ObjectId: 201841419349300924 - Submission: 2018-05-21

**Return of Organization Exempt From Income Tax** 

TIN: 52-1821935 OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>.

A Fo	r th	e 2017 c	alendar year, or tax year beginning 01-01-2017 , and endi	ng 12-3	1-2017	7		
<b>B</b> Chec	ck if a	applicable:	C Name of organization FULBRIGHT ASSOCIATION INC			D Employe	r identifi	ication number
		change				52-1821	935	
O Nai		-	Doing business as					
☐ Init		rn/terminated						
_		d return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite	E Telephone	number	
O App	olicati	ion pending	1900 L STREET NW NO 302			(202) 77	<sup>7</sup> 5-0725	
			City or town, state or province, country, and ZIP or foreign postal code					
			WASHINGTON, DC 20036			<b>G</b> Gross rec	eipts \$ 1,	444,518
			F Name and address of principal officer:		<b>H(a)</b> Is thi	s a group ret	urn for	
			JOHN BADER 1900 L STREET NW NO 302			dinates?		□ <sub>Yes</sub> ✓ <sub>No</sub>
			WASHINGTON, DC 20036		<b>H(b)</b> Are a	ll subordinate	es	☐ Yes ☐No
I Tax	-exer	mpt status:	✓ 501(c)(3)	527	includ	led? o," attach a li:	ct (coo	
1 14/	hcit	to \\/\\	/W.FULBRIGHT.ORG	J 327		exemption	•	,
J W.	ะมรเเ	te. P www	W.I OLDRIGITI.ORG		( ) () ()	o exemption	Tarriber	
V			✓ Corporation ☐ Trust ☐ Association ☐ Other ►		L Year of form	ation: 1991	M State	of legal domicile: DC
<b>■</b> Form	1 01 0	rganization:	Corporation Corporation Corner					-
Pa	rt I	Sumi	mary					
	1		scribe the organization's mission or most significant activities:					
e	:	SEE PART	III, LINE 1.					
anc								
Ë								
90	2	Check thi	s box 🕨 🗌					-
5	3	Number o	of voting members of the governing body (Part VI, line 1a)			•	3	25
S	4	Number o	of independent voting members of the governing body (Part VI, lin	e 1b) .		•	4	25
Activities & Governance	5	Total num	nber of individuals employed in calendar year 2017 (Part V, line 2a	)			5	7
χIIΛ	6	Total num	nber of volunteers (estimate if necessary)				6	37
AC	7a	Total unre	elated business revenue from Part VIII, column (C), line 12				7a	0
	b	Net unrel	ated business taxable income from Form 990-T, line 34				7b	0
					Pr	or Year		Current Year
o.	8	Contribut	ions and grants (Part VIII, line 1h)			857,8	62	1,076,255
Revenue	9	Program	service revenue (Part VIII, line 2g)			84,6	11	210,986
eΛe	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d )			-49,4	19	104,447
ď	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			6,3	13	10,730
			enue—add lines 8 through 11 (must equal Part VIII, column (A), li	ne 12)		899,3		1,402,418
			nd similar amounts paid (Part IX, column (A), lines 1–3 )			286,9		118,440
			paid to or for members (Part IX, column (A), line 4)				0	0
**		•	other compensation, employee benefits (Part IX, column (A), lines			322,1	_	413,529
Exp enses			anal fundraising fees (Part IX, column (A), line 11e)	=		322/1	0	0
8				•			-	
ă			aising expenses (Part IX, column (D), lines 115, 116, 116, 246)			254.2	27	646,931
		-	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	•		354,3		
		-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			963,5	_	1,178,900
. 00	19	кеvenue	less expenses. Subtract line 18 from line 12	•	n	-64,1		223,518
Net Assets or Fund Balances					Beginning	of Current Ye	ar	End of Year
set	20	Total asse	ets (Part X, line 16)	_	-	3,653,5	48	4,370,819
As d B			ilities (Part X, line 26)			201,9	_	236,460
det un						•		
Acres Sales	~~	ivel asset	s or fund balances. Subtract line 21 from line 20			3,451,6	UJ	4,134,359

Part II Signature Block

3/4/24,	, 5:38 PM		Fulbright As	sociation Inc - Full Filing-	· Nonprofit Exp	lorer - ProPublica	
	euge and L nowledge.	pelier, it is true, correct, and comple	ובי הברומומווה	ıı vı þreharer (orrier riiai	i uiiicei j is ba	seu on an iniormad	on or willen brebarer has
arry ici	I i						
		anature of officer				2018-05-21 Date	
Sign		gnature of officer				Date	
Here	100	HN BADER EXECUTIVE DIRECTOR					
	Ту	pe or print name and title					
		Print/Type preparer's name	Preparer's	signature	Date	Check if PTI	N
Paid	k					self-employed	
Pre	oarer	Firm's name				Firm's EIN ► 52-13	
Use	Only	Firm's address ► 4550 MONTGOMERY	AVE SUITE 650	N		Phone no. (301) 95	1-9090
		BETHESDA, MD 208	142930				
May t	he IRS disc	cuss this return with the preparer sh	own above? (	see instructions)			✓ Yes □ No
		Reduction Act Notice, see the se	· ·	•	Cat.	No. 11282Y	Form <b>990</b> (2017
	-	•					(
				— Page 2 ———			
				. 490 =			
Form	990 (2017)	)					Page 2
Part	III St	atement of Program Service	Accomplis	hments			
	Ch	eck if Schedule O contains a respons	se or note to	any line in this Part III			
1		scribe the organization's mission:		· · · · · · · · · · · · · · · · · · ·			
THE M	ISSION OF	F THE FULBRIGHT ASSOCIATION IS	TO ADVOCAT	E FOR THE FULBRIGHT F	PROGRAM AND	PROMOTE INTERN	ATIONAL EDUCATION.
OUR \	ISION IS	A WORLD WHERE INTERNATIONAL E	XCHANGE IS	WIDELY RECOGNIZED A	AS A FORCE FO	OR PEACE.	
2	Did the or	ganization undertake any significant	program ser	vices during the year wh	ich were not l	isted on	
	the prior F	Form 990 or 990-EZ?					🗆 Yes 🔽 No
	If "Yes," d	escribe these new services on Scheo	dule O.				
3	Did the or	ganization cease conducting, or mal	ke significant	changes in how it condu	cts, any progr	am	
	services?						🗌 Yes 🛂 No
	If "Yes," d	escribe these changes on Schedule	0.				
4		he organization's program service a 01(c)(3) and 501(c)(4) organizations					
		ue, if any, for each program service			. g	,	
4a	(Code:	) (Expenses \$	298,160	including grants of \$	•	0) (Revenue \$	)
		THE FULBRIGHT ASSOCIATION SUPPORT LUNTEERS. CHAPTERS RECEIVE FUNDS A					
		THAT SERVE VISITING FULBRIGHT GRAN				- · · · · · · · · · · · · · · · · · · ·	IEM AND MENTORING
	-						
4b	(Code:	) (Expenses \$	176,512	including grants of \$		) (Revenue \$	)
	COMMUNIC	ATIONS - THIS PROGRAM IS PART OF THE	ORGANIZATIO	N STRATEGIC PLAN TO EXPA	AND ITS OUTREA	CH AND RECOGNITION	N. THE ASSOCIATION WORKS
	CLOSELY W	ITH THE DEPARTMENT OF STATE IN DEVE	LOPING STRATE	EGIES FOR BRANDING AND N	MARKETING THE	FULBRIGHT PROGRAM	BOTH DOMESTICALLY AND
	INTERNATIO	ONALLI.					
4c	(Code:	) (Expenses \$	152,859	including grants of \$	20	00 ) (Revenue \$	218,335 )
70	•	) (Expenses \$ CES AND EVENTS - THE FULBRIGHT ASSO	•			, ,	
	AND CHAPT	ER AWARDS. IN 2017, THE CONFERENCE	WAS HELD IN \	WASHINGTON, DC, HOSTING	375 ATTENDEES	FROM THE UNITED S	TATES AND AROUND THE
		ADDITION, IT INCLUDES EVENTS LIKE THE STAKEN TO PROMOTE PEACE, TEDXFULBE					ALS OR ORGANIZATIONS
	TOAL OINDE	ENTIRE TO TROPIOTE FEACE, TEDAFULDI	COLL - LOUDKI	GIT IDEAS WORTH SPREAD	INO, AND ADVO	CACIDAIS.	
	(Cods:	\	140.070	including grants of th		) (Dayanya #	```
	(Code:	) (Expenses \$	142,379	including grants of \$		) (Revenue \$	)
	FDOCALION	IAL PROGRAMS					
	/C- !		105.000	to all officers and the second		) (D	
	(Code:	) (Expenses \$	125,611	including grants of \$		) (Revenue \$	)

