Externed to November 15, 2018

Return of Organization Exempt From Income Tax

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

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

Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

A F	or the	2017 calendar year, or tax year beginning and ending		information.	inspection
В	Check if	C Name of organization	<u> </u>	D E	
а	pplicabl	EISENHOWER EXCHANGE FELLOWSHIPS		D Employer identifi	cation number
	Addre chang				
	Name			00 1	F0F00F
	Initial return	Number and street for D.O. have the made in a state of the	/		505095
	Final return	')   O COTTOTT   COTT   COTTO	suite	E Telephone numbe	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code			546-1738
	Amen	PHILADELPHIA, PA 19102	ļ	G Gross receipts \$	13,746,240.
	Application	F Name and address of principal officer: GEORGE do I.AMA		H(a) Is this a group r	
	pendi	same as C above		for subordinates	
17	Tax-ex	Y FOUND		H(b) Are all subordinates i	
JΝ	Nebsi	empt status: \( \begin{align*} \begin{align*} \text{501(c)(3)} & \begin{align*} \text{501(c)(1)} & \end{align*}	527	If "No," attach a	list. (see instructions)
			V-	H(c) Group exemption	n number
	art I	Summary Association United L	Year o	tormation: 1953	M State of legal domicile: PA
m	1		T. T.	ZADEDOUTE	TIME TO THE TOTAL THE TANK THE TENDE THE TENDE THE TENDE THE TENDE THE TENDE THE TENDE THE TE
nc.	-	Briefly describe the organization's mission or most significant activities: $rac{A}{\epsilon}$ GLOBAI FOSTERS A MORE PEACEFUL, PROSPEROUS $rac{A}{\epsilon}$ JUST $rac{A}{\epsilon}$	<u>иОр.</u> П П	FADEKSHIP N	ETWORK THAT
rna	2	Check this box	MOKI		
ove.	3	Check this box if the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a)			
Ğ	4	Number of voting members of the governing body (Part VI, line 1a)	•••••	3	46
တ္ဆ	5	Number of independent voting members of the governing body (Part VI, line 1b)	•••••	4	45
/itie	6	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	•••••	5	30
Activities & Governance	7a	Total number of volunteers (estimate if necessary)	•••••	6	48
¥	b	Total unrelated business revenue from Part VIII, column (C), line 12	•••••	<u>7a</u>	0.
	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34	<del></del>		0.
ø)	8	Contributions and grants (Part VIII line 15)	-	Prior Year	Current Year
ž	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		3,476,459.	5,098,279.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	0.	0.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-395,249.	1,453,563.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,151.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,092,361.	6,551,842.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-	1,429,330.	1,375,594.
S.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		2,609,171.	2,675,414.
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25)   638,048.		0.	<u> </u>
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	1,189,786.	1 456 000
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,228,287.	
	19	Revenue less expenses. Subtract line 18 from line 12		2,135,926.	
ces		The state of the s			1,043,841.
sets	20	Total assets (Part X, line 16)		inning of Current Year 15,176,206.	End of Year
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	<b>-</b>	159,703.	51,159,842.
	22	Net assets or fund balances. Subtract line 21 from line 20		15,016,503.	209,489. 50,950,353.
Pa	ırt II	Signature Block		, 010, 303.	30,330,333.
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	tatemer	nts and to the hest of m	/ knowledge and holiof it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	narer h	as any knowledne	y knowledge allu bellet, It is
		A WAT	- Pui 01 11	ac any knowledge.	
Sigr	1	Signature of officery		Date /	1
Her		▲ GEORGE de LAMA, PRESIDENT		11/9	/18
		Type or print name and title		/( / /	/ -
		Print/Type preparer's name Preparer's signature	Da		PTIN
Paid		JENNIFER SOLOT	1	1/8/18   if   self-employe	
	агег	Firm's name ▶ BBD, LLP		Firm's EIN	23-2896692
Jse	Only	Firm's address 1835 MARKET STREET, 3RD FLOOR			
		PHILADELPHIA, PA 19103		Phone no.21	5-567-7770
Иау	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
	01 11-2				Form 990 (2017)

