efile GRAPHIC print - DO NOT PROCESS As Filed Data -Form 990

## **Return of Organization Exempt From Income Tax**

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

2018

DLN: 93493100007359 OMB No 1545-0047

Open to Public

Department of the

▶ Do not enter social security numbers on this form as it may be made public

Treasu	rv I Revenue Service	► Go to <u>www.irs.gov/rorm990</u> for instructions and the	iatest informa	tion.		Inspection
		l alendar year, or tax year beginning 01-01-2018 ,and ending 12-3	1-2018			
☐ Ade	ck ıf applicable dress change me change	C Name of organization AMERICAN FOREIGN POLICY COUNCIL		<b>D Employer</b> i 52-127452		ation number
	tial return	Doing business as				
☐ Am	al return/terminated iended return plication pending	Number and street (or P O box if mail is not delivered to street address) Room/su	uite	E Telephone n (202) 543-		
	,	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20002		<b>G</b> Gross receip		 88 345
		F Name and address of principal officer HERMAN PIRCHNER JR 509 C STREET NE WASHINGTON, DC 20002		a group returi Inates? subordinates	n for	☐Yes ☑No☐Yes ☐No
	ebsite: ► WW	✓ 501(c)(3) ☐ 501(c)( ) ◀ (Insert no ) ☐ 4947(a)(1) or ☐ 527	1	" attach a list exemption nu	•	•
<b>K</b> Forn	n of organization	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	<b>L</b> Year of format	ion 1982 <b>M</b>	State of	legal domicile DC
Pa		mary				
	, ,	scribe the organization's mission or most significant activities FORM 990, PART III, LINE 1				
)Ce						
E E						
Governance	Check th	is box $lacktriangle$ If the organization discontinued its operations or disposed of r	nore than 25%	of its net asse	atc.	
3		of voting members of the governing body (Part VI, line 1a)		or its riet asse	3	7
<b>න්</b> ග	4 Number	of independent voting members of the governing body (Part VI, line 1b) .			4	6
Activities &	5 Total nur	nber of individuals employed in calendar year 2018 (Part V, line 2a)			5	11
Ě	6 Total nur	nber of volunteers (estimate if necessary)			6	49
¥	<b>7a</b> Total unr	related business revenue from Part VIII, column (C), line 12			7a	0
	<b>b</b> Net unre	lated business taxable income from Form 990-T, line 34	<u> </u>		7b	10,078
			Prio	r Year		Current Year
<u>a</u> ;		tions and grants (Part VIII, line 1h)		2,854,392	2	2,823,269
Ravenue	_	service revenue (Part VIII, line 2g)		6,000	+	
Ω.		ent income (Part VIII, column (A), lines 3, 4, and 7d )		789		409
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,735 2,881,916		5,218 2,828,896
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			+	2,020,096
		nd similar amounts paid (Part IX, column (A), lines 1–3)		0	+	
		paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5–10)		1 200 541	1	1 205 934
Expenses	1	onal fundraising fees (Part IX, column (A), line 11e)		1,200,541	+	1,295,836
9		raising expenses (Part IX, column (A), line 25) ▶88,640			+	
五		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,154,312	,	1,127,165
		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,354,853	+	2,423,001
	· ·	less expenses Subtract line 18 from line 12		527,063	+	405,895
Net Assets or Fund Balances			Beginning o	of Current Year		End of Year
sse Bala	20 Total ass	ets (Part X, line 16)		3,646,821		3,989,233
¥ E E	21 Total liab	ollities (Part X, line 26)		2,192,089	)	2,111,212
<u> </u>	22 Net asset	ts or fund balances Subtract line 21 from line 20		1,454,732	2	1,878,021
		ature Block				
		erjury, I declare that I have examined this return, incluing if, it is true, correct, and complete Declaration of prepa				
	nowledge					
	****	*				
Sign	Signat	ure of officer				
Here	.     1	AN PIRCHNER JR PRESIDENT				
	HEINER	or print name and title				
	'   F	Print/Type preparer's name Preparer's signature				
Paid	i					
		irm's name ► ROSS LANGAN & MCKENDREE LLP				

May the IRS discuss this return with the preparer shown above? (see instruc For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address ► 7900 WESTPARK DR STE T420 MCLEAN, VA 22102

**Use Only** 

Form	990 (2018)					Page <b>2</b>
Pa	rt III Statement of	Program Serv	ice Accomplisi	nments		
	Check if Schedule	O contains a resp	onse or note to a	ny line in this Part III		🗹
1	Briefly describe the orgai	nızatıon's mıssıon				
STAT		D LEADERS IN TH			OR INFLUENCE THE FOREIGN POLI AND OTHER PARTS OF THE WORLE	
2	Did the organization und the prior Form 990 or 99	, <del>-</del>	· -	rices during the year w	hich were not listed on	☐ Yes ☑ No
	If "Yes," describe these r					Lifes Lino
3	Did the organization ceaservices?  If "Yes," describe these of	se conducting, or	make significant o	changes in how it cond	ucts, any program	☐ Yes ☑ No
4		)1(c)(4) organizat	ions are required	to report the amount of	largest program services, as meas of grants and allocations to others,	
4a	(Code See Additional Data	) (Expenses \$	609,537	including grants of \$	) (Revenue \$	147 )
4b	(Code See Additional Data	) (Expenses \$	508,531	including grants of \$	) (Revenue \$	-3,332 )
4c	(Code See Additional Data	) (Expenses \$	856,454	including grants of \$	) (Revenue \$	-3,597 )
	(Code	) (Expenses \$	68,176	including grants of \$	) (Revenue \$	)
					ANALYSIS TO MEDIA, GOVERNMENT O ATION AFPC ATTENDS CONFERENCES C	
4d	Other program services	(Describe in Sche	dule O )			
	(Expenses \$	68,176 ın	cluding grants of :	\$	) (Revenue \$	)
4e	Total program service	expenses ▶	2,042,69	98		

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Pa	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	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
	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		No
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? If "Yes," complete Schedule D, Part II	7		No
8	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			
	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? If "Yes," complete Schedule D, Part VII 2	11b		No
	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 3	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	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	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 2	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 2	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	Yes	
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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		No

20a

20b

21

22

Nο

Νo

Νo

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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

21

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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  $1^7$  If "Yes," complete Schedule I, Parts I and II . . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

rm '	990 (2018)			Page
Par	Checklist of Required Schedules (continued)			
			Yes	No
:3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
	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		
.5a	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
	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
	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
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	20a		NO
	Part IV	28b		No
С	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>	<b>28</b> c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	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
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	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
5a	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		
6	<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
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	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 32			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