(Code: ) (Expenses \$ 142,379 including grants of \$ ) (Revenue \$ )

EDUCATIONAL PROGRAMS

(Code: ) (Expenses \$ 125,611 including grants of \$ ) (Revenue \$ )

ADVOCACY

(Code: ) (Expenses \$ 106,302 including grants of \$ ) (Revenue \$ )

ANNUAL MEMBERSHIP

(Code: ) (Expenses \$ 8,648 including grants of \$ 2,000) (Revenue \$ )

SPECIAL PROJECTS

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

https://projects.propublica.org/nonprofits/organizations/521821935/201841419349300924/full and the state of the state of

(Expenses \$

382,940

including grants of \$

**2,000** ) (Revenue \$

1,010,471 Total program service expenses▶ 4e

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	t IV Checklist of Required Schedules			Page 3
Fai	tiv Checklist of Required Schedules		Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A $^{\odot}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I $^{*}$	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	in Part X, line 16? If "Yes," complete Schedule D, Part IX 📆	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> complete Schedule G, Part III	19		No

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	Yes	
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		No
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		No
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?	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? If "Yes," complete Schedule L, Part $I$	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule R, Part I</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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	

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orm	990 (2017)			Page !
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .   1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	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		No
b	If "Yes," enter the name of the foreign country:   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible 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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

3/4/24	, 5:38 PM Fulbright Association Inc - Full Filing- Nonprofit Explorer - ProPublica			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	1	1	I
	12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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			
c	Enter the amount of reserves on hand	1		
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		
		F	orm <b>99</b>	<b>0</b> (2017)
	Page 6			
	Page 6 ———————————————————————————————————			
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Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No	" respo	onse to l	ines
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
Se	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>	<u> </u>	
	Colon Ar Governing Body and Flandyement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25	,		
		4		
	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  25	5		
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	Yes	
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	
	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
<u>Se</u>	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
100	Did the organization have local chapters, branches, or affiliates?	10a	<b>Yes</b> Yes	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a	res	<del> </del>
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
114	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in 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	
	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? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	

a The organization's CFO Executive Director or ton management official

Did the organization have a written document retention and destruction policy? .

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?

14

Yes

	, 5:38 PM						Filing-	Nor	nprofit Explorer - ProPub	olica		
	Other officers or key employees of the org									. 15	b	No
	If "Yes" to line 15a or 15b, describe the pro	ocess in Schedu	ule O (s	ee ins	struc	ction	ns).					<del>                                     </del>
16a	Did the organization invest in, contribute a taxable entity during the year?	ssets to, or par	rticipate •	in a	join <sup>:</sup>	t ve •	nture •	or s	imilar arrangement wit	th a 16	а	No
b	If "Yes," did the organization follow a writt in joint venture arrangements under applic status with respect to such arrangements?	able federal ta	x law, a								b	
Se	ction C. Disclosure											
17	List the States with which a copy of this Fo	orm 990 is requ	ired to	be file	ed▶		CA , <b>1</b>	۱Y				
18	Section 6104 requires an organization to n available for public inspection. Indicate hor					appl	icable	), 99		3)s only)		
19 20	Own website Another's website Describe in Schedule O whether (and if so, policy, and financial statements available t State the name, address, and telephone not be the state of the state	how) the orga o the public du umber of the po	nization ring the erson w	mad tax y	de its year. osses	s go sses	vernir the c	ng do orgai	ocuments, conflict of in			
	▶JOHN BADER 1900 L STREET NW SUITE	302 WASHIN	IGTON,	DC 20	0036	) (21	02) //	/5-0	/25		Form 9	<b>990</b> (2017)
				Page	e 7							
	990 (2017)	·		17					l'abaat Carrage	And Emilian		Page <b>7</b>
Part	VII Compensation of Officers, D and Independent Contracto		istees,	, Key	/ En	npı	oyee	es, I	Hignest Compensa	tea Employ	ees,	
	Check if Schedule O contains a resp	onse or note to	o any lir	ne in	this	Part	t VII					. 🗆
	ction A. Officers, Directors, Truste											
1a Co	omplete this table for all persons required to	be listed. Rep	ort com	pensa	atior	n for	the c	aler	ndar year ending with o	r within the or	ganizati	on's tax
•	List all of the organization's <b>current</b> officers in pensation. Enter -0- in columns (D), (E), a							or	organizations), regardle	ess of amount		
	ist all of the organization's <b>current</b> key em	. ,	•			•		tion	of "key employee."			
• L who r	ist the organization's five <b>current</b> highest creceived reportable compensation (Box 5 of	compensated er	nployee	s (ot	her t	thar	n an o	ffice	r, director, trustee or ke			
• L	ilization and any related organizations. ist all of the organization's <b>former</b> officers, portable compensation from the organization						sated	emį	ployees who received n	nore than \$100	0,000	
	ist all of the organization's <b>former directo</b> dization, more than \$10,000 of reportable co									trustee of the		
List p	ersons in the following order: individual trust ensated employees; and former such perso	stees or directo		_				,	-	ghest		
	Check this box if neither the organization no	r any related o	rganizat	tion c	omp	ens	ated a	any	current officer, director,	, or trustee.		
	<b>(A)</b> Name and Title	<b>(B)</b> Average hours per		an on	e bo	t ch α, ι	ınless		compensation co	<b>(E)</b> Reportable ompensation	amoui	(F) imated nt of other
		week (list any hours for related					office ustee		organization (W- o	rom related rganizations W- 2/1099-	fro	pensation om the
		organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099*MI3C) (	MISC)	re	zation and elated nizations
. ,	NCY NEILL	5.00	Х		Х				0	C		0
PRESI					Ĺ				Ĭ .		ļ	
······	M DAVID EGER PRESIDENT	3.00	×		х				0	C		0
(3) DO	DLORES RINKE	3.00										
TREAS	SURER		X		Х				0	C		0
. ,	ANFRED PHILIPP	3.00	х		х				0	C		0
	ANDREA NEVES	3.00			$\vdash$						<del> </del>	
		•	•	•	•	1	•	•	· _1	-	•	-

3/4/24, 3.30 i W	i dibrigitti	loooola		un i	mig	1401	iprofit Explorer - 1 Te	n abiloa	
CHAIR - GOVERNANCE		Х					0	0	0
(6) MAX BURNS CHAIR - ADVOCACY	3.00	х					0	0	0
(7) TOM MOGA DIRECTOR	1.00	х					0	0	0
(8) CHRISTOPHER KELLY DIRECTOR	1.00	х					0	0	0
(9) JEROME COOPER DIRECTOR	1.00	х					0	0	0
(10) ERWIN CHO DIRECTOR	1.00	х					0	0	0
(11) CYNTHIA BALDWIN DIRECTOR	1.00	х					0	0	0
(12) JOSEPHINE DORADO DIRECTOR	1.00	х					0	0	0
(13) SCOTT FRIEDMAN DIRECTOR	1.00	х					0	0	0
(14) ALISON GARDY DIRECTOR	1.00	х					0	0	0
(15) NADA GLICK DIRECTOR	1.00	х					0	0	0
(16) MELANIE HORTON DIRECTOR	1.00	х					0	0	0
(17) SAMANTHA LAKIN DIRECTOR	1.00	х					0	0	0

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Page **8** 

Part VII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, ar	nd Hig	jhes	st Compensated	Employees (con	tinued)	
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t ch unle fice	ss pers	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
(18) ANN VON BRIESEN LEWIS DIRECTOR	1.00	х						0	0	0	
(19) JAY NATHAN DIRECTOR	1.00	×						0	0	0	
(20) RAMESH RAMAKRISNAN DIRECTOR	1.00	×						0	0	0	
(21) ULKU ROWE DIRECTOR	1.00	×						0	0	0	
(22) MARY ELLEN SCHMIDER	1.00	хх						0	0	0	