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	EISENHOWER FELLOWSHIPS IDENTIFIES, EMPOWERS AND CONNECTS INNOVATIVE
	LEADERS THROUGH A TRANSFORMATIVE FELLOWSHIP EXPERIENCE AND LIFELONG
	ENGAGEMENT IN A GLOBAL NETWORK OF DYNAMIC CHANGE AGENTS COMMITTED TO
	CREATING A WORLD MORE PEACEFUL, PROSPEROUS AND JUST.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 276, 097. including grants of \$69, 632. ) (Revenue \$)
	THE GLOBAL FELLOWS' NETWORK FOSTERS CONTINUED CONNECTION AND ENGAGEMENT
	AMONG FELLOWS AROUND THE WORLD. EISENHOWER FELLOWSHIPS CURRENTLY HAS 53
	NATIONAL AND REGIONAL FELLOW CHAPTERS. CHAPTER MEMBERS ENGAGE IN
	ACTIVITIES SUCH AS RECRUITING, HOLDING PRELIMINARY CANDIDATE
	INTERVIEWS, HOSTING OF REGIONAL CONFERENCES, AND OTHER EVENTS SUCH AS
	THE ANNUAL CELEBRATION OF EISENHOWER FELLOWSHIPS DAY. EF FELLOWS
	PROVIDE VISITING FELLOWS WITH BOTH HOME HOSPITALITY AND MENTORING. EF
	GLOBAL FELLOWS PARTICIPATE IN THE EF GLOBAL NETWORK COUNCIL, AND EF'S PRESIDENT'S ADVISORY COUNCIL. EF PRODUCES QUARTERLY NEWSLETTERS, AND
	ENCOURAGES FELLOWS TO SHARE THEIR EXPERIENCES BY WRITING FELLOW BLOGS
	IN SOCIAL MEDIA, FEATURING ACCOMPLISHMENTS AND EVENTS, SUCH AS GLOBAL
	AND REGIONAL CONFERENCES HELD, AND EF DAY [CONT ON SCH O]
4b	(Code:) (Expenses \$1, 269, 480. including grants of \$ 609, 595.) (Revenue \$)
	THE 2017 GLOBAL PROGRAM, HELD IN APRIL AND MAY, BROUGHT TOGETHER 26
	FELLOWS FROM 23 COUNTRIES TO NETWORK IN THEIR PROFESSIONAL FIELDS, AND
	WITH OTHER FELLOWS. EACH FELLOW FOLLOWED A SEVEN-WEEK CUSTOMIZED TRAVEL
	ITINERARY ACROSS THE U.S. WITH EMPHASIS ON THEIR INDIVIDUAL FIELD OF
	EXPERTISE AND THEIR PROPOSED FELLOWSHIP PROJECT. FELLOWS MET WITH
	LEADERS IN THE PRIVATE, PUBLIC, AND NGO SECTORS, AS WELL AS IN ACADEMIA
	AND THE MEDIA. THEY PARTICIPATED IN GROUP MEETINGS AND ATTENDED
	SEMINARS DESIGNED TO FOSTER DIALOGUE, ENCOURAGE CONTINUED LEARNING, AND
	TO CREATE OPPORTUNITIES FOR THE EXCHANGE OF IDEAS AND COLLABORATION
	WITH OTHER EISENHOWER FELLOWS.
	040 500
4c	(Code: ) (Expenses \$ 940,503. including grants of \$ 369,437.) (Revenue \$ )
	MIDDLE EAST AND SOUTH ASIA (MESA) PROGRAM - THE FALL MESA PROGRAM, HELD
	IN OCTOBER AND NOVEMBER, BROUGHT TOGETHER 19 THOUGHT LEADERS FROM 10 COUNTRIES - EGYPT, INDIA, JORDAN, LEBANON, MYANMAR, PAKISTAN,
	PALESTINE, QATAR, SAUDI ARABIA, AND SRI LANKA - WITH THE GOAL OF
	ADVANCING EISENHOWER FELLOWSHIPS' IMPACT IN THE MIDDLE EAST AND SOUTH
	ASIA, AS WELL AS BRINGING TWO NEW COUNTRIES INTO THE EF NETWORK.
	SIMILAR TO THE GLOBAL PROGRAM, THE FELLOWS TRAVELED FOR SIX WEEKS
	AROUND THE U.S., WITH AN ITINERARY CUSTOMIZED TO THEIR FIELDS OF
	EXPERTISE AND PROPOSED FELLOWSHIP PROJECT. THEY MET WITH LEADERS
	WITHIN THE PRIVATE, PUBLIC, ACADEMIA, THE MEDIA, AND NGO SECTORS. THE
	FALL MESA PROGRAM WAS EXPANDED TO INCLUDE QATAR AND MYANMAR, TWO NEW
	COUNTIES INTO EF'S NETWORK.
4d	
	(Expenses \$ 772,519 • including grants of \$ 326,930 •) (Revenue \$
4e	Total program service expenses ▶ 4,258,599.
	Form <b>990</b> (2017)
732002	See Schedule O for Continuation(s)

# Form 990 (2017) INCORPORATED Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		x
4	Section 50 I(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		x
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	Ť		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		1912	\$2500A
	as applicable.		t e	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	Programme agency ready	all half ball hard	Parkers and Section
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
а	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	<u> </u>	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	X	
	Schedule D, Parts XI and XII	12a	х	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?			
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
D	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		Ψ,	
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	X	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	4-		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	x	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	I	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			-
	complete Schedule G, Part III	19		X
		F	990	2017\

Part IV Checklist of Required Schedules (continued)