12b

13b

13c

13a

14a

14b

15

Nο

Nο

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Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . Enter the amount of reserves on hand . . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2018) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions **✓** Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Nο of officers, directors or trustees, or key employees to a management company or other person? .. 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . Νo Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 No Did the organization have members or stockholders? . . . . . . . . . 6 Nο 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		No
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?	<b>8</b> a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	'	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website  Another's website  Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►HERMAN PIRCHNER JR 509 C STREET NE WASHINGTON, DC 20002 (202) 543-1006			
		F	orm <b>99</b>	<b>0</b> (20:

Part VII

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

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

(A)	(B)	(C)	(D)	(E)	Γ
$oxed{\Box}$ Check this box if neither the organization no	r any related or	ganization compensated any c	urrent officer, dire	ctor, or trustee	
compensated employees, and former such perso	ns				
List persons in the following order $$ individual trus	stees or directo	rs, institutional trustees, office	ers, key employees	, highest	

(A) Name and Title	(B) Average hours per week (list any hours for related	Position than o	n (do	(C) o no ox, u n of or/t	) t che unle: ficer rust	eck moss pers and a ee)	ore son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) HERMAN PIRCHNER JR PRESIDENT	55 00	Х		×				205,520	0	33,431
(2) CHRISTOPHER MANION TREASURER	2 00	Х		x				0	0	0
(3) ANN MILLER VICE CHAIRMAN	2 00	Х		x				0	0	0
(4) KENNETH HANNAN JR CHAIRMAN	2 00	Х		×				0	0	0
(5) JON ETHERTON DIRECTOR	2 00	Х						0	0	0
(6) JULIA BURKE DIRECTOR	2 00	Х						0	0	0
(7) MICHAEL GLEBA DIRECTOR	2 00	Х						0	0	0
(8) ILAN BERMAN SENIOR VP & ASST SECRETARY	40 00			x				194,064	0	31,632
(9) RICH HARRISON VP OPERATIONS	40 00			×				123,041	0	20,121
(10) STEPHEN FRED STARR DIRECTOR OF CACI	40 00					×		145,003	0	17,017
(11) ERIK SVANTE CORNELL PROGRAM DIRECTOR	40 00					х		112,956	0	18,151
										Form <b>990</b> (2018)

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Part VII	Section A. Officers, D	Directors, Trustees	, Key E	mpl	oyee	s, and	High	nest Compensate	d Employees (co	ntınued)
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	than o	ne bo oth a	ox, un	Highest cor	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

	i trustee or	nal Trustee	loyee	onpensated e		
	·					
The state of the s						

	Sub-Total						<b>&gt;</b>			•			
	Total (add lines 1b and 1c)	•					•		780,584		0		120,352
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rece	eived more than	\$100,000			
												Yes	No
3	Did the organization list any former of	officer, director	or trust	ee, k	ev e	mple	ovee, o	or his	ahest compensa	ted employee on			

С	Total (add lines 1b and 1c)	0		120,352
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 5			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	1	Ves	

Tabal mountain of malound cale (maloudon a book mak lossobad ba Abasas losbad abasus)					
Total number of individuals (including but not limited to those listed above) w of reportable compensation from the organization ▶ 5	ho received more than	\$100,000			
				Yes	No
		' '	3		No
organization and related organizations greater than \$150,000? If "Yes," comp	lete Schedule J for suc				
ındıvıdual		[	4	Yes	
• • • • • • • • • • • • • • • • • • • •	-		5		No
	line 1a? If "Yes," complete Schedule J for such individual	Inne 1a? If "Yes," complete Schedule J for such individual	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

S	Section B. Independent Contractors							
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No				
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes					
3	line 1a? If "Yes," complete Schedule J for such individual	3		No				

	services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confrom the organization. Report compensation for the calendar year ending with or within the organization's tax year.	npensa	ition	

S					
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		pensa	tion	
	(A)	(B)		(C	·

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year					
	(A) Name and business address	(B) Description of services	(C) Compensation			

(A) Name and business address	(B) Description of services	(C) Compensation

Form **990** (2018)

Name and business address	Description of services	Compensation

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

	Statement of	B						rage <b>3</b>
Part					ulina in thia Dart VIII			П
	Check if Schedule	o contains a r	езрог	ise of flote to any	(A) Total revenue	( <b>B</b> ) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaign	ns	1a			revenue		312 - 314
nts Ints	<b>b</b> Membership dues .		1b					
ira nou	c Fundraising events	<u> </u>	1c					
Š, ( An	d Related organization	<u></u>	1d					
19.14   ar	e Government grants (co		1e					
is, (	<b>f</b> All other contributions,		16					
Contributions, Gifts, Grants and Other Similar Amounts	and similar amounts no	st included	1f	2,823,269				
ള	g Noncash contribution	ns included		_				
ط <del>با</del>	ın lınes 1a - 1f \$		60,3	388				
<u>ت</u> ك	<b>h Total.</b> Add lines 1a-	1f		•	2,823,269			
пе	_			Business	Code			
٧٠	2a 							
or or	b							
Š	с ———							
3	d —							
ranı	<b>f</b> All other program ser							
Program Service Revenue								
	9 Total. Add lines 2a-2f			<u> </u>	1		1	
	<b>3</b> Investment income (in similar amounts)			terest, and other		6		616
	<b>4</b> Income from investme				•			
	<b>5</b> Royalties				•			
	<b>6a</b> Gross rents	(ı) Real		(II) Personal	4			
	ou dross remes	12	,000					
	<b>b</b> Less rental expenses		0					
	c Rental income or	12	,000		-			
	(loss)							
	d Net rental income or			(1) Ohla a 1	12,00			12,000
	7a Gross amount	(ı) Securitie	s	(II) Other	$\dashv$			
	from sales of assets other	50	,967					
	than inventory							
	<b>b</b> Less cost or other basis and	51	,174					
	sales expenses		-207		4			
	<b>c</b> Gain or (loss) <b>d</b> Net gain or (loss)				_   -20	7		-207
	<b>8a</b> Gross income from fu		_	<u> </u>				
ne	(not including \$	of						
Other Revenue	contributions reported See Part IV, line 18		а					
Re	<b>b</b> Less direct expenses		ь					
er	<b>c</b> Net income or (loss) f	from fundraisin	g eve	nts 🕨	_			
<del>‡</del>	<b>9a</b> Gross income from ga See Part IV, line 19		;					
	,		а					
	<b>b</b> Less direct expenses	·	ь					
	c Net income or (loss) f		tivitie	· · •				
	10aGross sales of inventor returns and allowance							
			а	1,201				
	<b>b</b> Less cost of goods so	old	ь	8,275				
	c Net income or (loss) f		vento		-7,07	-7,07	4	
	Miscellaneous I	Kevenue		Business Code	-			
	b		$\dashv$		+	+		
	_							
			-		+			
	d All other revenue .		$\dashv$		29	29	2	
	e Total. Add lines 11a-			•				
	12 Total revenue. See		-		29			
	rotar revenue. See .	2.13c/ uccioi15 •	•	• • • •	2,828,89	-6,78	2	0 12,409 Form <b>990</b> (2018)
								101111 <b>330</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other orga	anizations must comp	lete column (A)	
Check if Schedule O contains a response or note to ar	_	·	· · · · ·	🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		схрепзез	general expenses	
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	607,809	480,419	91,797	35,593
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5			
7 Other salaries and wages	535,683	467,606	65,753	2,324
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,275	11,767	1,508	
9 Other employee benefits	67,742	67,742		
<b>10</b> Payroll taxes	71,327	58,799	10,128	2,400
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	4,930		4,930	
c Accounting	46,205		46,205	
d Lobbying				
e Professional fundraising services See Part IV, line 17				_
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	155,083	153,401	1,342	340
12 Advertising and promotion	15,000	15,000		
13 Office expenses	104,125	91,363	8,695	4,067
<b>14</b> Information technology	44,950	35,025	8,637	1,288
<b>15</b> Royalties				
<b>16</b> Occupancy	237,713	205,303	26,860	5,550
	269,123	240,217	913	27,993
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	153,188	142,326	4,705	6,157
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	86,159	71,390	11,924	2,845
23 Insurance	9,408	2,127	7,198	83
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 b	+			
c	+			
d				_
	1,281	213	1,068	
e All other expenses  Total functional expenses Add lines 1 through 24e	2,423,001	2,042,698	291,663	88,640
<ul> <li>Total functional expenses. Add lines 1 through 24e</li> <li>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation</li> </ul>	2,423,001	2,042,030	231,003	00,040
Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Form **990** (2018)

