Form **990**

Department of the Treasury
Internal Revenue Service(77)

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning , 2007, and ending ,

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

C Please use IRS label or print or type. See specific Instructions.

THE INTERNATIONAL CENTER
1025 VERMONT AVENUE, NW, 7TH FLOOR
WASHINGTON, DC 20005

D Employer Identification Number 52-1095089

E Telephone number 202-263-5641

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ►

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H *and* **I** *are not applicable to section 527 organizations.*

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ►

H (c) Are all affiliates included? ☐ Yes ☐ No
(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Web site: ► N/A

J Organization type (check only one) ► ☒ 501(c) 3 ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ► ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ►

M Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 3,045,630.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

REVENUE

1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	670,813.		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d	182,587.		
e	Total (add lines 1a through 1d) (cash $ 821,650. noncash $ 31,750.)			1e	853,400.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	81,105.
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	662.
5	Dividends and interest from securities			5	
6a	Gross rents	6a	26,561.		
b	Less: rental expenses	6b	37,047.		
c	Net rental income or (loss). Subtract line 6b from line 6a			6c	-10,486.
7	Other investment income (describe ►)			7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory	33,902.	8a	2,050,000.
b	Less: cost or other basis and sales expenses	33,772.	8b	767,890.
c	Gain or (loss) (attach schedule) STATEMENT 1	130.	8c	1,282,110.

d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	1,282,240.
9	Special events and activities (attach schedule). If any amount is from **gaming,** check here ► ☐				
a	Gross revenue (not including $ of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
11	Other revenue (from Part VII, line 103)			11	
12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	2,206,921.

EXPENSES

13	Program services (from line 44, column (B))	13	1,353,922.
14	Management and general (from line 44, column (C))	14	348,014.
15	Fundraising (from line 44, column (D))	15	151,776.
16	Payments to affiliates (attach schedule)	16	
17	**Total expenses.** Add lines 16 and 44, column (A)	17	1,853,712.

NET ASSETS

18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	353,209.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	-301,032.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	52,177.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (*See instruct.*)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		**(A) Total**	**(B)** Program services	**(C)** Management and general	**(D)** Fundraising
22a Grants paid from donor advised funds (attach sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ► ☐	**22a**				
22b Other grants and allocations (att sch) SEE STM 2 (cash $ 519,124. non-cash $ ____) If this amount includes foreign grants, check here ► ☐	**22b**	519,124.	519,124.		
23 Specific assistance to individuals (attach schedule)	**23**				
24 Benefits paid to or for members (attach schedule)	**24**				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	**25a**	180,381.	121,432.	58,949.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	**25b**	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	**25c**	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	**26**	194,713.	174,245.	20,468.	
27 Pension plan contributions not included on lines 25a, b, and c	**27**	22,793.	17,978.	4,815.	
28 Employee benefits not included on lines 25a - 27	**28**	43,241.	34,073.	9,168.	
29 Payroll taxes	**29**	24,319.	19,170.	5,149.	
30 Professional fundraising fees	**30**	145,706.			145,706.
31 Accounting fees	**31**				
32 Legal fees	**32**				
33 Supplies	**33**	5,773.	4,010.	1,763.	
34 Telephone	**34**	23,406.	10,331.	13,075.	
35 Postage and shipping	**35**	7,663.	3,446.	1,202.	3,015.
36 Occupancy	**36**	50,826.		50,826.	
37 Equipment rental and maintenance	**37**				
38 Printing and publications	**38**	6,542.	6,111.	431.	
39 Travel	**39**	83,747.	83,689.	58.	
40 Conferences, conventions, and meetings	**40**	3,809.	3,215.	594.	
41 Interest	**41**	41,373.		41,373.	
42 Depreciation, depletion, etc (attach schedule)	**42**	31,956.		31,956.	
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 3	**43a**	468,340.	357,098.	108,187.	3,055.
b	**43b**				
c	**43c**				
d	**43d**				
e	**43e**				
f	**43f**				
g	**43g**				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	**44**	1,853,712.	1,353,922.	348,014.	151,776.

Joint Costs. Check ► ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ► ☐ **Yes** ☒ **No**

If 'Yes,' enter **(i)** the aggregate amount of these joint costs $ ____; **(ii)** the amount allocated to Program services $ ____; **(iii)** the amount allocated to Management and general $ ____; and **(iv)** the amount allocated to Fundraising $ ____.