		-	Yes	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	<del>  ^</del> `	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	-	
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ļ
	Schedule L, Part I	25b	·	x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		s de la comp	*****
	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	arianistan jarisi	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I			4
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>		_ <del>-</del>
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form	990 (2017) INCORPORATED		23-1505	5095	, p	age 5
Pai	Same in the second seco					age (
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	40	) (	2/8/9	100
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		(	j		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and a	reportat	ole gaming	1		
				1c	160.606518	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.	1			200	77.00
		2a	30	)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)	***************************************	200	370.30	
За	Did the organization have uprelated business gross income of \$1,000 or more during the const			3a	:   1851£ 20	x
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	***************************************	3b	<del>                                     </del>	<del>                                     </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	tv over a	<del>                                    </del>	<u> </u>	
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	t) 0101, u it)2	4a		x
b	If "Yes," enter the name of the foreign country:	40000	.9	96000	1.00	400 AS 2
		Account	rs (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	10000111	is (i DAily.	5a	Court	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action?	***************************************	5b	<del>                                     </del>	X
С				5c	<del> </del>	
		he oras	nization colicit	30	<del> </del>	<del> </del>
				6a	ľ	x
b		tions or	aifte	oa	-	<u>^</u>
			-	e L		
7	***************************************	••••••	•••••••••	6b	70.00	e e e e e e e e e e e e e e e e e e e
а		rvices n	ovided to the never?		x	
	If "Yes." did the organization notify the donor of the value of the goods or services provided?	i vices pi	ovided to the payor s		X	<b> </b>
c	Did the organization sell, exchange or otherwise dispose of tangible personal property for which it w		·····	7b	<u>^</u>	
_	to file Form 8282?	as requ	irea	7.		x
d	If "Yes." indicate the number of Forms 8282 filed during the year	74	••••••••	7c	1 2025/10751	25
e	Did the organization receive any funds directly or indirectly to pay premiums on a personal benefit in					X
f	Did the organization, during the year nay premiums directly or indirectly on a personal benefit cont	root?		7e 7f	├	X
g	If the organization received a contribution of qualified intellectual property, did the organization file 5	orm 88			N/	
•				7g	N/	
8				7h	TA /	
	sponsoring organization have expect hybridges haldings at any time during the control	-				
9			••••••	8	tianitist's	Na elek
	Did the energying organization make one toyable distributions and asserting 4000		NT / 2\cdot	-		
		•••••		9a 9b	├	-
10	· · · · · · · · · · · · · · · · · · ·	••••••		30	32.52.74%	R65/5
а		1001				
b	Gross receipts, included on Form 990. Part VIII. line 12, for public use of club facilities		····	-		
11		LIOD		-		
а		1440				
	The check if Schedule Q contains a response or note to any line in this Part V  Inter the number reported in Box 3 of Form 1096. Enter Q if not applicable the rither the number of Forms W-2G included in line 1s. Enter D if not applicable (1 the organization comply with backup withholding rules for reportable payments to vendors and reportable garning parbling) winnings to prize winners?  Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 3 at least one is reported on line 2s, did the organization file all required federal employment tax returns?  Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 3 at least one is reported on line 2s, did the organization file all required federal employment tax returns?  Inter Inter the college of the season of the season of the season of the season in the season is reported on line 2s, did the organization file all required federal employment tax returns?  Inter the college of the season		1			
_		145				
12a	Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form			100		
		1 1		12a	A CARRO	\$457.5±3±
13		[ 120 ]		-		
.о			NT / Z	10-	\$5946 (\$588);	(ACATAN)
<b>-</b>		•••••		13a	195,420,554	90 B.C
h						
5		124				
c	Enter the amount of reserves on hand			1		
	Did the organization receive any payments for indeer tenning conjugate during the tay year?			145,8799	488 SESE	77

Form **990** (2017)

INCORPORATED 23-1505095 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X

a Enter the number of voting members of the governing body at the end of the tax year there are material differences in voting fights among members of the governing body, or if the governing body delegated broad authority to an exclute committed or similar committee, spellar in Schedule 0.  b Enter the number of voting members included in line 14, above, who are independent  2 Did any officier, director, unstee, or levy employees to a family relationship or a business relationship with any other officer, director, trustees, or levy employees to a management of the property of the organization makes any significant changes to its governing documents since the prior Form 950 was filled?  3 X  5 Did the organization makes any significant changes to its governing documents since the prior Form 950 was filled?  4 X  5 Did the organization have members or stochfolders?  5 Did the organization have members or stochfolders?  6 Did the organization have members or stochfolders?  7 Did the organization have members, stochfolders, or other persons who had the power to elect or sppoint one or more members of the governing body?  7 Did the organization have members, stochfolders, or other persons who had the power to elect or sppoint one or more members of the governing body?  7 Did the organization have members, stochfolders, or other persons who had the power to elect or sppoint one or more members of the governing body?  8 X  8 Did the organization have the stochfolders, or other persons who had the power to elect or sppoint one or more members of the governing body?  8 Did the organization have members, stochfolders, or other persons of the tran the governing body?  9 Is the power than the governing body?  10 Did the organization ortheropersons election the messages have been proposed to specific the governing body?  11 Did the organization ortheropersons election the messages have been proposed to specific the power has been proposed to specific the power has been proposed to specific the power has been proposed to sp	<u>Sec</u>	tion A. Governing Body and Management						
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2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employee 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?  4 X X  5 Did the organization become aware during the year of a significant diversion of the organization's assests?  5 X X  6 Did the organization have members or stockholders?  6 X X  7 Did the organization have members developed the stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 A rea any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the organization contismporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  5 Each committee with authority to act on behalf of the governing body?  8 X X  5 Each committee with authority to act on behalf of the governing body?  8 B X X  8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10 Did the organization have local chapters, branches, or affiliates?  11 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 to review this Form 990 is a procedure of the process of activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review the formation and the		body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
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9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  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?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12c Did the organization have a written conflict of interest policy? If "No," go to line 13  12a Id the organization have a written conflict of interest policy? If "No," go to line 13  12a Did the organization have a written onsistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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?  15b X I I I I I I I I I I I I I I I I I I		Each committee with authority to act on behalf of the governing body?				8b	Х	
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12a	11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	ore filing the	form?	11a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12c X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  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 X  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?  Section C. Disclosure  15 List the states with which a copy of this Form 990 is required to be filed CA, MA, NC, NJ, NY, PA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  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.  State the name, address, and telephone number of the person who possesses the organization's books and recor								
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<ul> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li></ul>			V D	7				
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<ul> <li>X Own website</li></ul>	.5		(Sec	)(3) FUC NOL	ojs only)	avallab	ie	
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20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► DIRECTOR OF FINANCE AND ADMIN − 215-546-1738	.5		illict (	oi iricerest p	olicy, an	u tinan	cial	
DIRECTOR OF FINANCE AND ADMIN - 215-546-1738	20		oko	nd roos-de-				
			ors al	iu records:				
						-		