3/4/24, 5		Fulbrig	jht Associ	iation I	Inc -	Full	Filing-	- Nonp	rofit Explo	orer - Pro	oPublica .			
(23) DOI	NALD SPARKS													
·····		1.	00 X							0		0		0
(24) PHI	JR LIP RAKITA			1										
		1.	00 X							0		0		0
(25) PAT	LEMAY BURR													
		1.	00 X							0		0		0
DIRECTO	IN BADER													
		40.	00		Х					115,000		0		12,400
EXECUTI	VE DIRECTOR													
					-									
	o-Total					•	·							
	al from continuation sheets to Pa					•	· <u> </u>							
	al (add lines 1b and 1c)					•	•		115,00			0		12,400
	otal number of individuals (including f reportable compensation from the o		o those li	isted a	abov	e) w	ho red	ceived	more tha	an \$100	,000			
	reportable compensation from the o	organization 🕨 1												
													Yes	No
	oid the organization list any <b>former</b> o	•		•		•	•	_	•	sated en	nployee on			
li	ne 1a? If "Yes," complete Schedule J	for such individu	ual	•	•	•		•				3		No
	or any individual listed on line 1a, is t										he			
	rganization and related organizations	greater than \$1	.50,000?	If "Ye	s," c	omp	lete S	Schedu	ile J for s	uch				
					•	•	•					4		No
	old any person listed on line 1a receive		•					_						
S	ervices rendered to the organization?	ir "Yes," comple	te Scnea	uie J T	or si	ucn p	persor	7.	• • •	• •	• •	5		No
	ion B. Independent Contracto													
	Complete this table for your five highe from the organization. Report compens											ompens	sation	
	om the organization. Report compens	(A)	icridar ye	ai cii	unig	VVICI	1 01 W	101111111111111111111111111111111111111	The Organi	24110113	(B)		(0	<u> </u>
	Name ar	nd business addres	s							Descript	tion of services		Comper	sation
a Total		(induding but	at limaita	المصالم		liata	ممامات		ha maasiy		+h-n #100 (	)00 of		
_	al number of independent contractors pensation from the organization of the organization be 0	`	iot ilmite	a to tr	iose	liste	ed abo	ove) w	no receiv	ea more	tnan \$100,0	JUU OF		
													Form <b>99</b>	<b>0</b> (2017)
				Pag	je 9	_								
Fa 00	20 (2017)													
	90 (2017) /III Statement of Revenue													Page <b>9</b>
Part \				. lina	مانة مد:	ia Da	<b></b>							
	Check if Schedule O contains	a response or n	ote to an	y iine	in tr		art VII		(B)	<del>· · ·</del>	(C)	•	 (D)	<u> </u>
				Tot	tal r		ue	F	Related or		Unrelated		Rever	nue
									exempt function		business revenue		excluded ax under	
									revenue		revenue	"	512-5	
s	<b>1a</b> Federated campaigns	1a												
in the	<b>b</b> Membership dues	1b	329,858											
ira 10t	c Fundraising events	1c												
S, C	_													
a ii	<b>d</b> Related organizations	1d												
	<ul> <li>Government grants (contributions)</li> </ul>	1e												
ء `G														
ns, G Simil	<b>f</b> All other contributions, gifts, grants,													
rtions, Gifts, Grants er Similar Amounts		1f	746,397											
ibutions, G Ither Simil	All other contributions, gifts, grants, and similar amounts not included above		746,397											
ontributions, Gifts, Grants nd Other Similar Amounts	<b>f</b> All other contributions, gifts, grants, and similar amounts not included		746,397											

	ii Total. Add lilles 1a-1			1,076,255			
ө			Business C	Code			
2	2a MEETINGS/CONFERENC	F		900099 2	10,986 210,	986	
e e	·			2			
ď	b						
ce	с —						
2	d						
တိ	u —						
E	-						
5	<b>f</b> All other program se	rvice revenue .			1	L	1
Program Service Revenue	<b>9 Total.</b> Add lines 2a-2f	f	21	.0,986			
tolis					<u> </u>		
	3 Investment income (in			95,011			95,011
	similar amounts) .		•	33,011			
	4 Income from investme	ent of tax-exempt bo	ond proceeds 🕨				
	<b>5</b> Royalties		🕨				
		(i) Real	(ii) Personal				
	<b>6a</b> Gross rents		. ,				
	<b>54</b> 5.555 Fames						
	<b>b</b> Less: rental expenses						
	<b>D</b> Ecos. Tental expenses						
	c Rental income or						
	(loss)						
	<b>d</b> Net rental income o	r (loss)					
	= Net rental intollie 0		-				
		(i) Securities	(ii) Other				
	7a Gross amount from sales of	45.000					
	assets other	45,000					
	than inventory						
	<b>b</b> Less: cost or other basis and						
	sales expenses						
	C Gain or (loss)	9,436					
	<b>d</b> Net gain or (loss) .		•	9,436	5		9,436
	8a Gross income from for	undraising events					
Ф	(not including \$	of					
ž	contributions reporte						
<b>⊕</b>	See Part IV, line 18	a					
Revenue	<b>b</b> Less: direct expense	s <b>b</b>					
	c Net income or (loss)		ents				
ĕ			ents				
oth	<b>9a</b> Gross income from g	jaming activities.					
0	See Part IV, line 19						
		а					
	<b>b</b> Less: direct expense	s <b>b</b>					
	<b>c</b> Net income or (loss)	from gaming activit	ies				
	10aGross sales of invent						
	returns and allowand	ces					
		а	13,885				
	bloom out of and		6,536				
	<b>b</b> Less: cost of goods s	sold <b>b</b>	0,530				
	c Net income or (loss)	from sales of invent	ory <u>►</u>	7,349	7,349		
	Miscellaneous	Revenue	Business Code				
	11a <sub>MISCELLANEOUS</sub>		900099	3,381		Ì	3,381
	b						
	С						
	<b>d</b> All other revenue .				+		
			A				
	e Total. Add lines 11a	-11d	•	3,381			
	12 Total revenue. See	Instructions -		3,301			
	i otal i oveliaci see		•	1,402,418	218,335	0	107,828

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Form 990 (2017) Page **10** 

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any	line in this Part IX	<u></u>		$\square$
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	118,440	118,440		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	127,400	108,290	6,370	12,740
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	222,593	192,621	5,231	24,741
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,139	9,617	300	1,222
9	Other employee benefits	24,663	21,302	648	2,713
10	Payroll taxes	27,734	23,855	902	2,977
11	Fees for services (non-employees):				
	Management				
ı	Legal				
	Accounting	64,457	6,377	58,080	
(	Lobbying				
	Professional fundraising services. See Part IV, line 17				
1	Investment management fees	140		140	
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,614	4,386	228	
12	Advertising and promotion	44,000	44,000		
13	Office expenses	41,335	29,453	6,740	5,142
14	Information technology	41,085	35,323	5,762	
15	Royalties				
16	Occupancy	71,295	59,944	3,870	7,481
17	Travel	152,310	143,131	6,822	2,357
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	155,547	155,535	12	
20	Interest	566	536	30	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,003		3,003	
23	Insurance	7,092		7,092	
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 DUES AND SUBSCRIPTIONS	29,894	29,894		
	<b>b</b> CREDIT CARD PROCESSING	20,600	19,507	1,093	
	c BOARD EXPENSES	7,910	7,910		
	d STORAGE	1,565		1,565	

	e All other expenses	1,518	350	1,168	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,178,900	1,010,471	109,056	59,373
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).				
	-				