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

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

What is the organization's primary exempt purpose? ► DISSEMINATE INFORMATION All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a NEW FOREST PROJECT-THROUGH ITS WORLD SEED PROGRAM AND CLEAN WATER INITIATIVE, NFP PURSUES BOTH IMMEDIATE AND LONG TERM IMPROVEMENT IN THE ENVIRONMENTAL STANDARDS AND PUBLIC HEALTH IN RURAL COMMUNITIES OF THE DEVELOPING WORLD. (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	192,061.
b VIETNAM PROGRAM-TO SUPPORT ECONOMIC DEVELOPMENT AND NORMALIZATION OF TRADE RELATIONS IN VIETNAM THROUGH SPONSORING DELEGATIONS AND OTHER EXCHANGES AS WELL AS PUBLICATIONS ON TRADE ISSUES. (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	608,564.
c GENERAL PROGRAM-PROVIDE INFORMATION AN THE CENTER'S ACTIVITIES; ARRANGE SHORT TERM PROGRAM INTERNSHIPS FOR STUDENTS; IDENTIFY NEW PROGRAM AREAS AND THEIR FUNDING SOURCES FOR FUTURE CENTER WORK. (Grants and allocations $ 519,124.) If this amount includes foreign grants, check here ► ☐	553,297.
d (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
e Other program services (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►	1,353,922.

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

	Line	Description	Sub-line	Sub-amount	(A) Beginning of year	Line	(B) End of year
ASSETS	45	Cash — non-interest-bearing			15,248.	45	37,091.
	46	Savings and temporary cash investments			23,449.	46	
	47a	Accounts receivable	47a	110,697.			
	b	Less: allowance for doubtful accounts	47b		145,881.	47c	110,697.
	48a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51a	Other notes and loans receivable (attach schedule)	51a	186.			
	b	Less: allowance for doubtful accounts	51b			51c	186.
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			4,053.	53	3,449.
	54a	Investments — publicly-traded securities ► ☐ Cost ☒ FMV				54a	
	b	Investments — other securities (attach sch) ► ☐ Cost ☐ FMV				54b	
	55a	Investments — land, buildings, & equipment: basis	55a				
	b	Less: accumulated depreciation (attach schedule)	55b			55c	
	56	Investments — other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis	57a	47,187.			
	b	Less: accumulated depreciation (attach schedule) STATEMENT 4	57b	33,223.	633,887.	57c	13,964.
	58	Other assets, including program-related investments (describe ► SEE STATEMENT 5)			36,879.	58	8,680.
	59	**Total assets** (must equal line 74). Add lines 45 through 58			859,397.	59	174,067.
LIABILITIES	60	Accounts payable and accrued expenses			149,503.	60	70,935.
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			60,000.	63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule) SEE STATEMENT 6			942,048.	64b	50,955.
	65	Other liabilities (describe ►)			8,878.	65	
	66	**Total liabilities.** Add lines 60 through 65			1,160,429.	66	121,890.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ►** ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			-303,532.	67	52,177.
	68	Temporarily restricted			2,500.	68	
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			-301,032.	73	52,177.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			859,397.	74	174,067.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	2,213,876.
b	Amounts included on line **a** but not on Part I, line 12:				
	1 Net unrealized gains on investments	b1			
	2 Donated services and use of facilities	b2			
	3 Recoveries of prior year grants	b3			
	4 Other (specify): SEE STM 7	b4	6,955.		
	Add lines **b1** through **b4**			b	6,955.
c	Subtract line **b** from line **a**			c	2,206,921.
d	Amounts included on Part I, line 12, but not on line **a:**				
	1 Investment expenses not included on Part I, line 6b	d1			
	2 Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ►			e	2,206,921.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements			a	1,860,667.
b	Amounts included on line **a** but not on Part I, line 17:				
	1 Donated services and use of facilities	b1			
	2 Prior year adjustments reported on Part I, line 20	b2			
	3 Losses reported on Part I, line 20	b3			
	4 Other (specify): SEE STMT 8	b4	6,955.		
	Add lines **b1** through **b4**			b	6,955.
c	Subtract line **b** from line **a**			c	1,853,712.
d	Amounts included on Part I, line 17, but not on line **a:**				
	1 Investment expenses not included on Part I, line 6b	d1			
	2 Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ►			e	1,853,712.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(if not paid, enter -0-)**	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances
SEE STATEMENT 9		180,381.	14,502.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. ► 12			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	**75b**		X
c	Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' ►	**75c**		X
	If 'Yes,' attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	**75d**		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (if not paid, enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	**76**		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	**77**		X
	If 'Yes,' attach a conformed copy of the changes.			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**78a**	X	
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	**78b**	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.	**79**		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	**80a**	X	
b	If 'Yes,' enter the name of the organization ► SEE STATEMENT 10 and check whether it is [X] exempt **or** [ ] nonexempt.			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) **81a** 0.			
b	Did the organization file **Form 1120-POL** for this year?	**81b**		X