732006 11-28-17

# 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average			Pos	ition	) than		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	trustee or director						the	organizations	compensation
	hours for related	o d	93	1		saled		organization	(W-2/1099-MISC)	from the
	organizations	uste	institutional trustee		စ္ဆ	ubeu		(W-2/1099-MISC)		organization
	below	dual	ifiona		흩	stcor		•		and related organizations
	line)	Individual	nsfit	Officer	Key employee	Highest compens employee	Former			Organizations
(1) GENERAL COLIN L. POWELL	1.40		<u> </u>			F	_			
USA (RET), CHAIRMAN		X		х				0.	0.	0
(2) MADELEINE K. ALBRIGHT	0.20									
TRUSTEE		X				ĺ	ŀ	0.	0.	0
(3) MOHAMMED M. AL-ARDHI	0.20									
TRUSTEE		X						0.	0.	0
(4) AMR A. AL-DABBAGH	0.40	. ,						·		
TRUSTEE		X						0.	. 0.	0
(5) H. JESSE ARNELLE	0.20								***	
PRUSTEE		X						0.	0.	0
(6) WILLIAM L. ATWELL	0.20									
TRUSTEE		X						0.	0.	0
(7) ANINDYA BAKRIE	0.40									
TRUSTEE		X						0.	0.	0
(8) KIMBALL C. CHEN	3.40									
TRUSTEE		X						0.	0.	0
(9) SOLOMON CAI CHENYU	1.60									
TRUSTEE		X						0.	0.	0
(10) DEREK CHILVERS	1.30									
TRUSTEE [TIL 8/17]		X						0.	0.	. 0
(11) CHARLES E. COBB, JR.	2.60									
TRUSTEE		X						0.	0.	0
(12) EDGAR M. CULLMAN, JR.	3.80									
TRUSTEE		X						0.	0.	0
(13) DAVID EISENHOWER	1.00									
TRUSTEE		X						0.	0.	0
(14) SUSAN EISENHOWER	1.20									
TRUSTEE		X						0.	0.	0
(15) JEREMY K. ELLIS	0.20									
TRUSTEE		X						0.	0.	0
(16) CONRADO J. ETCHEBARNE	0.30									
FRUSTEE [TIL 8/17]		x					L.	0.	0.	0
(17) MARCELO ETCHEBARNE	1.30									
TRUSTEE [EFF 8/17]		x	ı		1	ı		0.	0.	0

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)	
(A)	(B)	l		•	C)	_		(D)	(E)	(F)
Name and title	Average	(do	not o	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	kod	i, unie	ss pe	rson	is bot	th an	compensation	compensation	amount of
	(list any		Π		П	T	T	from	from related	other
	hours for	irect	١.			L	l.	the organization	organizations	compensation
	related	90.0	stee		1	safec	ľ	(W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations		Institutional trustee		æ	Highest compensated employee		(***2/1000-101100)		organization and related
	below	Individual	Infig	<sub>5</sub>	Key employee	estco	وو			organizations
	line)	Ę	lusti	Officer	Key	当時	Former			
(18) CHRISTOPHER FANG	1.40	]								
TRUSTEE [EFF 10/17]	<u> </u>	X						0.	0	. 0
(19) ALAN H. FLEISCHMANN	0.20	]	١.							
TRUSTEE		X	<u> </u>					0.	0	. 0
(20) THEODORE FRIEND	1.20	l								
TRUSTEE		X	<u> </u>		L	_	丄	0.	0	• 0.
(21) MARY LOUISE GORNO	3.00	ļ								
TRUSTEE		X	<u> </u>			_		0.	0	0.
(22) MARK GRIER	3.80						1			
TRUSTEE	1 60	X	<u> </u>		<u> </u>	<u> </u>		0.	0.	• 0.
(23) SUSAN HAKKARAINEN	4.60		•						_	
TRUSTEE (24) HARRY HALLORAN	0 00	X	<u> </u>		<u> </u>	_		0.	0	0.
TRUSTEE	0.20	x	l							
(25) SHOW-CHUNG HO	0.20	-	├			├-		0.	0.	0.
TRUSTEE	<del>0.20</del>	x							_	
(26) JAMES W. HOVEY	6.20		┢	-		├	<del> </del>	0.	0.	0.
TRUSTEE	0.20	x						0.	0.	
dh Out tatal	L	Ь	L	L	L	Щ	_	0.	0.	
c Total from continuation sheets to Part VI	I Soction A	•••••		• • • • • •	•••••	•••••		907,542.	0.	
d Total (add lines 1b and 1c)								907,542.	0.	
Total number of individuals (including but n										104,200
compensation from the organization	or minica to a	1036	11310	o a	JOVE	c) wi	10 10	scewed more than \$100	,000 of reportable	5
		-			-					Yes No
3 Did the organization list any former officer,	director, or tru	ıste	e. ke	v en	olan	vee	. or i	highest compensated e	mplovee on	1865
line 1a? If "Yes," complete Schedule J for s	uch individual									3 X
4 For any individual listed on line 1a, is the su			omp	ensa	atior	n and	toti	ner compensation from	the organization	90.50
and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual		4 X
5 Did any person listed on line 1a receive or a	accrue compei	าsat	ion 1	rom	any	unr	elat	ed organization or indiv	idual for services	
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch į	pers	son .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co										sation from
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ithir	the organization's tax	year.	
(A)	- al alua			_			- 1	(B)	.	(C)
Name and business	audress	N	INC	<u> </u>			_	Description of s	ervices	Compensation
								•		
							-+			
							+			
							1			
							7			
									****	·
·										<u> </u>
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	sted	above) who received m	ore than	
\$100,000 of compensation from the organization					(					
See Part VII, Section	n A Cont	:ir	ıua	ıti	LOI	1 8	she	eets		Form <b>990</b> (2017)
732008 11-28-17										