		the here $ ightharpoonup$ if following SOP 98-2 (ASC 958-72)	20).				
							Form <b>990</b> (2017
				— Page 11 ———			
Forn	n 990	(2017)					Page <b>1</b>
Pa	art X	Balance Sheet					. 490 =
		Check if Schedule O contains a response or no	te to ar	ny line in this Part IX			$\square$
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
		Cook and interest begins			174,901	1	188,282
	1 2	Cash-non-interest-bearing		_	174,301	2	100,202
	3	Pledges and grants receivable, net		-		3	
	4	Accounts receivable, net		·  -	73,010	4	242,963
	5	Loans and other receivables from current and f		officers directors	70,010	-	212,000
		trustees, key employees, and highest compens II of Schedule L	ated er	nployees. Complete Part		5	
s	6	Loans and other receivables from other disqual section 4958(f)(1)), persons described in section contributing employers and sponsoring organiz voluntary employees' beneficiary organizations II of Schedule L	on 4958 ations ( (see in	B(c)(3)(B), and of section 501(c)(9) structions) Complete Part		6	
ssets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use		•	. =	8	17.70
_	9	Prepaid expenses and deferred charges		, · ·	4,740	9	15,539
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	41,290			
	b	Less: accumulated depreciation	10b	33,188	3,788	10c	8,102
	11	Investments—publicly traded securities .			3,391,386	11	3,910,210
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, lin	e 11 .			13	
	14	Intangible assets		_		14	
	15	Other assets. See Part IV, line 11			5,723	15	5,723
	16	Total assets.Add lines 1 through 15 (must eq			3,653,548	16	4,370,819
	17	Accounts payable and accrued expenses .			24,466	17	62,029
	18	Grants payable				18	
	19	Deferred revenue			177,477	19	174,431
	20	Tax-exempt bond liabilities				20	
Se	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and forme key employees, highest compensated employed					
9		persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrel		·		23	
	24	Unsecured notes and loans payable to unrelate		·		24	
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17-24				25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .			201,943	26	236,460
Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets			2,425,915	27	2,871,465
Sale	28	Temporarily restricted net assets			255,416	28	492,620
d E	29	Permanently restricted net assets			770,274	29	770,274
Fund		Organizations that do not follow SFAS 117	(ASC	958),			
-		check here	-				

Capital stock or trust principal, or current funds . . .

 86
 32
 32

 33
 Total net assets or fund balances
 3.451,605
 33
 4,134,359

 34
 Total liabilities and net assets/fund balances
 3,653,548
 34
 4,370,819

		1	F	orm <b>99</b>	<b>0</b> (2017)
	Page 12 —				
Form	990 (2017)				Daga <b>13</b>
Par					Page <b>12</b>
1 (11)	Check if Schedule O contains a response or note to any line in this Part XI				
	check if schedule o contains a response of note to any line in this rare XI	ĖТ	•	•	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,402,418
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,178,900
3	Revenue less expenses. Subtract line 2 from line 1	3			223,518
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	,451,605
5	Net unrealized gains (losses) on investments	5			459,236
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4	,134,359
Parl	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 Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: $\frac{1}{2}$	on a			
	☐ 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 consolidated basis, or both:	basis,			
	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 Sche	dule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired			
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	- was 00	<b>0</b> (2017)
			Г	OFIII <b>99</b>	<b>0</b> (2017)
	990 (2017)				
Ad	ditional Data		Returi	to Fo	orm
	Software ID:				
Eo	Software Version:				
l	1 990, Special Condition Description:				
	Special Condition Description				

ObjectId: 201841419349300924 - Submission: 2018-05-21

TIN: 52-1821935

## SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Nam	a of th	ne organization					Employer identific	Inspection	
		SSOCIATION INC						ation number	
Pa	rt I	Reason for Public	Charity State	<b>us</b> (All organization	s must comple	te this part.) 9	52-1821935 See instructions.		
		ation is not a private four							
1		A church, convention of	churches, or as	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).		
2		A school described in se	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)			
3		A hospital or a cooperat	ive hospital serv	vice organization descr	ribed in <b>section</b>	170(b)(1)(A)(	iii).		
4	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:								
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section</b>	
6		A federal, state, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)( <i>I</i>	l)(v).		
7	<b>~</b>	An organization that not section 170(b)(1)(A)	(vi). (Complete	Part II.)	• •		init or from the genera	al public described in	
8		A community trust desc	ribed in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)			
9		An agricultural research non-land grant college of						ege or university or a	
10		An organization that not from activities related to investment income and 30, 1975. See section	its exempt fun unrelated busin	ctions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross	
11		An organization organize	ed and operated	l exclusively to test for	r public safety. S	ee section 509	(a)(4).		
12		An organization organizemore publicly supported in lines 12a through 12c	l organizations (	described in section 5	<b>609(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See section 509(a		
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo					
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the sar					
С		Type III functionally supported organization(	integrated. A s	supporting organizatio				ted with, its	
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution	requirement and			
e		Check this box if the orgintegrated, or Type III n	ganization receiv	ved a written determir	nation from the II		pe I, Type II, Type III	functionally	
f	Enter	the number of supported	•				<u> </u>		
g	(:) N	Provide the following inf			/	anization listed	(w) Amount of	(vi) Amount of	
	(1)	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
Tota	1								
For P	aperv	work Reduction Act Not or 990-EZ.	tice, see the In	nstructions for	Cat. No. 11285	5F	l Schedule A (Form 9	90 or 990-EZ) 2017	
				Pa	ge 2 ———				
		(Form 990 or 990-EZ) 20						Page <b>2</b>	
Pa	rt II	Support Schedule 170(b)(1)(A)(ix)		ations Described	in Sections 1	.70(b)(1)(A)	(iv), 170(b)(1)(A	)(vi), and	

