end-of-year market value
(1) Financial derivativ	es			
(2) Closely-held equit (3)Other	y interests	·		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must e	equal Form 990, Part X, col. (B) line 12.)	•		
	ments - Program Related. ete if the organization answered 'Yes' on Form 9	990 Part IV	line 11c See For	m 990 Part X line 13
Comple	(a) Description of investment	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

(a) Description	(b) Book value
(1)SECURITY DEPOSIT	159,124
(2) DUE FROM RELATED ORGANIZATION	1,274,041
(3)RIGHT OF USE ASSET	14,956,409
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	► 16,389,574
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form	n 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal in	ncome taxes	
	ADVANCE	2 705 462

	۷,۲۶۵,40۷
LEASE LIABILITY	19,878,405
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	22,673,867
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial state	ements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has b	een provided in Part XIII 🛛 🗹

Schedule D	(Form	990)	2022

	dule D (Form 990) 2022				Page 4
Ра	rt XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par		-	eturn.	
1	Total revenue, gains, and other support per audited financial statements $\ .$			1	111,399,155
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	313,156		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	162,421		
е	Add lines 2a through 2d	•		2e	475,577
3	Subtract line 2e from line 1			3	110,923,578
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b	-1,285		
с	Add lines 4a and 4b	•		4c	-1,285
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)).		5	110,922,293
Par	t XII Reconciliation of Expenses per Audited Financial Staten			Return.	
	Complete if the organization answered 'Yes' on Form 990, Par	t IV, I	ine 12a.		100 500 005
1	Total expenses and losses per audited financial statements	•		1	109,529,095
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		
a	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
b	Other losses	2c			
с	Other (Describe in Part XIII.)	2d	99,166		
c d		•		2e	99,166
c d e	Add lines 2a through 2d				100 420 020
c d e 3	Subtract line 2e from line 1	•		3	109,429,929
c d e	Subtract line 2e from line 1	• •		3	109,429,929
c d e 3	Subtract line 2e from line 1	4a		3	109,429,929
c d e 3 4	Subtract line 2e from line 1 . .	4a 4b	-1,285	3	105,425,525
c d e 3 4 a	Subtract line 2e from line 1 . <td< td=""><td>4b</td><td></td><td>3 4c</td><td></td></td<>	4b		3 4c	
c d e 3 4 a b c 5	Subtract line 2e from line 1 . .	4b			109,429,929 -1,285 109,428,644

Return Reference	Explanation
PART X, LINE 2:	AMERICAN COUNCILS FOR INTERNATIONAL EDUCATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON ITS ACTIVITIES UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSFIED AS ORGANIZATION THAT IS NOT PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE ORGANIZATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE-LIKELY-THAN- NOT TO BE SUSTAINED ON EXAMINATION. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS:	REVENUE FOR RELATED ENTITY (ACET) 162,421.
DADT VI LINE AD OTHED ADJUCTMENTS	

TART AL, LINE 40 - OTHER ADJUSTICIUTS.	I UNDRALDING LAFENDED -1,200.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EXPENSES FOR RELATED ENTITY (ACET) 99,166.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES -1,285.