Part VII Section A. Officers, Directors,	Irustees, Key E	mplo T	yee	s, a	nd F	ligh	est	Compensated Employ		
<b>(A)</b> Name and title	(B)			((				(D)	(E)	(F)
Name and title	Average	/ok		Posi			I. A	Reportable	Reportable	Estimated
	hours per	(Cr	ieck	all t	inat	app	iy)	compensation	compensation	amount of
	week					, a	l	from the	from related organizations	other
	(list any	cţo				nploy		organization	(W-2/1099-MISC)	compensation from the
	hours for	gie	_			не рег	İ	(W-2/1099-MISC)	(** = *********************************	organization
	related	stee o	rustee			ensa				and related
	organizations	altro	onal t		oloyee	moo				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) F. RICHARD HSU, PH.D	0.20	트	Ë	Ð	Ke	宝	요			
TRUSTEE	0.20	$ \mathbf{x} $								_
(28) MEHMET FATIH KARAMANCI	0.20			_		_		0.	0.	0.
TRUSTEE	0.20	$ \mathbf{x} $					ŀ			
(29) JOHN W. KEOGH	0.20	-				·		0.	0.	0.
TRUSTEE	0.20	$ \mathbf{x} $								٠.
(30) NEMIR A. KIRDAR	0.20	-						0.	0.	0.
TRUSTEE	0.20	$\mathbf{x}$	1						0	•
(31) MATT MANDERS	3.40	_	-	-		-		0.	0.	0.
TRUSTEE	3.40	x						0.		•
(32) DAVID C. MANKE	2.60	^						0.	0.	0.
TRUSTEE	2.00	x						0.	,	0
(33) JAMES L. MCCABE	4.20	^		_				0.	0.	0.
TRUSTEE	4.20	$ \mathbf{x} $						0.		•
(34) VICTOR J. MENEZES	0.20	^						0.	0.	0.
TRUSTEE	0.20	x						0.	0.	•
(35) PEDER HOLK NIELSEN	0.40	1	-	-				· ·	0.	0.
TRUSTEE	- 0.40	x						0.	о.	0.
(36) OSMAN OKYAY	0.40		$\neg$			-		0.	0.	<u> </u>
TRUSTEE		x						0.	0.	0.
(37) STEVE PAGLIUCA	1.20	-	$\neg$		$\neg$			•	0.	0.
TRUSTEE		x						0.	0.	0.
(38) STEVE PELCH	2.00			一						- 0.
TRUSTEE		$ \mathbf{x} $	ı					0.	0.	0.
(39) BERNARD POUSSOT	0.20			_						
TRUSTEE		$ \mathbf{x} $						0.	0.	0.
(40) JAY R. PRYOR	0.20									
TRUSTEE		$ \mathbf{x} $	H					0.	0.	0.
(41) FERIT SAHENK	0.20									
TRUSTEE		x						0.	0.	0.
(42) JEFF SINGER	4.20									
TRUSTEE		X						0.	0.	0.
(43) BEN SORACI	0.20									
TRUSTEE		X						0.	0.	0.
(44) YRENE TAMAYO	0.40									
TRUSTEE		X						0.	0.	0.
(45) ALFONSO VEGARA	0.20	Π								
TRUSTEE [TIL 10/17]		X						0.	0.	0.
(46) HAROLD. A. HAP WAGNER	4.20							_		
TRUSTEE	1	X		- 1		- 1		.0.	0.	0.

Part VII Section A. Officers, Directors, Tru	ıstees. Kev Fı	nnic	vee	s. a	nd l	ligh	est	Compensated Employ	23-150	3093
(A)	(B)	I	Jycc	3, a	<u>114 1</u> C)	ngn	est	(D)		(E)
Name and title	Average			۱) Pos		1		Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours	(ct				app	olv)	compensation	compensation	amount of
<u>.</u>	per	(			<u> </u>	<u> </u>	<u>,,,</u>	from	from related	other
	week					eg.	1	the	organizations	compensation
	(list any	rector				Ĕ	l	organization	(W-2/1099-MISC)	from the
	hours for	or di	8			ated		(W-2/1099-MISC)		organizatio
	related organizations	ustee	trust		8	Suedu				and related
÷	below	ndividual trustee or director	tiona		oldu	st co	L	'		organization
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Former</b>		•	,
(47) CHRISTINE TODD WHITMAN	4.20						<del>                                     </del>			
VICE CHAIR		X		X				0.	0.	
48) JAIME AUGUSTO ZOBEL DE AYALA	0.20									
RUSTEE		X						0.	0.	
49) GEORGE DE LAMA	40.00									
PRESIDENT		X		X	-			346,638.	0.	35,20
(50) ERIN HILLMAN	40.00									
/P, PROGRAMS & OPERATIONS	26.00			X		_		211,859.	0.	34,69
SEC & DIR, FINANCE & ADMIN	36.00			x				116 015	•	
(52) THOMAS FERGUSON	40.00	-		Δ		-		116,015.	0.	27,67
ER DIR, DEVELOPMENT	40.00					x	·	126,031.	0.	25 03
53) MONICA STEIGERWALD	40.00		-	-	-		-	120,031.		35,82
OIR, MAJOR GIFTS						x	-	106,999.	0.	30,81
					-		<u> </u>	20073330		30,01
			-							
							<u> </u>			
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, , , , , , , , , , , , , , , , , , ,										
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						<u> </u>	L			