	Beginning of year		End of year
1 Cash-non-interest-bearing	207,108	1	668,721
2 Savings and temporary cash investments	149,806	2	98,850
3 Pledges and grants receivable, net	563,600	3	529,018
4 Accounts receivable, net		4	
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)		6	

16,693

2.675.525

2,111,212

749,621

1,088,650

1,878,021

3,989,233

Form **990** (2018)

39.750

		trustees, key employees, and highest compensa Part II of Schedule L	nployees Complete		5		
ts	6	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations in Part II of Schedule L.  Notes and loans receivable, net	tied persons (as defined under 14958(c)(3)(B), and tions of section 501(c)(9) see instructions) Complete  10a 3,385,769  10b 710,244		6		
Asset	8	Inventories for sale or use		8			
Ā	9	Prepaid expenses and deferred charges	22,305	9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,385,769			
	ь	Less accumulated depreciation	10b	710,244	2,701,573	<b>10</b> c	
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	[		12		
	13	Investments—program-related See Part IV, line	11 .	. [		13	
	14	Intangible assets		[		14	

Form 990 (2018)

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here > \quad \text{and complete lines 30 through 34.}

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

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

26

27

28

29

30

31

32

33

34

Fund Balances

Assets or

Net

- 2,429 426 15 Other assets See Part IV, line 11 . 15 3,646,821 3,989,233 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 78,470 83,750 17 Accounts payable and accrued expenses 17 18 Grants payable . . . 18 19 Deferred revenue . . . 19 20 20 Tax-exempt bond liabilities . . . 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22
- Liabilities 2,112,619 2.056,562 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 1,000 25 -29,100 25 and other liabilities not included on lines 17 - 24)

2,192,089

638,636

776,346

39.750

1,454,732

3,646,821

26

27

28

29

30

31 32

33

34

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

3а

3b

Nο

Form 990 (2018)

#### Additional Data

Software ID: Software Version:

PUBLIC DIPLOMACY - AFPC HOLDS MEETINGS AND CONFERENCES, IN THE UNITED STATES AND ABROAD, THAT BRING TOGETHER THOSE WHO MAKE OR INFLUENCE

**EIN:** 52-1274529

Name: AMERICAN FOREIGN POLICY COUNCIL

Form 990 (2018)

Form 990, Part III, Line 4a:

FOREIGN POLICY IN THE UNITED STATES AND OTHER COUNTRIES.

BULLETINS AND PUBLICATIONS - AFPC RESEARCHES, PREPARES, AND PUBLISHES NUMEROUS BULLETINS AND PUBLICATIONS TO PROVIDE A TIMELY AND INSIGHTFUL

ANALYSIS ON ISSUES OF FOREIGN POLICY AND INTERNATIONAL SECURITY

Form 990, Part III, Line 4b:

#### Form 990, Part III, Line 4c: CENTRAL ASIA-CAUCASUS INSTITUTE - PROVIDES INFORMATION, RESEARCH, AND ANALYSIS ON THE VAST TERRITORY OF CENTRAL EURASIA STRETCHING FROM TURKEY TO WESTERN CHINA. WITH THE AIM OF BRINGING GREATER ATTENTION TO THESE REGIONS AMONG OFFICIALS AND POLICYMAKERS