Schedule D (Form 990) 2022

Additional Data

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efile Public Visual Rend	TIN: 52-1067256					
CHEDULE F	State	OMB No. 1545-0047				
Form 990)	► Comple	te if the organiza	2022 Open to Public Inspection			
lame of the organization					Employer ider	tification number
MERICAN COUNCILS FOR INT DUCATION ACTR ACCELS INC		IAL			52-1067256	
Part I General Infor Form 990, Part			Outside the U	Inited States. Comple	te if the organization a	nswered "Yes" on
other assistance, the g to award the grants or	grantees' e assistanc	eligibility for the	e grants or assis	substantiate the amount trance, and the selection	criteria used	🗹 Yes 🗌 No
2 For grantmakers. De outside the United Sta		Part V the organ	nization's proce	dures for monitoring the	use of its grants and ot	her assistance
Activites per Region. (Th	ne following	g Part I, line 3 ta	able can be dupli	cated if additional space is	needed.)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PA	ACIFIC	0	0	PROGRAM SERVICES	INTERNATIONAL EDUCATION	2,869,938
EUROPE		12	52	PROGRAM SERVICES	INTERNATIONAL EDUCATION	4,696,946
MIDDLE EAST AND NO AFRICA	RTH	0	0	PROGRAM SERVICES	INTERNATIONAL EDUCATION	4,904,162
RUSSIA AND NEIGHBO STATES	RING	15	211	PROGRAM SERVICES	INTERNATIONAL EDUCATION	24,129,826
SOUTH AMERICA		0	0	PROGRAM SERVICES	INTERNATIONAL EDUCATION	161,698
SOUTH ASIA		0	0	PROGRAM SERVICES	INTERNATIONAL EDUCATION	619,282
SUB-SAHARAN AFRICA	L .	0	0	PROGRAM SERVICES	INTERNATIONAL EDUCATION	473,766
RUSSIA AND NEIGHBO STATES	RING	0	0	GRANTS TO RECIPIENTS		400,350
3a						
Sub-total	sheets to	27	263			38,255,968
Part I	ad 2b)	0	263			0 38,255,968
c Totals (add lines 3a ar		see the Instru			No. 50082W Sched	ule F (Form 990) 2022

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 Schedule F (Form 990) 2022
 Page

 Part II
 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		1							

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-								

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

Page 3

Page **3**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance		(c) Number of recipients		(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SMALL GRANTS	RUSSIA AND NEIGHBORING STATES	622	400,350	WIRE	0	N/A	N/A

– Page 4

ar	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 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990)	O Yes	No 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, Information 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 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	□ Yes	No No

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Schedule F (Form 990) 2022 Page 5 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); amounts of investments vs. expenditures per region); 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. ReturnReference Explanation

PARI 1, LINE 2:	ALL GRAN LEES ARE SELECTED THROUGH A COMPETITIVE MECHANISM THAT ANALYZES THEIR ELIGIBILITY FOR THE FUNDING AS WELL AS MEASURES THE GRANTEE AGAINST OBJECTIVE CRITERIA TO DETERMINE SUITABILITY FOR FUNDING. FOR INDIVIDUAL PARTICIPANTS, FUNDS ARE OFTEN PROVIDED NOT AS A DOLLAR OUTLAY, BUT IN TERMS OF PAYING FOR PROGRAM EXPENSES ON BEHALF OF A PARTICIPANT TO A VENDOR. FUNDING GIVEN TO A PARTICIPANT EITHER DIRECTLY OR THROUGH PAYMENTS ON HIS OR HER BEHALF ARE TRACKED BY PARTICIPANT EMERICAN COUNCILS MONITORS INDIVIDUALS IN ITS PROGRAMS TO DETERMINE AND ENSURE THAT THEY ARE ENGAGING IN THE ACTIVITIES AS OUTLINED AS A CONDITION OF THEIR AWARD. INDIVIDUALS ARE REQUIRED TO SUBMIT REPORTS, INCLUDING GRADES IF APPLICABLE, DURING THE COURSE OF THE PROGRAM. IN THE CASE OF GRANTS GIVEN TO INDIVIDUALS TO CARRY OUT PROJECTS, FUNDS ARE NORMALLY DISBURSED IN TWO OR MORE PAYMENTS, WITH THE FINAL PAYMENT DEPENDENT UPON SUBMISSION OF ACTIVITIES AND A FINANCIAL REPORT.
PART III ACCOUNTING METHOD:	
	Schedule F (Form 990) 2022

Additional Data

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Schedule J	Comper
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SCHEDULE O	Supplemental Info
efile Public Visual Render	ObjectId: 20240087
SCHEDULE R	Re