	Check if Schedule O cont			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluder from tax under sections 512 - 514
	Federated campaigns						
<u> </u>	Membership dues						
₹ c	Fundraising events						
d d	Related organizations	1d					
e	Government grants (contribut						
f f	All other contributions, gifts, gran						
Į į	similar amounts not included abo	ve   1f	5,098,279.				
g g	Noncash contributions included in lines	1a-1f: \$	359,941.				
5 h	Total. Add lines 1a-1f			5,098,279.			
			Business Code				
2 a				and the first transfer of the second section	The definition of a procedure of a constant of the constant of		1 14 mai
2 a b c d e							<u> </u>
[ c							
d							
e							
f	All other program service reve	enue					
g						State of the state	
3	Investment income (including				A CONTRACTOR OF THE PARTY OF TH	CONTRACTOR	
	other similar amounts)			781,603.			781,60
4	Income from investment of ta						1
5	Royalties	•	,				<del></del>
	,	(i) Real	(ii) Personal				
6 a	Gross rents		(ii) i cisoriai				
b							
C			<del>                                     </del>				
	Net rental income or (loss)						
	Gross amount from sales of	(i) Securities		Takan (1921) nanggalawa			
' "	assets other than inventory	7,866,358					
h	Less: cost or other basis	1 .,,	1				
~	and sales expenses	7 194 398					
	Gain or (loss)						
	Net gain or (loss)	<u> </u>		671,960.			671 00
	Gross income from fundraising			371,380.		de regional de Japan esta est	671,960
""	including \$	J					
1	contributions reported on line						
İ	Part IV, line 18	•					
h							
	Less: direct expenses		) <b>&gt;</b>	19412 SUIC KSI460A		marinalna seki	
l .	Gross income from gaming ac		······	Argress of the Marie States	utorea (de la companio de la compani	Special Control of the Control of th	Lander Control of the
3 4	Part IV, line 19						
h	Less: direct expenses						
	Net income or (loss) from garr		·				
1		-	··· <del>···········</del>	para sa pangananan		Colon Colon Colon Service	
liv a	Gross sales of inventory, less						
L	and allowances Less: cost of goods sold		!				
			·				
C	Net income or (loss) from sale			and the second state of the second second second second second second second second second second second second		e Jugo II Major Halabaha dan bas	
44 -	Miscellaneous Revenu	ie .	Business Code				
11 a							
b							
C	All - M						
d	All other revenue		<u> </u>		Established Societies (Constitution		
	Total. Add lines 11a-11d				19 min 19 min 19 min 19 min 19 min 19 min 19 min 19 min 19 min 19 min 19 min 19 min 19 min 19 min 19 min 19 min		
12 e	Total revenue. See instructions.			6,551,842.	0.	0.	1,453,56

2017.05000 EISENHOWER EXCHANGE FELLOWS 3394\_\_\_2

# Form 990 (2017) INCORPORATED Part IX Statement of Functional Expenses

Do i	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	326,930.	326,930.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		·		
	individuals. See Part IV, lines 15 and 16	1,048,664.	1,048,664.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	:			
	trustees, and key employees	773,435.	464,152.	256,277.	53,006
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		and the second		
7	Other salaries and wages	1,380,151.	942,758.	109,437.	327,956
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	40,299.	27,410.	1,815.	11,074
9	Other employee benefits	343,003.	206,689.	17,460.	118,854
0	Payroll taxes	138,526.	93,549.	22,588.	22,389
1	Fees for services (non-employees):	· ·			
а	Management				
b	Legal		711.		···
С	Accounting	1	·		**************************************
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·		***	
f	Investment management fees	106,784.	77,571.	29,213.	
g	Other. (If line 11g amount exceeds 10% of line 25,		, , , , , , ,		
Ŭ	column (A) amount, list line 11g expenses on Sch O.)	188,586.	142,233.	34,774.	11,579
2	Advertising and promotion			347774	11,313
3	Office expenses	116,288.	80,568.	28,354.	7,366
4	Information technology	58,584.	47,668.	10,916.	7,300
5	Royalties		=:,,000	20/3201	
6	Occupancy	13,828.	9,071.	4,757.	
7	Travel	216,713.	174,218.	6,517.	35,978
8	Payments of travel or entertainment expenses		27172101	0,3176	33,370
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	565,828.	500,908.	25,073.	39,847
20		30370201	300,300.	23,073.	33,047
1	Payments to affiliates	***			
2	Depreciation, depletion, and amortization	104,318.	68,346.	35,972.	
3		49,227.	30,594.	10,403.	8,230
3 4	Other expenses. Itemize expenses not covered		30,334.	10, 10, 100 o	0,230
~	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.)				
а	MISCELLANEOUS	36,837.	17,270.	17,798.	1,769
b		30,037.	17,270.	11,130.	1,703
C					
d			,		
	All other expanses				
	All other expenses  Total functional expenses. Add lines 1 through 24e	5,508,001.	4,258,599.	611,354.	638,048
<u>5</u> 6	Joint costs. Complete this line only if the organization	3,300,001.	4,430,333.	011,334.	030,048
	reported in column (B) joint costs from a combined				
	, , ,				
	educational campaign and fundraising solicitation.				