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support** 

(or	lendar year r fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	560,338	766,989	846,244	857,862	1,076,255	4,107,688
	include any "unusual grant.")	300,338	700,989	840,244	637,802	1,070,233	4,107,086
2	Tax revenues levied for the organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
4	the organization without charge <b>Total.</b> Add lines 1 through 3	560,338	766,989	846,244	857,862	1,076,255	4,107,688
5	The portion of total contributions by	300,000	7 00/303	3.10/2.1.1	337,002	1/0/0/233	.,10.,1000
	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						58,403
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from						4,049,285
	line 4. Section B. Total Support						4,043,203
Ca	lendar year	(a)2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f)Total
(oi 7	r fiscal year beginning in)	560,338	` `	846,244	857,862	1,076,255	4,107,688
8	Gross income from interest,	300,330	700,505	010,211	037,002	1,0,0,233	1,107,000
	dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business	64,053	105,910	99,470	78,301	95,011	442,745
9	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.)	2,339	5,783	12,282	5,627	3,381	29,412
11	<b>Total support.</b> Add lines 7 through 10						4,579,845
12	Gross receipts from related activities, e	etc. (see instruction	ons)			12	566,697
13	First five years. If the Form 990 is fo	-			•		•
_	check this box and stop here Section C. Computation of Public				<u> </u>	<b>.</b> \	
14	5 1 11			column (f))		14	88.420 %
15	Public support percentage for 2016 Sch					15	88.660 %
16a	33 1/3% support test—2017. If the	organization did n	ot check the box	on line 13, and line	e 14 is 33 <sub>1/3</sub> % or	more, check this I	oox
ь	and <b>stop here.</b> The organization quality <b>33</b> 1/3% <b>support test—2016.</b> If the						
17a	box and stop here. The organization a 10%-facts-and-circumstances test	qualifies as a pub	licly supported or				▶□
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the "facts	ganization did not s-and-circumstance	es" test, check this	s box and stop he	ere. Explain	
b		n meets the "facts the "facts-and-cir  <b>t—2016.</b> If the o ation meets the "	ganization did not s-and-circumstanc cumstances" test.  rganization did no facts-and-circumsi	es" test, check thi The organization  t check a box on li tances" test, check	s box and <b>stop ho</b> qualifies as a publication of the stop horizontal stop hor	ere. Explain icly supported or 17a, and line p here.	. 0
b 18	in Part VI how the organization meets organization	n meets the "facts the "facts and cin the "facts and cin the "facts. If the oation meets the "facts	ganization did not s-and-circumstance cumstances" test	es" test, check this The organization of the control of the contro	s box and <b>stop h</b> e qualifies as a publication 13, 16a, 16b, k this box and <b>sto</b> nization qualifies	ere. Explain icly supported or 17a, and line p here. as a publicly c and see	▶□
18	in Part VI how the organization meets organization	n meets the "facts the "facts and cin the "facts and cin the "facts. If the oation meets the "facts	ganization did not s-and-circumstance cumstances" test	es" test, check this The organization of the control of the contro	s box and <b>stop he</b> qualifies as a publication 13, 16a, 16b, k this box and <b>sto</b> nization qualifies	ere. Explain icly supported or 17a, and line p here. as a publicly c and see	▶□
18 	in Part VI how the organization meets organization	n meets the "facts the "facts and cin the "facts and cin the "facts. If the oation meets the "facts	ganization did not s-and-circumstance cumstances" test	es" test, check this The organization of the control of the contro	s box and <b>stop he</b> qualifies as a publication 13, 16a, 16b, k this box and <b>sto</b> nization qualifies	ore. Explain icly supported or 17a, and line p here. as a publicly c and see	▶□
18 	in Part VI how the organization meets organization	n meets the "facts the "facts and cin the "facts and cin the "facts. If the oation meets the "facts	ganization did not s-and-circumstance cumstances" test	es" test, check this. The organization of the control of the contr	s box and <b>stop he</b> qualifies as a publication 13, 16a, 16b, k this box and <b>sto</b> nization qualifies	ore. Explain icly supported or 17a, and line p here. as a publicly c and see	▶□
18 	in Part VI how the organization meets organization	n meets the "facts the "facts and cin the "facts and cin the "facts. If the oation meets the "facts	ganization did not s-and-circumstance umstances" test	es" test, check this. The organization of the control of the contr	s box and <b>stop he</b> qualifies as a publication 13, 16a, 16b, k this box and <b>sto</b> nization qualifies	ore. Explain icly supported or 17a, and line p here. as a publicly c and see	▶□
Sch	in Part VI how the organization meets organization	n meets the "facts the "facts and cin	ganization did not s-and-circumstance test	es" test, check thi The organization of the organization of the check a box on litances" test, check tes" test. The orga the check of the orga the check of the orga the organization of the organization of the organization	s box and stop he qualifies as a puble	ore. Explain icly supported or 17a, and line p here. as a publicly c and see	▶□
Sch	in Part VI how the organization meets organization	n meets the "facts the "facts and-cin the "facts-and-cin the oation meets the "n meets the "facts the "don't did not check and the control of	ganization did not s-and-circumstance test	es" test, check thin The organization of the organization of the check a box on literaces" test, check ess test. The organization of the check of the organization of the check of the organization of the org	s box and stop he qualifies as a publication	ere. Explain icly supported or 17a, and line p here. as a publicly c and see	► □ .
Sch	in Part VI how the organization meets organization	n meets the "facts the "facts and cin the "facts and cin the oation meets the "in meets the "facts on did not check and the control of the co	ganization did not s-and-circumstance test	es" test, check this. The organization of the organization of the check a box on littences" test, check test. The organization of the check of the organization of the check o	s box and stop he qualifies as a publication of the stop he qualifies as a publication of the stop he qualifies as a publication qualifies as a publication qualifies as a publication qualifies as a publication of the stop he qualifies as a	ere. Explain icly supported	► □ .
Sch	in Part VI how the organization meets organization	n meets the "facts the "facts and cin the "facts and cin the oation meets the "in meets the "facts on did not check and the control of the co	ganization did not s-and-circumstance test	es" test, check this. The organization of the organization of the check a box on littences" test, check test. The organization of the check of the organization of the check o	s box and stop he qualifies as a publication of the stop he qualifies as a publication of the stop he qualifies as a publication qualifies as a publication qualifies as a publication qualifies as a publication of the stop he qualifies as a	ere. Explain icly supported	► □ .
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Sch S Ca	in Part VI how the organization meets organization	n meets the "facts the "facts and-cin the "facts-and-cin the "facts. The oation meets the "n meets the "facts. The oation did not check a the object of the boto qualify under the "facts and the boto qualify under the state of the contact of the c	ganization did not s-and-circumstance umstances" test	es" test, check thin The organization of the organization of the check a box on literaces" test, check test. The organization of the check of the organization of the check of	s box and stop he qualifies as a publication	ere. Explain icly supported	.
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Sch Sch Ca (or	in Part VI how the organization meets organization	n meets the "facts the "facts and-cin the "facts-and-cin the "facts. The oation meets the "n meets the "facts. The oation did not check a the object of the boto qualify under the "facts and the boto qualify under the state of the contact of the c	ganization did not s-and-circumstance umstances" test	es" test, check thin The organization of the organization of the check a box on literaces" test, check test. The organization of the check of the organization of the check of	s box and stop he qualifies as a publication	ere. Explain icly supported	Page 3
Sch S Ca (on 1	in Part VI how the organization meets organization	n meets the "facts the "facts and-cin the "facts-and-cin the "facts. The oation meets the "n meets the "facts. The oation did not check a the object of the boto qualify under the "facts and the boto qualify under the state of the contact of the c	ganization did not s-and-circumstance umstances" test	es" test, check thin The organization of the organization of the check a box on literaces" test, check test. The organization of the check of the organization of the check of	s box and stop he qualifies as a publication	ere. Explain icly supported	.
Sch Sch Ca (on 1	in Part VI how the organization meets organization	n meets the "facts the "facts and-cin the "facts-and-cin the "facts. The oation meets the "n meets the "facts. The oation did not check a the object of the boto qualify under the "facts and the boto qualify under the state of the contact of the c	ganization did not s-and-circumstance umstances" test	es" test, check thin The organization of the organization of the check a box on literaces" test, check test. The organization of the check of the organization of the check of	s box and stop he qualifies as a publication	ere. Explain icly supported	.
Sch Sch Ca (on 1	in Part VI how the organization meets organization	n meets the "facts the "facts-and-cin	ganization did not s-and-circumstance umstances" test	es" test, check thin The organization of the organization of the check a box on literaces" test, check test. The organization of the check of the organization of the check of	s box and stop he qualifies as a publication	ere. Explain icly supported	.

Se	ction C. Type II Supporting Organizations		Voc	No
	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
2	<b>VI</b> 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.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	1		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly 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 <b>Part</b>		Yes	No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  ction B. Type I Supporting Organizations	TIC	<u> </u>	
b	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Ves" to a, b, or c, provide detail in Part VI	11b 11c		
		11a		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
11	Has the organization accepted a gift or contribution from any of the following persons?			
- 511			Yes	No
	tule A (Form 990 or 990-EZ) 2017  Supporting Organizations (continued)		F	Page :
Schoo	tule A (Form 990 or 990-F7) 2017			)o ~ - '
	Page 5			
			- <b></b> )	
	Schedule A (Form 990	10b or 99	 	201
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).	46.		
<b>- J a</b>	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	9c		
С	Did a disqualified person (as defined in 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 <b>Part VI</b> .	J.J		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
_	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as	8		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
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 or 990-EZ).	7		
_	supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
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			
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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 amendment to the organizing document).	5a		
<b>E</b> 2	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
b c	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 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 <b>Part VI</b> what controls the organization used to ensure that all support	4b		
		4a		
	checked 12a or 12b in Part I, answer (b) and (c) below.			
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	3с		

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No " describe in **Part VI** how control or management of the

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	supporting organization was vested in the same persons that controlled or managed ti	, co he sur	or or management or the	1		
50	ction D. All Type III Supporting Organizations		ported organization(b).			
360	Ction D. An Type III Supporting Organizations				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the the or	prior tax year, (ii) a copy of the			
				1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).					
				2		
3	By reason of the relationship described in (2), did the organization's supported organization's investment policies and in directing the use of the organization's income year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations	e or as	ssets at all times during the tax	3		
	tion F. Tuno III Functionally Internated Comparing Openinstica					
<u>Sec</u>	ction E. Type III Functionally-Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions).		
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	110 103	t during the year (See instruct	01137.		
			3 halaw			
b	The organization is the parent of each of its supported organizations. Complete					
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	u sup	ported a government entity (see	instru	ctions)	
2	Activities Test. <b>Answer (a) and (b) below.</b>				Yes	No
а	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? <i>If "Yes," then in organizations and explain</i> how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the	Part \	VI identify those supported how the organization was			
	substantially all of its activities.	at the.	se activities constituted	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's in					
	organization's supported organization(s) would have been engaged in? If "Yes," explai organization's position that its supported organization(s) would have engaged in these involvement.			2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.					
а	Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? <i>Provide details in Part VI.</i>	icers,	directors, or trustees of each of	3a		
b	Did the organization exercise a substantial degree of direction over the policies, prograsupported organizations? <i>If "Yes," describe in Part VI. the role played by the organizations?</i>					
	supported organizations: If Tes, describe in Fait VI. the Fole played by the organize	acion n	_	3b	)	2017
			Schedule A (Form 990	) or 99	9U-EZ)	2017
	Page 6 ———					
Sched	ule A (Form 990 or 990-EZ) 2017				F	age <b>6</b>
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization		must complete Sections A through	gh E.		
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r
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) Curi (opti	rent Yea onal)	r
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	1			