Part VI Other Information *(continued)*

			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A			
83a Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?		83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A	
85a *501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?		85a	N/A	
b Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b	N/A	
If 'Yes' was answered to either 85a or 85b**, do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c Dues, assessments, and similar amounts from members	85c N/A			
d Section 162(e) lobbying and political expenditures	85d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N/A	
86 *501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87 *501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders	87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI ►		88b		X
89a *501(c)(3) organizations*. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.				
b *501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	0.			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ►	0.			
e *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f *All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g *For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90a List the states with which a copy of this return is filed ► SEE STATEMENT 11

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) | 90b | 8

91a The books are in care of ► NAIN ANDERSON Telephone number ► 202-263-5641

Located at ► 1025 VERMONT AVE, NW, 7TH FLR. WASHINGTON DC ZIP + 4 ► 20005

		Yes	No
b 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)?	91b	X	
If 'Yes,' enter the name of the foreign country ► VIETNAM			
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X	
If 'Yes,' enter the name of the foreign country ► VIETNAM			

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** — Check here . . . N/A . . . ► ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ► 92 N/A

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a MANAGEMENT FEES					81,105.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	662.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	-10,486.			
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory	531120	83,980.	18	1,198,260.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		73,494.		1,198,922.	81,105.

105 **Total** (add line 104, columns (B), (D), and (E)) ► 1,353,521.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93(A)	MANAGEMENT FEES ARE EARNED FOR SERVICES PROVIDED TO OTHER NON-PROFIT
	ORGANIZATIONS WHICH ENABLES THE CENTER TO MORE FULLY UTILIZE PERSONNEL AND
	RESOURCES AND DEFRAY SOME OF THE RELATED ADMINISTRATIVE COSTS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If 'Yes' to* **(b),** *file Form 8870* **and** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

	Yes	No
106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

	Yes	No
107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here

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.

► Signature of officer — Date

► NAIN E. ANDERSON, CFO

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ►	JAY R. DEFIBAUGH, CPA	Date	Check if self-employed ► ☐
Preparer's SSN or PTIN (See General Instruction X)	P00067025		
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	DENBURG & LOW, PA, CPAS 1350 CONNECTICUT AVE, NW,#850 WASHINGTON, DC 20036	EIN ►	52-1468002
		Phone no. ►	202-785-5600

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization: THE INTERNATIONAL CENTER

Employer identification number: 52-1095089

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than $50,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account and other allowances
SEE STATEMENT 12		51,738.	4,139.	0.
Total number of other employees paid over $50,000 ►	0			

Part II — A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
MAL WARWICK & ASSOCIATES, INC. 2550 9TH STREET, STE 103 BERKLEY, CA 94710-2516	FUNDRAISING	142,897.
Total number of others receiving over $50,000 for professional services ► 0	SEE STATEMENT 13	

Part II — B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ► 0		

Part III Statements About Activities (See instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ► $ N/A (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)* SEE STATEMENT 14			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b	X	
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE FORM 990, PART V	2d	X	
e	Transfer of any part of its income or assets?	2e	X	
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) STMT 15	3a	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	

d Enter the total number of donor advised funds owned at the end of the tax year ► N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► N/A

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ►

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ►

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					0.

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

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

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,004,577.	1,249,972.	1,953,431.	2,084,170.	6,292,150.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	373,019.	293,810.	26,840.	14,411.	708,080.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organzation after June 30, 1975	1,658.	2,501.	4,720.	3,294.	12,173.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 16	2,780.	1,375.	1,367.	620.	6,142.
23 Total of lines 15 through 22	1,382,034.	1,547,658.	1,986,358.	2,102,495.	7,018,545.
24 Line 23 minus line 17	1,009,015.	1,253,848.	1,959,518.	2,088,084.	6,310,465.
25 Enter 1% of line 23	13,820.	15,477.	19,864.	21,025.	