Form 990 (2017)
Part X Balance Sheet

		Balance Sheet Check if Schedule O contains a response or not	e to anv	line in this Part X			T
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			806,718.	1	1,088,866
	2	Savings and temporary cash investments			56,498.	2	547,124
ı	3	Pledges and grants receivable, net		·	992,802.	3	1,534,616
	4	Accounts receivable, net				4	· .
١	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa	ated em	oloyees. Complete			
		Part II of Schedule L			and the sea to the season of t	5	And the second of the second o
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
	-	employers and sponsoring organizations of sect					
2		employees' beneficiary organizations (see instr).				6	The second secon
HSSELS	7.	Notes and loans receivable, net				7	
١ ١	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			127,517.	9	121,641
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,809,359.	and the second of the second o		
- 1		Less: accumulated depreciation		1,234,716.	2,535,981.	10c	2,574,643
	11	Investments - publicly traded securities			19,307,289.	11	25,079,407
	12	Investments - other securities. See Part IV, line 1			13,419,967.	12	12,360,880
	13	Investments - program-related. See Part IV, line	11			13	
- 1	14	Intangible assets	•••••			14	
- 1	15	Other assets. See Part IV, line 11			7,929,434.	15	7,852,665
$\dashv$	16	Total assets. Add lines 1 through 15 (must equa			45,176,206.	16	51,159,842
- 1	17	Accounts payable and accrued expenses			159,703.	17	209,489
	18	Grants payable		18	•		
	19 20	Deferred revenue	• • • • • • • • • • • • • • • • • • • •	······		19	
	21	Tax-exempt bond liabilities				20	
.	22	Escrow or custodial account liability. Complete I			n grant en gelek alt de an ar gen eg av de ar en en en en.	21	
Liabilities	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
ן בּ	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrela			· · · · · · · · · · · · · · · · · · ·	22	
	24	Unsecured notes and loans payable to unrelated				23	<del></del>
	25	Other liabilities (including federal income tax, pa				24	
- 1		parties, and other liabilities not included on lines			•		
Ì						25	
ı	26	Schedule D  Total liabilities. Add lines 17 through 25		·····	159,703.	26	209,489
		Organizations that follow SFAS 117 (ASC 958			200,,000	20	205, 205
2		complete lines 27 through 29, and lines 33 an	•				
ו צ	27	Unrestricted net assets		Ä	32,485,830.	27	37,669,312
2	28	Temporarily restricted net assets	••••••		342,000.	28	1,169,137
3	29	Permanently restricted net assets	12,188,673.	29	12,111,904		
}		Organizations that do not follow SFAS 117 (A					
5		and complete lines 30 through 34.		,			
요	30	Capital stock or trust principal, or current funds		a a	er en residente en soute en soute de Local de Colonia (no Local de Colonia). La colonia de Colonia de Colonia de Colonia de Colonia de Colonia de Colonia de Colonia de Colonia de Colonia d	30	ara a an este de este de la composició de la composició de la composició de la composició de la composició de La composició de la composició
Ž	31	Paid-in or capital surplus, or land, building, or ec			<del></del>	31	
Net Assets of Fully Daralices	32	Retained earnings, endowment, accumulated in				32	······································
Ž	33	Total net assets or fund balances			45,016,503.	33	50,950,353
- 1	34	Total liabilities and net assets/fund balances	<b></b>	-	45,176,206.		51,159,842

Pa	Reconciliation of Net Assets			rage 12
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,551	,842.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,508	,001.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,043	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45,016	
5	Net unrealized gains (losses) on investments	5	4,966	
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-76	,769.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			<del>,</del>
	column (B))	10	50,950	.353.
Pa	rt XII Financial Statements and Reporting			,
	Check if Schedule O contains a response or note to any line in this Part XII			
			Ŋ	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			100
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_	
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		1923
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		44. 97.13
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2017)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

EISENHOWER EXCHANGE FELLOWSHIPS, **Employer identification number** INCORPORATED 23-1505095 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 L activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other document? organization (described on lines 1-10 support (see instructions) Yes support (see instructions) No above (see instructions)) Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 INCORPORATED