1b 1c

**b** Average monthly cash balances

**c** Fair market value of other non-exempt-use assets

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а	I otal (add lines 1a, 1b, and 1c)	10		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
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 1-1/2% 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 .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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrat	ed Type III supporting orga	anization (see
			Schedule A (Forr	n 990 or 990-EZ) 20:
	Page 7 ———			
Sched	ule A (Form 990 or 990-EZ) 2017			Page

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pur	rposes of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	d)		
6 Other distributions (describe in <b>Part VI</b> ). See instruction	ons		
<b>7 Total annual distributions.</b> Add lines 1 through 6.			
8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	nich the organization is respon	sive (provide	
<b>9</b> Distributable amount for 2017 from Section C, line 6			
<b>10</b> Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2013
1 Distributable amount for 2017 from Section C. line			

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Schedule B	Sched	dule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF. gov/Form990 for the latest inform	ation.	2018
Name of the organization FULBRIGHT ASSOCIATION IF				dentification number
Organization type (check	one):		52-1821935	<u>i</u>
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter number	) organization		
		paritable trust <b>not</b> treated as a pr	ivate foundation	
	527 political organization	iamable trust <b>not</b> treated as a pr	ivate foundation	
Form 990-PF	☐ 501(c)(3) exempt private	foundation		
	4947(a)(1) nonexempt ch	aritable trust treated as a private	foundation	
	☐ 501(c)(3) taxable private	foundation		
For an organization money or other prontributions.  Special Rules  For an organization under sections 509 received from any of 990, Part VIII, line of the purposes, or for the	on filing Form 990, 990-EZ, or 990 roperty) from any one contributor.  In described in section 501(c)(3) fill (a)(1) and 170(b)(1)(A)(vi), that clone contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1. Con described in section 501(c)(7), (all contributions of more than \$1,0 exprevention of cruelty to children	D-PF that received, during the ye Complete Parts I and II. See insing Form 990 or 990-EZ that me hecked Schedule A (Form 990 or otal contributions of the greater complete Parts I and II.  8), or (10) filing Form 990 or 990 or exclusively for religious, char	ar, contributions totaling tructions for determining the the 33 <sup>1</sup> /3% support test of 990-EZ), Part II, line 13, of (1) \$5,000 or (2) 2% of that received from a ditable, scientific, literary, of	\$5,000 or more (in a contributor's total of the regulations 16a, or 16b, and that
<ul> <li>For an organization</li> </ul>	described in section 501(c)(7) (8	8) or (10) filing Form 990 or 990		or educational
during the year, cor If this box is checke purpose. Don't com religious, charitable Caution. An organization to 990-EZ, or 990-PF), but it it	n described in section 501(c)(7), (antributions exclusively for religioused, enter here the total contribution plete any of the parts unless the e, etc., contributions totaling \$5,00 that isn't covered by the General Femust answer "No" on Part IV, line in 990PF, Part I, line 2, to certify the	s, charitable, etc., purposes, but ns that were received during the <b>General Rule</b> applies to this org 00 or more during the year	-EZ that received from ar no such contributions tot year for an exclusively re anization because it rece 	ny one contributor, aled more than \$1,000. eligious, charitable, etc., ived nonexclusively
during the year, cor If this box is checke purpose. Don't com religious, charitable  Caution. An organization to 990-EZ, or 990-PF), but it it Form 990-EZ or on its Form 990-EZ, or 990-PF).  For Paperwork Reduction Act	ntributions exclusively for religious ed, enter here the total contribution plete any of the parts unless the e, etc., contributions totaling \$5,00 hat isn't covered by the General Femust answer "No" on Part IV, line in 990PF, Part I, line 2, to certify the Notice, see the Instructions	s, charitable, etc., purposes, but ns that were received during the <b>General Rule</b> applies to this org 00 or more during the year	-EZ that received from ar no such contributions tota year for an exclusively re anization because it rece ▶ \$ esn't file Schedule B (For box on line H of its irements of Schedule B (	ny one contributor, aled more than \$1,000. eligious, charitable, etc., ived nonexclusively
during the year, cor If this box is checke purpose. Don't com religious, charitable Caution. An organization the 990-EZ, or 990-PF), but it its Form 990-EZ or on its Form 990-EZ, or 990-PF).	ntributions exclusively for religious ed, enter here the total contribution plete any of the parts unless the e, etc., contributions totaling \$5,00 hat isn't covered by the General Femust answer "No" on Part IV, line in 990PF, Part I, line 2, to certify the Notice, see the Instructions	s, charitable, etc., purposes, but ns that were received during the <b>General Rule</b> applies to this org 00 or more during the year Rule and/or the Special Rules do 2, of its Form 990; or check the nat it doesn't meet the filing requ	-EZ that received from ar no such contributions tota year for an exclusively re anization because it rece ▶ \$ esn't file Schedule B (For box on line H of its irements of Schedule B (	ny one contributor, aled more than \$1,000. eligious, charitable, etc., eived <i>nonexclusively</i> rm 990, Form 990,
during the year, cor If this box is checke purpose. Don't com religious, charitable  Caution. An organization to 990-EZ, or 990-PF), but it it Form 990-EZ or on its Form 990-EZ, or 990-PF).  For Paperwork Reduction Act	ntributions exclusively for religious ed, enter here the total contribution plete any of the parts unless the e, etc., contributions totaling \$5,00 hat isn't covered by the General Femust answer "No" on Part IV, line in 990PF, Part I, line 2, to certify the Notice, see the Instructions	s, charitable, etc., purposes, but ns that were received during the <b>General Rule</b> applies to this org 00 or more during the year Rule and/or the Special Rules do 2, of its Form 990; or check the nat it doesn't meet the filing requ	-EZ that received from ar no such contributions tota year for an exclusively re anization because it rece ▶ \$ esn't file Schedule B (For box on line H of its irements of Schedule B (	ny one contributor, aled more than \$1,000. eligious, charitable, etc., eived nonexclusively mm 990,
during the year, cor If this box is checke purpose. Don't com religious, charitable  Caution. An organization to 990-EZ, or 990-PF), but it it Form 990-EZ or on its Form 990-EZ, or 990-PF).  For Paperwork Reduction Act	ntributions exclusively for religious ed, enter here the total contribution plete any of the parts unless the e, etc., contributions totaling \$5,00 hat isn't covered by the General Finust answer "No" on Part IV, line in 990PF, Part I, line 2, to certify the Notice, see the Instructions F.	s, charitable, etc., purposes, but ns that were received during the <b>General Rule</b> applies to this org 00 or more during the year Rule and/or the Special Rules do 2, of its Form 990; or check the nat it doesn't meet the filing requ	-EZ that received from ar no such contributions tota year for an exclusively re anization because it rece ▶ \$ esn't file Schedule B (For box on line H of its irements of Schedule B (	or educational  ny one contributor, aled more than \$1,000. eligious, charitable, etc., ived nonexclusively  rm 990,  Form 990,

Part I

(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
<u> </u>	— Page 3 —	Schedule B (F	orm 990, 990-EZ, or 990-PF) (2018)

<b>Name of organiz</b> FULBRIGHT ASSO		Employer identification	Employer identification number				
		52-1821935					
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				
		\$					

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 3

(a) No. from Part I	(b) Description of noncash	(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
			\$	
Schedule B (Form	990, 990-EZ, or 990-PF) (2018)	Page 4		Page <b>4</b>
Name of organizat			Employer identificati 52-1821935	
than \$1 organiz year. (E	vely religious, charitable, etc., contributi ,000 for the year from any one contribute ations completing Part III, enter the total nter this information once. See instructi- plicate copies of Part III if additional space is	or. Complete columns (a) through (e of exclusively religious, charitable ons.) > \$	section 501(c)(7), (8), or (1	entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	n of how gift is held
-				
	Transferee's name, address, and	(e) Transfer of gift I ZIP 4 Relati	onship of transferor to tra	nsferee
(-)			1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	n of how gift is held
-		(e) Transfer of gift		
	Transferee's name, address, and	I ZIP 4 Relati	onship of transferor to tra	nsferee