efile	GRA	APHIC pri	nt - DO NOT PROCE	SS	As Filed Data -			DLN: 9	3493100007359
SCI	IED	ULE A	Dubl	ic C	harity Statu	e and Dul	alic Supp	ort	OMB No 1545-0047
(Farm 000 am				he or	ganization is a sect 4947(a)(1) nonexe Attach to Form 9	ion 501(c)(3) e mpt charitable	organization or trust.		2018
		the Treasury	<b>▶</b> G	o to <u>v</u>	www.irs.gov/Forms				Open to Public Inspection
lame	of th	ue Service n <b>e organiza</b> PREIGN POLIC						Employer identific	
								52-1274529	
Pa			for Public Charity S a private foundation bed					See instructions.	
1	- Gainz		onvention of churches,		•	•		(Δ)(i).	
2		·	scribed in section 170					(~)(-)	
3			or a cooperative hospita			•	• •	;;;\	
4		•	esearch organization op		_				ntor the beenital's
•	Ш	name, city,		rerate	a in conjunction with	a nospital descri	bed in <b>Section</b> .	170(D)(1)(A)(III). E	inter the hospital's
5		(b)(1)(A)	ation operated for the bo (iv). (Complete Part II	)	-				bed in <b>section 170</b>
6		•	tate, or local governme		-			,,,	
7	✓	_	ation that normally rece ' <b>0(b)(1)(A)(vi).</b> (Com			s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust described in <b>se</b>	ction	170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organization rant college of agricultur						ege or university or a
0		from activit	ation that normally rece lies related to its exemp income and unrelated to See section 509(a)(2)	t func ousine	tions—subject to cert ess taxable income (le	ain exceptions,	and (2) no more	than 331/3% of its si	upport from gross
1		•	ation organized and ope	•	. ,	r public safety S	ee section 509	(a)(4).	
.2		more public	ation organized and ope ly supported organizati through 12d that desci	ons de	escribed in <b>section 5</b>	09(a)(1) or sec	ction 509(a)(2	). See section 509(a	
а		<b>Type I.</b> A so	supporting organization  n(s) the power to regula  Part IV, Sections A ar	opera arly ap	ted, supervised, or co	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	supporting organization nt of the supporting org	anızat	tion vested in the san				
С		Type III f	unctionally integrated organization(s) (see inst	l. A su	upporting organization	n operated in co	nnection with, ar	nd functionally integra	ited with, its
d		Type III n functionally	on-functionally integ integrated The organic to You must complete	<b>rated</b> zation	. A supporting organi generally must satis	zation operated fy a distribution	ın connection wi requirement and	th its supported organ	` '.
e		Check this	box if the organization r or Type III non-function	eceive	ed a written determin	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizati	•	g. acca supporting	J. gamzacion			
g	Provid	de the follow	ıng ınformatıon about tl	he sup	oported organization(	s)			_
	(i) N	lame of supp organization	` ,	N	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			I						
				$\Box$					
Γotal			tion Act Notice, see tl			Cat No 11285		 Schedule A (Form 9	

Page 2

	III. If the organization fa				-	•	, ander rait
S	ection A. Public Support						_
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(a) 2019	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(D) 2015	(6) 2016	(a) 2017	(e) 2018	(f) Total
L	Gifts, grants, contributions, and						
	membership fees received (Do not	1,145,197	1,810,220	1,614,406	2,854,392	2,823,269	10,247,484
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	4 445 407	1 010 330	1 614 406	2.054.202	2 022 250	10 247 101
	<b>Total.</b> Add lines 1 through 3	1,145,197	1,810,220	1,614,406	2,854,392	2,823,269	10,247,484
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						5,859,363
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
	Public support. Subtract line 5						
	from line 4						4,388,121
S	ection B. Total Support	•		•	•	•	
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2014	(D)2013	(6)2010	(u)2017	(e)2010	(T)TOtal
7	Amounts from line 4	1,145,197	1,810,220	1,614,406	2,854,392	2,823,269	10,247,484
8	Gross income from interest,						
	dividends, payments received on	23,961	30,150	30,437	13,384	12,616	110,548
	securities loans, rents, royalties and	23,901	30,130	30,437	13,304	12,010	110,340
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
LO	Other income Do not include gain						
	or loss from the sale of capital		24	1,360	3,840	292	5,516
	assets (Explain in Part VI )						
L1	Total support. Add lines 7 through						10,363,548
	10						
12	Gross receipts from related activities,	etc (see instructio	ns)			12	25,152
L3	First five years. If the Form 990 is for	or the organization'	s first, second, thii	d, fourth, or fifth	tax year as a sect	on 501(c)(3) orga	nızatıon,
	check this box and stop here					▶ □	
S	ection C. Computation of Public	Support Perce	entage				
14	Public support percentage for 2018 (lin	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	42 340 %
	Public support percentage for 2017 Sc			(-,,,		15	48 390 %
	33 1/3% support test—2018. If the			n line 12 and line	14 is 22 1/20% or		
Loa	• •	-			: 17 13 33 1/3 /0 01	more, check this b	` <b>▶</b> ☑
_	and <b>stop here.</b> The organization quali				nd line 15 to 22 t/	20/	
b	<b>33</b> 1/3% support test— <b>2017.</b> If th	_			na line 15 is 33 1/.	3% or more, cneck	
	box and <b>stop here.</b> The organization						▶ □
L <b>7</b> a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization						
	in Part VI how the organization meets	the "facts-and-circ	umstances" test 1	he organization q	ualifies as a public	ly supported	
	organization						ightharpoons
h	10%-facts-and-circumstances tes	st— <b>2017.</b> If the or	ganization did not	check a box on lin	ie 13, 16a, 16b. oi	17a, and line	
-	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						

P	Part III Support Schedule for Organizations Described in Section 509(a)(2)						
	(Complete only if you c						er Part II. If
-	the organization fails to	qualify under	ne tests listed i	below, please co	mpiete Part II.	)	
36	ction A. Public Support Calendar year						
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 ) ection B. Total Support						
36			ı		<u> </u>	Γ	I
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	(e) 2018	(f) Total
9	(or insear year beginning in / r						
9	Amounts from line 6						
L0a	Amounts from line 6 Gross income from interest,						
_	Gross income from interest, dividends, payments received on						
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and						
L0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income						
L0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,						
LOa b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
b c	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
LOa b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business.						
b c	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b,						
b c	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business.						
b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income.						
b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets.						
b c 111	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	the organization	's first, second, th	urd, fourth, or fift	h tax year as a se	ction 501(c)(3) o	rganization, ▶ □
b c 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for check this box and stop here.	Support Perce	ntage		h tax year as a se	ction 501(c)(3) o	
b c 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here.	Support Perce	ntage		h tax year as a se	ction 501(c)(3) o	
b c 111 12 13 14 Se	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for check this box and stop here.	<b>Support Perce</b> e 8, column (f) d	ntage Ivided by line 13,		h tax year as a se		
.0a b c 11 12 13 14 Se 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here.  Ection C. Computation of Public Section D. Computation of Investigation.	Support Perce e 8, column (f) d chedule A, Part I ment Income	entage ivided by line 13, II, line 15 Percentage	column (f))		15	
.0a b c 11 12 13 14 Se 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here.  Ection C. Computation of Public S.  Public support percentage from 2018 (line).	Support Perce e 8, column (f) d chedule A, Part I ment Income	entage ivided by line 13, II, line 15 Percentage	column (f))		15	
b c 111 12 13 14 Se 15 16 Se 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here. Ection C. Computation of Public Section D. Computation of Investing Investment income percentage from 2017. Investment income percentage from 2018.	Support Perce e 8, column (f) d chedule A, Part I ment Income 8 (line 10c, colu D17 Schedule A,	entage Invided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17	column (f)) line 13, column (f	))	15 16 17 18	▶□
b c 111 12 13 14 Se 15 16 Se 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here.  Ection C. Computation of Public Section D. Computation of Investion Investment income percentage for 2013.	Support Perce e 8, column (f) d chedule A, Part I ment Income 8 (line 10c, colu D17 Schedule A,	entage Invided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17	column (f)) line 13, column (f	))	15 16 17 18	▶□
b c 111 12 13 14 Se 15 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here. Ection C. Computation of Public Section D. Computation of Investing Investment income percentage from 2017. Investment income percentage from 2018.	Support Perce e 8, column (f) d chedule A, Part I ment Income 8 (line 10c, colu 017 Schedule A, organization did r	entage Ivided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 not check the box	column (f)) line 13, column (f on line 14, and lir	)) ne 15 is more than	15   16   17   18   33 1/3%, and lin	▶□
b c 111 12 13 14 Se 15 16 Se 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here.  Ection C. Computation of Publics. Public support percentage for 2018 (line Public support percentage from 2017 Stotion D. Computation of Investment income percentage from 2011 investment income percentage from 2013 (13%) support tests—2018. If the 6331/3% support tests—2018.	Support Perce e 8, column (f) d chedule A, Part I nent Income 8 (line 10c, colu) 017 Schedule A, organization did r stop here. The o	entage Invided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 not check the box rganization qualifi	column (f)) line 13, column (f on line 14, and lir es as a publicly su	)) ne 15 is more than ipported organizal	15 16 17 18 133 1/3%, and lintion	e 17 is not