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 ► **26a** 126,209.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ► **26b** 3,056,697.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ► **26c** 6,310,465.

d Add: Amounts from column (e) for lines: **18** 12,173. **19** ______ **22** 6,142. **26b** 3,056,697. **26d** 3,075,012.

e Public support (line 26c minus line 26d total) ► **26e** 3,235,453.

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ► **26f** 51.27 %

27 Organizations described on line 12: N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2006) ____________ (2005) ____________ (2004) ____________ (2003) ____________

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year:

(2006) ____________ (2005) ____________ (2004) ____________ (2003) ____________

c Add: Amounts from column (e) for lines: **15** ______ **16** ______ **17** ______ **20** ______ **21** ______ **27c**

d Add: Line 27a total ______ and line 27b total ______ **27d**

e Public support (line 27c total minus line 27d total) ► **27e**

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ► **27f**

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ► **27g** %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ► **27h** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ► **a** ☐ if the organization belongs to an affiliated group. Check ► **b** ☐ if you checked '**a**' and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		**(a)** Affiliated group totals	**(b)** To be completed for **all** electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38	0.	0.
39 Other exempt purpose expenditures	39		1,853,712.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0.	1,853,712.
41 Lobbying nontaxable amount. Enter the amount from the following table –			
If the amount on line 40 is – / **The lobbying nontaxable amount is** –			
Not over $500,000 / 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000	41		242,686.
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42	0.	60,672.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.	0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.	0.
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4 -Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount	242,686.	237,136.	232,097.	243,959.	955,878.
46 Lobbying ceiling amount (150% of line 45(e))					1,433,817.
47 Total lobbying expenditures					0.
48 Grassroots non-taxable amount	60,672.	59,284.	58,024.	60,990.	238,970.
49 Grassroots ceiling amount (150% of line 48(e))					358,455.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines **c** through **h.**)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	**51 a (i)**		X
(ii) Other assets	**a (ii)**		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b (i)**		X
(ii) Purchases of assets from a noncharitable exempt organization	**b (ii)**		X
(iii) Rental of facilities, equipment, or other assets	**b (iii)**		X
(iv) Reimbursement arrangements	**b (iv)**		X
(v) Loans or loan guarantees	**b (v)**		X
(vi) Performance of services or membership or fundraising solicitations	**b (vi)**	X	
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**	X	

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
1B(VI)	81,105.	US-ASEAN BUSINESS COUNCIL	MANAGEMENT SUPPORT FEE BASED ON TIME
			SPENT

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► [X] **Yes** [ ] **No**

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
US-ASEAN BUSINESS COUNCIL	501(C)(6)	CONTRACTUAL

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization	**Employer identification number**
THE INTERNATIONAL CENTER	52-1095089

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules —

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of $5,000 or more during the year.) . . . . ► $ ____________

Caution: *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

Name of organization: THE INTERNATIONAL CENTER

Employer identification number: 52-1095089

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 31,750.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
2		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 182,587.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4		$ 28,673.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5		$ 294,832.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization
THE INTERNATIONAL CENTER

Employer identification number
52-1095089

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PUBLICLY TRADED STOCK	$ 31,750.	1/16/07

(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 property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(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 property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization: THE INTERNATIONAL CENTER

Employer identification number: 52-1095089

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year. (Complete cols **(a)** through **(e) and** the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **$1,000 or less** for the year. (Enter this information once — see instructions.) . . . . ► $ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Form **4562** | Department of the Treasury Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No. 1545-0172 | **2007** | Attachment Sequence No. **67**

Name(s) shown on return: THE INTERNATIONAL CENTER

Identifying number: 52-1095089

Business or activity to which this form relates: FORM 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	$125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	$500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 ►	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	10,349.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B — Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

(a)	(b)	(c)	(d)	(e)	(f)	(g)
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	10,349.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE:	33,902.
COST OR OTHER BASIS:	33,772.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES $ 130.