ObjectId: 201841419349300924 - Submission: 2018-05-21

TIN: 52-1821935

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

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** FULBRIGHT ASSOCIATION INC 52-1821935 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of 1 "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) ..... Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... 3 ☐ No Was a correction made? ☐ Yes If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 2 function activities ..... 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b........ Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions filing organization's funds. If none, enter received and promptly -0-. and directly delivered to a separate political organization. If none, enter -0-. 1 3 5

Schedule C (Form 990 or 990-EZ) 2017

Page 2

Schedule C (Form 990 or 990-EZ) 2017

Cat. No. 50084S

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

Page 2

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

	Check if the filing organization belongs to an expenses, and share of excess lobbying	g expenditures).		ffiliated group me	ember's name, a	ddress, EIN,
<u>B</u>	Check	Expenditures		orga	a) Filing anization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public opinion	on (grass roots lobbying) .				
b	Total lobbying expenditures to influence a legislative	, , , , , , , , , , , , , , , , , , , ,				
с	Total lobbying expenditures (add lines 1a and 1b)				1 170 000	
d	Other exempt purpose expenditures				1,178,900 1,178,900	
f	Total exempt purpose expenditures (add lines 1c and Lobbying nontaxable amount. Enter the amount from columns.	•			192,890	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxal	ole amount is:	$\neg$		
	Not over \$500,000	20% of the amount on line 1	e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the ex	cess over \$500,000	).		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the ex	cess over \$1,000,0	00.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the exc	ess over \$1,500,00	0.		
	Over \$17,000,000	\$17,000,000 \$1,000,000.				
					•	
g	Grassroots nontaxable amount (enter 25% of line 1f	)			48,223	
h	Subtract line 1g from line 1a. If zero or less, enter -0				0	
i	Subtract line 1f from line 1c. If zero or less, enter -0			4720 manartina	0	
,	If there is an amount other than zero on either line 1 section 4911 tax for this year?					Yes No
	(Some organizations that made a columns below. See t		ion do not ha ions for lines	ive to comple 2a through 2		ïve
_			ear Averagii	ig Period		Τ
	Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	( <b>d)</b> 2017	(e) Total
<u>2a</u>	Lobbying nontaxable amount	186,753	165,074	168,744	192,890	713,461
<u>ь</u>	Lobbying ceiling amount (150% of line 2a, column(e))					1,070,192
c	Total lobbying expenditures					
d	Grassroots nontaxable amount	46,688	41,269	42,186	48,223	178,366
е	Grassroots ceiling amount (150% of line 2d, column (e))					267,549
f	Grassroots lobbying expenditures					
				Schedule	C (Form 990 o	or 990-EZ) 2017
_		———— Page 3 —				
		_				
Sch	edule C (Form 990 or 990-EZ) 2017					Page <b>3</b>
	art II-B Complete if the organization is e	exempt under sectio	n 501(c)(3) a	and has NOT f	iled	r uge <b>S</b>
	Form 5768 (election under secti	ion 501(h)).			1 (-)	1 (1-)
For acti	each "Yes" response on lines 1a through 1i below, pro vity.	ovide in Part IV a detailed	description of th	e lobbying	Yes No	(b) Amount
1	During the year, did the filing organization attempt including any attempt to influence public opinion or					
	- , , , , , , , , , , , , , , , , , , ,	-	,	-		
a	Volunteers?					
b	Paid staff or management (include compensation in Media advertisements?		=	=		4
c d	Mailings to members, legislators, or the public?					
e						1

g	Direct contact with legislators, their staffs, government officials, or a legislative body?		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
i	Other activities?		
j	Total. Add lines 1c through 1i		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		
b	If "Yes," enter the amount of any tax incurred under section 4912		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

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

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

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

ObjectId: 201841419349300924 - Submission: 2018-05-21

TIN: 52-1821935

#### **SCHEDULE D**

Department of the Treasury

(Form 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.
 Attach to Form 990.

OMB No. 1545-0047

Interna	Revenue Service Go to www.irs.g	ov/Form990 for the latest informati		Inspection			
	me of the organization BRIGHT ASSOCIATION INC		<b>Employer ident</b> 52-1821935	tification number			
Pa	rt I Organizations Maintaining Donor Advis	sed Funds or Other Similar Fund					
	Complete if the organization answered "Yes		is of Accounts				
		(a) Donor advised funds	( <b>b</b> )Funds a	and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's exc			e Yes No			
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpo	se conferring impermi	ssible			
Pa	rt II Conservation Easements. Complete if th	e organization answered "Yes" on F	orm 990, Part IV, li	ne 7.			
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply).					
	Preservation of land for public use (e.g., recreation	or education) Preservation o	f an historically import	ant land area			
	Protection of natural habitat	Preservation of	f a certified historic str	ructure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the	e form of a conservation	on			
_	easement on the last day of the tax year.		-	the End of the Year			
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements . $% \left( 1,,1\right) =\left( 1,,1\right) =\left$	. 2b					
c	Number of conservation easements on a certified historic	2c					
d	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register						
3	Number of conservation easements modified, transferre tax year •	d, released, extinguished, or terminated	by the organization de	uring the			
4	Number of states where property subject to conservatio	n easement is located 🕨					
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ing of violations,	☐ Yes ☐ No			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcin	ng conservation easem	ents during the year			
7	Amount of expenses incurred in monitoring, inspecting,  \$ \)	handling of violations, and enforcing cor	nservation easements (	during the year			
8	Does each conservation easement reported on line 2(d)						
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial s					
Par	t III Organizations Maintaining Collections Complete if the organization answered "Yes	s" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research	in furtherance of publ				
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:	ic exhibition, education, or research in fo	urtherance of public se	rvice, provide the			
(	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
<b>(</b> i	ii)Assets included in Form 990, Part X		▶\$				
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	cal treasures, or other similar assets for					
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
b	Assets included in Form 990, Part X · · · · · · · · ·		<b>&gt;</b> \$				
For	Paperwork Reduction Act Notice, see the Instruction			ule D (Form 990) 2017			

Schedule D (Form 990) 2017 Page **2** 

Par	rt III Organizations Maintaining Co	llections of Art, I	Historical Treas	sures, or O	ther Similar	Assets (cor	ntinued)	
3	Using the organization's acquisition, accessic items (check all that apply):	on, and other records	, check any of the	following that	are a significant	: use of its co	ollection	
а	Public exhibition		d Loa	n or exchang	e programs			
b	Scholarly research		e 🗌 Oth	ner				
С	Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t					Yes	□ No	
Pa	Complete if the organization ans line 21.		m 990, Part IV,	line 9, or re	ported an amo			
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					☐ Yes	□ No	
<b>L</b>	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing tables	Г		Amount		
b c	Beginning balance	·	-	1		Amount		
d	Additions during the year			`				
e	Distributions during the year			· · · · <del>  _</del>	-			
f	Ending balance			· · · <del>  _</del>				
	-			· · -	ļ.			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial acco	unt liability?	. U Yes	∪ No	
b	If "Yes," explain the arrangement in Part XII		•					
Pa	art V Endowment Funds. Complete i				· · · · · · · · · · · · · · · · · · ·			
•-	Designing of year balance	(a)Current year	(b)Prior year	(c)Two years			Four years back	
	Beginning of year balance	981,963	1,041,935	1,0	98,048	1,194,174	1,027,638	
	Contributions	224.454	F7.444		55.026	104,610	167.272	
	Net investment earnings, gains, and losses	224,451	57,411		55,036	2,348	167,272	
	Grants or scholarships							
е	Other expenditures for facilities and programs	43,568	117,383		1,077	203,084	736	
f	Administrative expenses							
g	End of year balance	1,162,846	981,963	1,0	41,935	1,098,048	1,194,174	
2 a	Provide the estimated percentage of the current Board designated or quasi-endowment	rent year end balance	(line 1g, column (	(a)) held as:			_	
a b	Permanent endowment 66.240 %							
-		760 %						
С	The percentages on lines 2a, 2b, and 2c sho							
За		•	tion that are held a	and administe	red for the			
	organization by:	J					Yes No	
	(i) unrelated organizations					3a(i	) No	
	(ii) related organizations					3a(ii	i) No	
b	If "Yes" on 3a(ii), are the related organization  Describe in Part XIII the intended uses of the	· ·				. 3b		
4			willent funds.					
Ра	Irt VI Land, Buildings, and Equipme Complete if the organization ans		m 990 Part IV	line 11a Se	e Form 990 P	art X line 1	10	
	Description of property (a) Cost or of (investm	ther basis (b) Cost	or other basis (other		llated depreciation		Book value	
1a	Land					1		
	Buildings			1		1		
	Leasehold improvements					+		
	Equipment					+		
			41,29	10	33,188	R	8,102	
	Other	equal Form 990 Part			. 33,188	1		
	an	oqual i olili 550, i dit	, colaiiii ( <i>D)</i> , iiii	(-/-/		hedule D (	8,102 Form 990) 2017	
					30	caule D (I	Jim 330) 2017	