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

Part I. complete Sections A and C. If you checked 12c of Part I. complete Sections A. D. and E. If you checked 12d of Part I. complete Sections A and D, and complete Part V) Continu A. All Commontinu Opposituations

36	ection A. All Supporting Organizations	
		Yes
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?	

Nο

3с

**4**a

4h

4c

5a

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	Γ
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		Г

describe the designation If historic and continuing relationship, explain	1	
Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
ın section 509(a)(1) or (2)	2	
Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		

	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
)	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes." describe in Part VI how the organization had such control and discretion despite being controlled or

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by

If "Yes," explain in Part VI what controls the organization put in place to ensure such use

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

checked 12a or 12b in Part I, answer (b) and (c) below

provide detail in Part VI.

answer line 10b below

10a

supervised by or in connection with its supported organizations

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

32

h

(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
ın section 509(a)(1) or (2)	2	Г
Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
below	3a	L
Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
determination	3b	
Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?		Γ

	amendment to the organizing document)		 _
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		

С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	

	Section 4330(c)(3)(c)), a family member of a substantial contributor, of a 3330 contributor with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7º If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
0-	Was the erganization controlled directly or indirectly at any time during the tay year by one or more disqualified persons as		

	Substantial Contributor II Fest, Complete Fatt for Schedule E (Form 550 of 550 EZ)	7	
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)	8	
Qa	Was the organization controlled directly or indirectly at any time during the tay year by one or more disqualified persons as		

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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?	11a		
b	A family member of a person described in (a) above?	11b		
С	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	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
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 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.	1		
2	e organization operate for the benefit of any supported organization other than the supported organization(s) that			
-	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
	-			
5	ection C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		163	
-	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
S	ection D. All Type III Supporting Organizations		.,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		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 organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons)		
	The organization satisfied the Activities Test. Complete line 2 below			
	b			
	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (see	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	<b>2</b> a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	20		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h		

5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<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 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 2

Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-FZ) 2018

instructions)

<b>b</b> Applied to 2018 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2019. Add lines		

Schedule A (Form 990 or 990-EZ) (2018)

4 Distributions for 2018 from Section D, line 7

Applied to underdistributions of prior years

a Excess from 2014. . . . . .

c Excess from 2016. . . . .

3j and 4c

8 Breakdown of line 7

**b** Excess from 2015.

d Excess from 2017.e Excess from 2018.

## Additional Data

#### Software ID:

Software Version:

**EIN:** 52-1274529

Name: AMERICAN FOREIGN POLICY COUNCIL

Page 8

Schedule A (Form 990 or 990-EZ) 2018 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV,

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D. lines 5, 6, and 8, and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

# Facts And Circumstances Test

Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

**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.

Open to Public

DLN: 93493100007359 OMB No 1545-0047

Department of the Treasury

(Form 990)

erna	al Revenue Service	► Go to <u>www.irs.q</u>	ov/Form990 for the latest information.	Inspection
Nar ME	me of the organiz	zation		Employer identification number
VI-IE	RICAN FOREIGN FOE	ier cooncie		52-1274529
Pa			sed Funds or Other Similar Funds o	Accounts.
	Complete	e if the organization answered "Ye		Ch No. 1 and all an accounts
	Tatal number at a	and of your	(a) Donor advised funds	(b)Funds and other accounts
	Total number at e	·		
		of contributions to (during year)		
	Aggregate value o	of grants from (during year)		
	33 3	•		
		operty, subject to the organization's ex	rs in writing that the assets held in donor adv clusive legal control?	Yes No
			onor advisors in writing that grant funds can be or donor advisor, or for any other purpose co	
'ar	rt III Conserv	vation Easements. Complete if th	ne organization answered "Yes" on Form	1 990, Part IV, line 7.
	Purpose(s) of cor	nservation easements held by the organ	nization (check all that apply)	
	Preservation	n of land for public use (e g , recreation	n or education)	historically important land area
	☐ Protection o	of natural habitat	Preservation of a co	ertified historic structure
	☐ Preservation	n of open space		
		a through 2d if the organization held a last day of the tax year	qualified conservation contribution in the form	n of a conservation  Held at the End of the Year
а		conservation easements		2a
	Total acreage rest	tricted by conservation easements		2b
c	•	rvation easements on a certified histori	c structure included in (a)	2c
d		rvation easements included in (c) acqui i the National Register	red after 7/25/06, and not on a historic	2d
		<del>-</del>	d, released, extinguished, or terminated by t	he organization during the
	Number of states	where property subject to conservation	n easement is located ►	
		ation have a written policy regarding the of the conservation easements it holds	ne periodic monitoring, inspection, handling o 5?	f violations,  Yes No
	Staff and volunte	er hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation easements during the year
	Amount of expens	ises incurred in monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
	Does each conser and section 170(l		above satisfy the requirements of section 17	(0(h)(4)(B)(ı) ☐ Yes ☐ No
	balance sheet, ar		ervation easements in its revenue and expen footnote to the organization's financial state ts	
ar		rations Maintaining Collections e if the organization answered "Ye	of Art, Historical Treasures, or Othe s" on Form 990, Part IV, line 8.	er Similar Assets.
а	art, historical trea	asures, or other similar assets held for	6 (ASC 958), not to report in its revenue star public exhibition, education, or research in fu icial statements that describes these items	
b	historical treasure	· ·	6 (ASC 958), to report in its revenue statem lic exhibition, education, or research in furthe	·
(	i) Revenue ınclude	ed on Form 990, Part VIII, line 1		<b>▶</b> \$
(ii	<b>i)</b> Assets ıncluded ı	n Form 990, Part X		<b>►</b> \$
	If the organizatio		cal treasures, or other similar assets for finar 116 (ASC 958) relating to these items	icial gain, provide the
2	Revenue includer	d on Form 990 Part VIII line 1		<b>b</b> \$