OTHER ASSETS

DESCRIPTION:	1 731 8TH STREET RENTAL	
DATE ACQUIRED:	VARIOUS	
HOW ACQUIRED:	DONATED	
DATE SOLD:	7/12/2007	
TO WHOM SOLD:		
GROSS SALES PRICE:	134,383.	
COST OR OTHER BASIS:	56,538.	
BASIS METHOD:	COST	
EXPENSES OF SALE:	9,999.	
DEPRECIATION:	16,134.	
	GAIN (LOSS)	83,980.

DESCRIPTION:	1 731 8TH STREET	
DATE ACQUIRED:	VARIOUS	
HOW ACQUIRED:	PURCHASE	
DATE SOLD:	7/21/2007	
TO WHOM SOLD:		
GROSS SALES PRICE:	1,915,617.	
COST OR OTHER BASIS:	805,942.	
BASIS METHOD:	COST	
EXPENSES OF SALE:	141,750.	
DEPRECIATION:	230,205.	
	GAIN (LOSS)	1,198,130.

TOTAL GAIN (LOSS) OTHER ASSETS $ 1,282,110.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES $ 1,282,240.

STATEMENT 2
FORM 990, PART II, LINE 22B
OTHER GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	PROJECT MGMT & OVERSIGHT	
DONEE'S NAME:	THE U.S.- VIETNAM FORUM, INC	
DONEE'S ADDRESS:	1025 VERMONT AVE, NW, 7TH FLR WASHINGTON, DC 20005	
AMOUNT GIVEN:		$ 519,124.

TOTAL GRANTS AND ALLOCATIONS $ 519,124.

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ALLOCATED TO RENTAL	-6,955.		-6,955.	
BAD DEBT EXPENSE	22,541.		22,541.	
CONSULTING	22,125.	21,000.	1,125.	
DC BUSINESS DEVELPOMENT TAX	462.		462.	
DELEGATIONS	222,824.	222,824.		
ENTERTAINMENT	3,393.	2,535.	858.	
INSURANCE	5,416.		5,416.	
LOSS ON ABANDONMENT	3,025.		3,025.	
MISC EXPENSES	6,497.		6,497.	
PROF.FEES/OUTSIDE SERVICE	63,590.	7,626.	52,909.	3,055.
PROJECT FIELD EXP.	102,441.	102,441.		
REAL EST. TAXES	8,680.		8,680.	
REFERENCE MATERIALS	979.	672.	307.	
UBI TAXES	13,322.		13,322.	
TOTAL	$ 468,340.	$ 357,098.	$ 108,187.	$ 3,055.

STATEMENT 4
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	$ 47,187.	$ 33,223.	$ 13,964.
TOTAL	$ 47,187.	$ 33,223.	$ 13,964.

STATEMENT 5
FORM 990, PART IV, LINE 58
OTHER ASSETS

DEPOSITS	$ 2,027.
STAFF ADVANCES	6,653.
TOTAL	$ 8,680.

STATEMENT 6
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE

OTHER NOTES PAYABLE

LENDER'S NAME:	XEROX CAPITAL SERVICES	
RELATIONSHIP OF LENDER:	NONE	
DATE OF NOTE:	7/01/2003	
MATURITY DATE:	7/01/2008	
REPAYMENT TERMS:	$145 PER MONTH - 60 MONTHS	
INTEREST RATE:	16.50%	
SECURITY PROVIDED:	COPIER	
PURPOSE OF LOAN:	PURCHASE COPIER	
ORIGINAL AMOUNT:	5,902.	
BALANCE DUE:		$ 955.
LENDER'S NAME:	THE US VIETNAM FORUM, INC.	
DATE OF NOTE:	12/14/2007	
REPAYMENT TERMS:	DEMAND	
INTEREST RATE:	7.25%	
SECURITY PROVIDED:	NONE	
PURPOSE OF LOAN:	OPERATIONS	
ORIGINAL AMOUNT:	50,000.	
BALANCE DUE:		$ 50,000.
	TOTAL	$ 50,955.

STATEMENT 7
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

OVERHEAD ALLOCATED TO RENTAL	$ 6,955.
TOTAL	$ 6,955.

STATEMENT 8
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

OVERHEAD ALLOCATED TO RENTAL	$ 6,955.
TOTAL	$ 6,955.