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Schedule D (Form 990) 2017

Page **3** 

See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	<u>.</u>	
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	Þ	
Part VIII Investments □ Program Related. Complete if the organization answered 'Yes' on Form 990	0, Part IV, lir	ne 11c. See Form 990, Part X, line 13.
	<b>b)</b> Book value	
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		
Part IX Other Assets. Complete if the organization answered 'Yes' on  (a) Description	Form 990, Pa	rt IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Part X Other Liabilities. Complete if the organization answered		
See Form 990, Part X, line 25.  1. (a) Description of liability		ook value
(1) Federal income taxes		
(2)		
(3)		

(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	<b>•</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Page 4 -

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements . . . . . 1,868,050 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains (losses) on investments . . . 459,236 а 2a b Donated services and use of facilities . . . 2b 2c c 2d Other (Describe in Part XIII.) . . 6,536 d e Add lines 2a through 2d . . . . . . . . . 2e 465,772 3 1,402,278 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 140 b 4b 4с 140 Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) . . 1,402,418 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements . . . . 1,185,296 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2b b Prior year adjustments . . . . .

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epartment of the easury ternal Revenue Service ame of the organization ULBRIGHT ASSOCIATION			Cuanta	4	than Aaa	:-4	- t- O	:	-4:				OMB No. 1545-0047	
easury ternal Revenue Service ame of the organization		Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.							2017					
ame of the organization		Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.  ▶ Go to www.irs.gov/Form990 for the latest information.												
DEBRIGITI ASSOCIATIO	N INC										Emplo	yer identific	ation number	
											52-18	21935		
	nformation o							1	6 11					
Does the organizati the selection criteri											, and		✓ Yes □ No	
Describe in Part IV				-						1 1157 11			21.6	
Part II Grants and that received	d more than \$5,0	000. Part II	can be duplicat	ed if addi	tional space is	needed.	its. Complete	ir the or	rganization a	iswered "Yes" (	on Form 990, F	art IV, line	21, for any recipient	
(a) Name and address organization or government	ss of (b	) EIN	(c) IRC sec (if applical		(d) Amount grant		(e) Amount cash assistar		(book, FM	of valuation /, appraisal, ner)	(g) Descri noncash as		(h) Purpose of grant or assistance	
(1) NATIONAL CAPITAL CHAPER OF THE FULBR ASSOCIATION 119 N PATRICK STREET ALEXANDRIA, VA 2231	IGHT -	1737237	5	01(C)(3)		7,000							EDUCATIONAL AND CULTURAL PROGRAMS FOR INTERNATIONAL VISITING FULBRIGHTERS IN THE US	
Enter total number	of section 501(c	)(3) and go	vernment orga	nizations l	listed in the line	e 1 table .						<b>•</b>	1	
Enter total number	of other organiz	ations listed	d in the line 1 to	able								. •	0	
	Other Assistan be duplicated if a	dditional s					nswered "Yes	,	m 990, Part I		(f) Desc	cription of n	Page <b>2</b> oncash assistance	
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S) Part IV Supple		<b>mation.</b> P	rovide the inf	formation	n required in	Part I, lin	e 2; Part III	, colum	ın (b); and	any other add	ditional inforr	mation.		
4) 55) 66) 77) Part IV Supple Return Reference ART I, LINE 2:	Exp IN 2 AND THE	lanation 017, THE AS NOTES ARI R GRANT A	SSOCIATION MA	ADE MINI- IEW COMI ECIPIENTS	-GRANTS TO VA MITTEE DELIBE S SUBMIT REPO	ARIOUS CH	IAPTERS. GUI GRANT RECIF	DELINES IENTS A	S AND BUDGI	T FORMS ARE O WITH INFORI	ISSUED, PROP	OSALS ARE	ACCEPTED AND REVIEWE SALS AND INSTRUCTIONS AND QUANTIFYING THE IM	

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OMB No. 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

52-1821935

**Employer identification number** 

Name of the organization FULBRIGHT ASSOCIATION INC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS OF THE FULBRIGHT ASSOCIATION ARE FORMER FULBRIGHT EXCHANGE PROGRAM GRANT RECIPIENTS AND INDIVIDUALS AND INSTITUTIONS WITH INTEREST IN THE FIELD OF INTERNATIONAL EDUCATION. INDIVIDUAL MEMBERSHIPS ARE AVAILABLE IN REGULAR ANNUAL, LIFE, STUDENT, AND ASSOCIATE CATEGORIES. ASSOCIATE MEMBERS HAVE NOT RECEIVED FULBRIGHT GRANT AWARDS. INSTITUTIONAL MEMBERSHIPS ARE AVAILABLE TO COLLEGES, UNIVERSITIES AND OTHER ORGANIZATIONS THAT SUPPORT THE FULBRIGHT PROGRAM PURPOSE OF INCREASING MUTUAL UNDERSTANDING BETWEEN THE PEOPLE OF THE UNITED STATES AND THOSE OF OTHER COUNTRIES.
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS IN GOOD STANDING MAY VOTE TO ELECT MEMBERS OF THE BOARD OF DIRECTORS AND THE ASSOCIATION PRESIDENT.
FORM 990, PART VI, SECTION B, LINE 11B	THE DRAFT FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY FULBRIGHT ASSOCIATION'S FINANCE COMMITTEE. THE FINAL FORM 990 WAS THEN FILED WITH THE IRS AND A COPY WAS SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, EACH BOARD MEMBER IS REQUIRED TO INFORM THE PRESIDENT AND/OR EXECUTIVE DIRECTOR OF POTENTIAL CONFLICTS BASED ON THE POLICY IN THE ASSOCIATION'S BY-LAWS. WHEN ANY CONTRACT OR EMPLOYMENT OFFER IS GENERATED, THE EXECUTIVE DIRECTOR VERIFIES THAT THERE IS NO CONFLICT OF INTEREST PURSUANT TO THE BY-LAWS GUIDELINES. THE EXECUTIVE DIRECTOR AND THE PRESIDENT REVIEW ALL POTENTIAL OR REAL CONFLICTS OF INTEREST AND BRING THEM TO THE ATTENTION OF THE EXECUTIVE COMMITTEE AND/OR THE FINANCE COMMITTEE FOR RESOLUTION IN THE BEST INTERESTS OF THE ASSOCIATION.
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE DIRECTOR'S REVIEW IS CONDUCTED BY THE PRESIDENT AND OTHER MEMBERS OF THE EXECUTIVE COMMITTEE (VICE PRESIDENT, SECRETARY, AND TREASURER). COMPENSATION REVIEWS HAVE BEEN BASED ON SALARY DATA FROM SIMILAR ORGANIZATIONS, FROM PROFESSIONAL SOCIETIES, SUCH AS THE GREATER WASHINGTON SOCIETY OF ASSOCIATION EXECUTIVES AND THE AMERICAN RESEARCH COUNCIL. THE DECISION IS COMMUNICATED TO THE EXECUTIVE DIRECTOR IN WRITING. THE LAST SALARY REVIEW FOR THE EXECUTIVE DIRECTOR WAS IN DECEMBER 2017. THE EXECUTIVE DIRECTOR REVIEWS ALL OTHER EMPLOYEES' PERFORMANCES AND SETS COMPENSATION WITHIN BUDGETARY GUIDELINES REVIEWED AND APPROVED BY THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C,	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.