Par	t III	Organizations Ma	aintaining Col	lections of Art,	Histori	ical T	reasi	ures, or	Other:	Similar A	ssets (con	tinued)	
3		g the organization's acqu s (check all that apply)	uisition, accession	n, and other record	s, check	any of	the fo	ollowing t	hat are a	significant	use of its co	llection	
а		Public exhibition			d		Loan	or excha	ange prog	rams			
b		Scholarly research			e		Othe	er					
С		Preservation for future	e generations										
4	Provi Part	ide a description of the o	organization's col	lections and explain	n how the	ey furtl	her th	e organız	ation's ex	empt purpo	ose in		
5		ng the year, did the orga ts to be sold to raise fun								ılar	☐ Yes		lo
Pai	rt IV	Escrow and Custon Complete if the ord X, line 21.			orm 990	), Part	IV, I	ıne 9, oı	reporte	d an amoi	unt on For	m 990,	Part
1a		e organization an agent, ded on Form 990, Part )		an or other interme	ediary for	contri	butior	ns or othe	er assets r	not	☐ Yes	□ N	lo
b	If "Y	es," explain the arrange	ement in Part XIII	and complete the	following	table		ſ			lmount		
c		nning balance	ement in rait Alli	and complete the	Tollowing	table			1c		·········		_
d	_	tions during the year						ŀ	1d				_
e		ributions during the year	r						1e				_
f		ng balance	'					ŀ	1f				_
		-		000 0 1 7 1	24.6						П.,		_
2a		the organization include									_	⊔ N	lo
b		es," explain the arrange											
126	rt V	Endowment Fund	<b>as.</b> Complete if	(a)Current year		red "Y rior yea			ears back	(d)Three ye		)Four yea	ra baak
1 a	Beginn	ning of year balance .		39,750	+		9,750	(C) I WO Y	39,750	(а) ппее уе	40,324	)roui yea	40,314
	_	butions					+		,		,		
		vestment earnings, gain	ns and losses				_						10
		s or scholarships	•										
		expenditures for facilities											
_		ograms									574		
f	Admın	istrative expenses .											
g	End of	f year balance		39,750	D	39	9,750		39,750		39,750		40,324
2 a	Board	ide the estimated percer d designated or quasi-ei	ndowment <b>&gt;</b>	ent year end baland	ce (line 1	g, colu	mn (a	ı)) held a	s		•		
b		nanent endowment >	100 000 %										
С		porarily restricted endov											
<b>-</b>		percentages on lines 2a,		•	_4 44								
3а		here endowment funds: nization by	not in the posses	sion of the organiz	ation tha	t are n	eiu ai	ia aamini	stered for	tne		Yes	No
	(i) u	nrelated organizations									3a(i	)	No
	(ii) r	related organizations .									3a(ii	)	No
b		es" on 3a(II), are the rel	-				? .				. 3b		
4	Desc	ribe in Part XIII the inte	ended uses of the	organization's end	owment	funds							
Pai	rt VI	Land, Buildings,			000		<b>T</b> ) ( )		<i>-</i>	000 5			
	Doser	Complete If the ord	ganization answ (a) Cost or oth		orm 990 st or other	•				m 990, Pa epreciation		10. Book valu	10
	Desci	ipdoil of property	(investme		5. Other	24313 (		(5) Acc	aiacea u		(3)	_001, valu	-
1	ا میا					F	27 505	1					597 505
	Land	-					87,585 38 941	+		617 222			587,585
	Buildin					2,0.	38,941	1		617,332		•	2,021,609
		hold improvements				4.4	01.003	1		90.300			11 707
		ment					01,093			89,296			11,797
е	Other						58,150	1		3,616			54,534

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

•	Form 990) 2018			1.104 11 5	Page 3
Part VII	<b>Investments—Other Securities.</b> Complete if the org. See Form 990, Part X, line 12.	anızat	tion ansv	vered "Yes" on Form 99	90, Part IV, line 11b.
	<ul><li>(a) Description of security or category (including name of security)</li></ul>		<b>(b)</b> Book value		od of valuation f-year market value
(1) Financial (2) Closely-h (3)Other	derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Columr	n (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>			
Part VIII	Investments—Program Related.  Complete if the organization answered 'Yes' on Form 9	190 P	art IV li	ne 11c See Form 990	Part X line 13
	·		ook value	(c) Meth	od of valuation
(1)				Cost or end-o	f-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	Other Assets. Complete if the organization answered 'Yes' of	on For	m 990, Pa	rt IV, line 11d See Form	990, Part X, line 15
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col (B) line 15 )				. •
	Other Liabilities. Complete If the organization answer				
1.	See Form 990, Part X, line 25.  (a) Description of liability		<b>(b)</b> B	ook value	
(1) Federal ır					
RENTAL DEPO LOAN FINAN				1,000 -7,285	
SWAP ON MC	DRTGAGE PAYABLE			-22,815	
(4)					
(5)					
(6)		[			
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 25 )	•		-29,100	
	or uncertain tax positions In Part XIII, provide the text of the for s liability for uncertain tax positions under FIN 48 (ASC 740)			text of the footnote has b	

Page 4

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

### 1 2,431,276 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a

2h Prior year adjustments . . . . . 2c C 2d Other (Describe in Part XIII ) . . . . . 8.275 d Add lines 2a through 2d . . 8,275 2e 3 3 2,423,001

4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a 4b b 4c

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . 5 2.423.001 Part XIII Supplemental Information

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

See Additional Data Table

Page <b>5</b>		Schedule D (Form 990) 2018				
	ntinued)	Part XIII Supplemental Information (con				
	Explanation	Return Reference				

Schedule D (Form 990) 2018

### **Additional Data**

Software Version:

**EIN:** 52-1274529

Name: AMERICAN FOREIGN POLICY COUNCIL

PROGRAM INCOME ON THE NET ASSETS CAN BE USED TO FUND THE KRAEMER STRATEGY PROGRAM

 Supplemental Information

 Return Reference
 Explanation

 PART V, LINE 4
 PERMANENTLY RESTRICTED NET ASSETS OF \$39,750 WERE DONATED AS PART OF THE KRAEMER STRATEGY

Software ID:

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	AFPC IS REQUIRED TO MEASURE, RECOGNIZE, PRESENT, AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN INCOME TAX POSITIONS AFPC HAS TAKEN IN THE TAX YEARS THAT REMAIN SUBJECT TO EXAM INATION OR EXPECTS TO TAKE ON AN INCOME TAX RETURN AFPC RECOGNIZES THE TAX BENEFITS FROM UNCERTAIN INCOME TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAX AUTHORITIES AFPC RECORDED NO LIABILITY FOR UNCERTAIN INCOME TAX POSITIONS FOR ANY OPEN TAX YEARS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF PRINTING AFPC BOOKS AND PUBLICATIONS 8,275

S

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF PRINTING AFPC BOOKS AND PUBLICATIONS 8,275

S

efile GRAPHIC prin	nt - DO NOT F	PROCESS	As Filed Data ·	Data - DLN: 934931000							
SCHEDULE F Form 990)  Statement of Activities Outside the United States						OMB No 1545-0047					
(	► Compl	lete if the organi		Yes" to Form 990, Part IV, I	ine 14b, 15, or 16.	2018					
Department of the Treasury Internal Revenue Service	•	► Go to www.irs.		► Attach to Form 990.  Form990 for instructions and the latest information.							
Name of the organizatio					Employer ide	ntification number					
AMERICAN FOREIGN PO	LICY COUNCIL				52-1274529						
	Information , Part IV, line		o Outside the U	<b>Jnited States.</b> Comple	te if the organization a	answered "Yes" to					
other assistance, to award the gra	the grantees' nts or assistant rs. Describe in	eligibility for tl ce?	ne grants or assis	substantiate the amount stance, and the selection dures for monitoring the	criteria used	Yes No					
3 Activites per Region	on (The followin	ng Part I, line 3	table can be dupli	cated if additional space is	needed )						
(a) Region	1	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region					
( 1) See Add'l Data				-							
( 2)											
(3)											
(4)											
( 5)											
3a Sub-total b Total from continuation	ation sheets to		0 0			205,651 0					
c Totals (add lines 3			0 0		No 50082W Schedu	205,651 ule F (Form 990) 2018					

Part III Grants and Oth	ner Assistance to	Individuals	Outside the Unite	d States. Complete if	the organization an	nswered "Yes" to Form 9	90, Part IV, line 16.
Part III can be c	duplicated if addition	onal space is n	eeded				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)						<u> </u>	
/ 7\	-		. —		·		

(3)				
(4)				
( 5)				
( 6)				
(7)				
(8)				

( 5)				
( 6)				
(7)				
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(9)				
( 10)				
(11)				
( 12)				
( 13)				
( 14)				
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( 13)				
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( 16)				
( 17)				
( 18)				

Page **3** 

Sche	dule F (Form 990) 2018		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	☐Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	<b>☑</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	<b>☑</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	☐Yes	<b>☑</b> No

ule F (Form 990) 2018 Page	Schedule F (Form 990) 2018
Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).	Provide the information requ amounts of investments vs. method); and Part III, colun
ReturnReference Explanation	ReturnReference

## **Additional Data**

MIDDLE EAST AND NORTH

DJIBOUTI, EGYPT,

AFRICA - ALGERIA, BAHRAIN,

## Software ID: Software Version:

**EIN:** 52-1274529

Name: AMERICAN FOREIGN POLICY COUNCIL

BULLETINS &

DIPLOMACY

PUBLICATIONS, PUBLIC

16,691

0

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0			PUBLIC DIPLOMACY, BULLETINS & PUBLICATIONS, CENTRAL ASIA-CAUCASUS INSTITUTE	52,686

0 PROGRAM SERVICES

Form 990 Schedule F Par	I - Activities	Outside The U	Jnited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0		PUBLIC DIPLOMACY, CENTRAL ASIA-CAUCASUS INSTITUTE	123,027
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0		BULLETINS & PUBLICATIONS, CENTRAL ASIA-CAUASUS INSTITUTE	11,620

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region services, grants to region recipients located in the region) SOUTH ASIA - AFGHANISTAN, 0 PROGRAM SERVICES CENTRAL ASIA-CAUCASUS 1,300 BANGLADESH, BHUTAN, INSTITUTE INDIA, MALDIVES, NEPAL. SUB-SAHARAN AFRICA 0 PROGRAM SERVICES BULLETINS & 327 PUBLICATIONS

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	ta -	DLN: 934	9310	00007	′3 <b>5</b> 9
Sch	edule J	Co	ompensat	ion Information	OM	1B No	1545-0	0047
(Form 990)		For certain Office		Trustees, Key Employees, and Hig	hest			
	Compensated Employees  ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			2018				
Б			► Attach	h to Form 990. r instructions and the latest inforr			to Pul	
•	tment of the Treasurv al Revenue Service	₽ Go to <u>www.ns.go</u>	101	instructions and the latest infor	nation.		ectio	
	me of the organiza RICAN FOREIGN PO				Employer identificat	ion nu	ımber	
AME	INICAN FOREIGN FO	Elet cooncie			52-1274529			
Pa	rt I Questi	ons Regarding Compensa	tion					
							Yes	No
1a				If the following to or for a person liste my relevant information regarding the				
		or charter travel		Housing allowance or residence for	•			
		companions		Payments for business use of perso				
	_	nification and gross-up payment	s 🔽	Health or social club dues or initiation  Personal services (e.g., maid, chauf				
	☐ Discretion	ary spending account		Personal services (e g , maid, chaut	Teur, cner)			
b		xes in line 1a are checked, did t ill of the expenses described abo		follow a written policy regarding paym nplete Part III to explain	nent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all	. 1-2	2	Yes	
	directors, truste	es, officers, including the CEO/6	executive Directo	or, regarding the items checked in line	e la'			
3				ed to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III			
	✓ Compensa			Mustbon on allowers to be a true of				
	'	ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations	<u> </u>	Approval by the board or compensa	tion committee			
4	During the year	, did any person listed on Form	990, Part VII, Se	ection A, line 1a, with respect to the f				
	related organiza	ition						
a		ance payment or change-of-con				4a		No
b		r receive payment from, a suppl		'		4b		No
С	c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					No		
	,,	············	р. ст. ас т. с ар,					
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section Contingent on the revenues of		the organization pay or accrue any				
а	The organization	۲۶				5a		No
b	Any related orga					5b		No
	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section Contingent on the net earnings of		the organization pay or accrue any				
а	The organization					6a		No
b	Any related orga					6b		No
,	•	6a or 6b, describe in Part III		<u> </u>	_			
7	payments not d	escribed in lines 5 and 6? If "Yes	s," describe in Pa		a	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		No
9	If "Yes" on line 8 53 4958-6(c)?	8, dıd the organızatıon also follo	w the rebuttable	presumption procedure described in	Regulations section	9		140
For I	Danarwark Badı	iction Act Notice, see the Ins	tructions for E	orm 990 Cat No 5	0053T Schedule 1	/Eorn	2 000)	2018