STATEMENT 9
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
VIRGINIA B. FOOTE 1025 VERMONT AVENUE, NW 7TH FL WASHINGTON, DC 20005	PRESIDENT 14.00	$ 32,375.	$ 2,590.	$ 0.
NAIN E. ANDERSON 1025 VERMONT AVENUE, NW 7TH FL WASHINGTON, DC 20005	CFO & ASST SECY 20.00	68,006.	5,512.	0.
BRAD G. FIGEL 507 SECOND STREET, NE WASHINGTON, DC 20002	DIRECTOR 1.00	0.	0.	0.
DOUGLAS PETERSON 1025 VERMONT AVENUE, NW 7TH FL WASHINGTON, DC 20005	CHAIRMAN 1.00	0.	0.	0.
LIONEL JOHNSON 1700 K STREET, NW, STE 430 WASHINGTON, DC 20036	VICE PRESIDENT 1.00	0.	0.	0.
JOE DAMOND 325 7TH STREET, NW, STE 1200 WASHINGTON, DC 20004	TREASURER 1.00	0.	0.	0.
LAURA HUDSON 1401 EYE STREET, NW SUITE 1200 WASHINGTON, DC 20005	TRUSTEE 1.00	0.	0.	0.
EDWARD RAWSON 6431 GEORGETOWN PIKE MCLEAN, VA 22101	TRUSTEE 1.00	0.	0.	0.
ERIN SABERI 3198 SWALLOW NEST DRIVE SACRAMENTO, CA 95833	TRUSTEE 1.00	0.	0.	0.
ROBERT SCHIFFER 1025 VERMONT AVE., NW 7TH. FL. WASHINGTON, DC 20005	CEO 24.00	80,000.	6,400.	0.
WILLIAM E. CURRY 119 TOWN FARM ROAD FARMINGTON, CT 06032	TRUSTEE 2.00	0.	0.	0.
DOUGLAS P. WALKER P.O. BOX 1655 NEW CANAAN, CT 06840	DIRECTOR 1.00	0.	0.	0.
	TOTAL	$ 180,381.	$ 14,502.	$ 0.

STATEMENT 10
FORM 990, PART VI, LINE 80B
RELATED ORGANIZATIONS

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
THE U.S. VIETNAM FORUM, INC.	X	
US VIETNAM TRADE COUNCIL	X	

STATEMENT 11
FORM 990 , PART VI, LINE 90A
LIST OF STATES WHICH THIS RETURN IS FILED

DC MN NY WV FL WA VA RI NJ NC SC MA PA AR MI ME KY CA CT WI OR OH MD IL

STATEMENT 12
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
ERICK A TOLEDO 1025 VERMONT AVE, NW, 7TH FLR WASHINGTON, DC 20005	DIRECTOR NFP 40.00	51,738.	4,139.	0.
	TOTAL	$ 51,738.	$ 4,139.	$ 0.

STATEMENT 13
SCH A, PART II-A
PROFESSIONAL SERVICES CONTRACTOR COMPENSATION EXPLANATION

FUNDRAISING CONSULTANT

STATEMENT 14
SCHEDULE A, PART III, LINE 2
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.

FOR ITEM 2B THE US VIETNAM FORUM, INC. MADE A LOAN TO THE INTERNATIONAL CENTER IN THE AMOUNT OF $50,000. SEE STATEMENT 6 FOR THE DETAILS.

FOR ITEM 2E THE INTERNATIONAL CENTER MADE A GRANT IN THE AMOUNT OF $519,224 TO THE US VIETNAM FORUM, INC.

THE ORGANIZATIONS LISTED ABOVE ARE RELATED THROUGH COMMON PURPOSE AND SOME OVERLAP OF THE BOARD OF TRUSTEES.

STATEMENT 15
SCHEDULE A, PART III, LINE 3A
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

A GRANT CAN ONLY BE MADE TO A QUALIFIED 501(C)(3) ORGANIZATION THAT IS APPROVED BY THE BOARD OF TRUSTEES AND EXECUTES AN AGREEMENT THAT LIMITS THE USE OF THE FUNDS FOR APPROPRIATE EXEMPT PURPOSE ACTIVITIES.

STATEMENT 16
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2006	(B) 2005	(C) 2004	(D) 2003	(E) TOTAL
CONF/PUBLICATIONS	$ 0.	$ 0.	$ 0.	$ 620.	$ 620.
RENTAL INCOME	2,780.	1,375.	1,367.	0.	5,522.
TOTAL	$ 2,780.	$ 1,375.	$ 1,367.	$ 620.	$ 6,142.