			y Employees, and Hi					
instructions, on row (ii)	Do no	ot list any individuals that	ted on Schedule J, report t are not listed on Form 9 dividual must equal the to	90, Part VII				t ındıvıdual
(A) Name and Title  (B) Breakdown of W-2 and/or 1099-MISC compensation  (i) Base (ii) Bonus & incentive compensation reportable compensation			C compensation (iii) Other	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
1 HERMAN PIRCHNER JR PRESIDENT	(i)	205,520	0	0	9,312	24,119	238,951	0
THE STOCK TO THE S	(ii)	0	0	0	0	0	0	0
2 ILAN BERMAN SENIOR VP & ASST	(i)	194,064	0	0	8,858	22,774	225,696	0
SECRETARY	(ii)	0	0	0	0	0	0	0
3 STEPHEN FRED STARR DIRECTOR OF CACI	(i)	145,003	0	0	0	17,017	162,020	0
DIRECTOR OF CACI	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information			
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information			
Return Reference	Explanation		
,	FROM TIME TO TIME, THE ORGANIZATION PRESIDENT'S WIFE ACCOMPANIES HIM ON TRAVEL AND TO EVENTS FOR BONA-FIDE BUSINESS PURPOSES WHERE THE SPOUSES ATTENDANCE IS NECESSARY FOR THE ORGANIZATION TO CONDUCT BUSINESS EXAMPLES INCLUDE DONOR VISITS WHERE THE SPOUSE HAS DEVELOPED THE CONTACTS WITH POTENTIAL DONORS, TO ASSIST OTHER WOMEN VOLUNTEERS ON THE TRIPS, OR TO ENGAGE LOCAL WOMEN IN THE		

Page 3

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

## DEVELOPED THE CONTACTS WITH POTENTIAL DONORS, TO ASSIST OTHER WOMEN VOLUNTEERS ON THE TRIPS, OR TO ENGAGE LOCAL WOMEN IN THE FURTHERANCE OF PROGRAM OBJECTIVES SHE ALSO HAS EXPERTISE IN EVENT MANAGEMENT AND VOLUNTEERS HER TIME PERIODICALLY TO THE ORGANIZATION IN 2018, THE ORGANIZATION INCURRED \$407 IN SUCH EXPENDITURES FOR BONA-FIDE BUSINESS IN 2018, THE ORGANIZATION PAID \$1,860 FOR BUSINESS MEMBERSHIP CLUB DUES ON BEHALF OF THE ORGANIZATION'S PRESIDENT AND \$1,063 FOR BUSINESS MEMBERSHIP CLUB DUES ON BEHALF OF THE ORGANIZATION'S DIRECTOR OF THE CENTRAL ASIA-CAUCASUS INSTITUTE BOTH FOR THE PURPOSES OF NETWORKING AND MAINTAINING BUSINESS RELATIONSHIPS

DLN: 93493100007359 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** AMERICAN FOREIGN POLICY COUNCIL 52-1274529 Types of Property (d) (b) (c) (a) Check if Number of contributions or Method of determining Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . . Art-Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . . Χ 51,174 FAIR MARKET VALUE Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution-Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential . 15 Real estate—Commercial . 17 Real estate—Other . . **18** Collectibles . . . . **19** Food inventory . . . Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . . 24 Archeological artifacts . . 9,214 COST 25 Other ▶ ( Χ DINNERS ) 26 Other ▶ (\_ 28 Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο b If "Yes," describe the arrangement in Part II 31 No Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page 2
Provide the informat	ormation. In our required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part
	umber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
	Schedule M (Form 990) (2018)

efile GRAPH	C print - DO NOT PROCE	SS As Filed Data -		DLN:	93493100007359
SCHEDUL	ouppion		on to Form 990 or 9		OMB No 1545-0047
(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.			2018		
b C 1 /F 000 ( - 1) -   -   ' (   '   '   '					Open to Public Inspection
Name! Betherofganization AMERICAN FOREIGN POLICY COUNCIL					fication number
990 Schedule	O, Supplemental Inform	nation			
Return Reference			Explanation		
FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTE	ES THAT ACT ON BEHALF	OF THE GOVERNING BODY		

Return Explanation
Reference

FORM 990,	THE FORM 990 IS REVIEWED BY THE PRESIDENT PRIOR TO ISSUANCE AFPC MAINTAINS AN OPEN FILE P
PART VI,	OLICY WITH ITS BOARD ALL DOCUMENTS, INCLUDING THE FORM 990, ARE AVAILABLE FOR THEIR REVIE
SECTION B,	W AT ANYTIME THE BOARD IS MADE AWARE WHEN THE FORM 990 IS COMPLETE AND THEY CAN REVIEW AN
LINE 11B	YTIME

Return Explanation

FORM 990, PART VI, IN STATE RESPONSIBILITY OF ALL DIRECTORS, OFFICERS, AND EMPLOYEES TO REPORT ETHICS VIOLAT IONS IN ACCORDANCE WITH THE WHISTLEBLOWER POLICY THE COMPLIANCE OFFICER IS RESPONSIBLE FOR SECTION B, R INVESTIGATING AND RESOLVING ALL REPORTED VIOLATIONS

Return Explanation
Reference

LINE 15A

FORM 990, THE BOARD OF DIRECTORS REVIEWED THE SALARY OF PRESIDENTS OF SIMILAR ORGANIZATIONS PART VI, SECTION B.

Explanation Return Reference FORM 990. THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE UPON REQUEST

LINE 19

FORM 990, PART VI, SECTION C.

Return Explanation
Reference

LINE 9

FORM 990, PART XI.

Return Explanation
Reference

PART XII. 2C

FORM 990, PAGE 12,