Part II Support Schedule for Organizations De Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support					• •	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and				<u> </u>	(0)	(1) 10141
	membership fees received. (Do not						
	include any "unusual grants.")	3965538.	3166612.	2673870.	3476459.	5098279.	18380758.
2	Tax revenues levied for the organ-		· · · · · · · · · · · · · · · · · · ·				
	ization'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	Total. Add lines 1 through 3	3965538.	3166612.	2673870.	3476459.	5098279.	18380758.
5	The portion of total contributions	7.7					200007301
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
٠	amount shown on line 11,			1			
	column (f)						4470820.
6	Public support. Subtract line 5 from line 4.		eren i de eren i de	2 (			13909938.
	ction B. Total Support	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		Establish to the Property of the Section of	nen ama ani angga ku kitetirak	<u>.</u>
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	3965538.	3166612.	2673870.	3476459.	5098279.	18380758.
8	Gross income from interest,						
	dividends, payments received on		-				
	securities loans, rents, royalties,						
	and income from similar sources	742,940.	987,034.	1022450.	625,483.	781,603.	4159510.
9	Net income from unrelated business	****					
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			7,769.	11,151.		18,920.
11	Total support. Add lines 7 through 10			76 66 20 20 20 20 20 20 20 20 20 20 20 20 20			22559188.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for						
	organization, check this box and stor	here					<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (I	line 6, column (f) di	ivided by line 11, o	column (f))		14	61.66 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14	•••••		15	63.04 %
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				. 97
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation	********************		▶□
17a	10% -facts-and-circumstances tes	<b>t - 2017.</b> If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check ti	nis box and <b>stop h</b>	ere. Explain in Par	t VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2016.</b> If the org	anization did not d	check a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	<b>stop here.</b> Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	ıs ▶□
					Sche	dule A (Form 990	or 990-EZ) 2017

# Schedule A (Form 990 or 990-EZ) 2017 INCORPORATED Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support				· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and					(3/23.7	(1) 10001
	membership fees received. (Do not					· ·	
	include any "unusual grants.")		·				
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-		4				
	iness under section 513		•				*.
4	Tax revenues levied for the organ-			; .			
	ization'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				•	4 1 1 4 1 4 1	
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	1					
	Public support. (Subtract line 7c from line 6.)		10/2/2010/57/2010		1.73		
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975				*		
	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		and the state of t				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
					The second secon		
Sec	ction C. Computation of Publ						
15	Public support percentage for 2017 (	ine 8, column (f).di	ivided by line 13, o	olumn (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
	Investment income percentage for 20			e 13, column (f))		17	%
	Investment income percentage from		David III 15 47			18	%
19a	33 1/3% support tests - 2017. If the		ot check the box	on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2016. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization						<b>&gt;</b>
	23 10-06-17			17		edule A (Form 990	or 990-EZ) 2017

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Ра	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		34.	1100
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	e en en seu sou c	202020000000000000
	A family member of a person described in (a) above?	11b		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	7/2/22	100	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	5.50		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		***	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	i distributionale	EER-LAT.
2	Did the organization operate for the benefit of any supported organization other than the supported	5.455 FE	1900	5797954
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	2.5	1970	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		¥	
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		1 <b>63</b>	1 <b>40</b>
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		2012011
Sec	tion D. All Type III Supporting Organizations		<u> </u>	
	, , , , , , , , , , , , , , , , , , ,		Vaa	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	11/1/20128	Yes	No
	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		MESSIX.
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		100000000000000000000000000000000000000	3374345
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			4056
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	Santative.	eksky ka
	significant voice in the organization's investment policies and in directing the use of the organization's	48		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	•		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		<del></del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	• :	٠	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction-	a.	
2	Activities Test. Answer (a) and (b) below.	นบนอกร โ		N-
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	2-5-2000	Yes	<u>No</u>
_	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.	25.242	anda we	
h		2a	148000000000	Valuetains ri
D	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	13 No. 10 La P	Station visit
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
l.	trustees of each of the supported organizations? Provide details in Part VI.	3a	Same Day 1985	gar weken
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
70000	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  5 10-06-17 Schedule A (Form 9)	3b		
10202	5 10-06-17 Schedule A /Form 9			・かつイブ

	EISENHOWER EXCHANGE FEL	LOWS		• .
	edule A (Form 990 or 990-EZ) 2017 INCORPORATED			23-1505095 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	on Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	:		de la companya da la companya da la companya da la companya da la companya da la companya da la companya da la
	maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1130		
·	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	. 2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
1	Enter greater of line 2 or line 2	1 4	Control of the section of the sectio	4.

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-EZ) 2017

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Par	The state of the s	(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	·		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2017			
<u>a</u>				
<u>b</u>	From 2013			
c	From 2014			
<u>d</u>	From 2015			
<u>e</u>	From 2016			
	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u> </u>	Carryover from 2012 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
8	and 4c.			
	Breakdown of line 7: Excess from 2013			
4	Excess from 2013			
	Excess from 2014 Excess from 2015			
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	Excess from 2017		Tigo (1995) e de la composição de la composição de la composição de la composição de la composição de la compo Esta esta en entre en esta en entre en entre en entre en entre en entre en entre en entre en entre entre entre	
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Schedule A (Form 990 or 990-EZ) 2017

### EISENHOWER EXCHANGE FELLOWSHIPS,

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art VI	Supplementa Part IV, Section A line 1; Part IV, Sec Section D, lines 5 (See instructions.)	I Infor I lines 1 ction D, I, 6, and	mation. , 2, 3b, 3c lines 2 and 8; and Par	Provide t , 4b, 4c, 5 d 3; Part l' rt V, Secti	he expla ia, 6, 9a, V, Sectio ion E, line	nations red 9b, 9c, 11 n E, lines es 2, 5, and	quired by a, 11b, a Ic, 2a, 2l I 6. Also	y Part II, lir and 11c; P b, 3a, and complete	ne 10; Pa art IV, Se 3b; Part this part	rt II, line ection B, V, line 1; for any a	17a or lines 1 Part V addition	17b; Pa and 2; ', Sectional infor	urt III, line Part IV, S n B, line i mation.	12; ection C, Ie; Part V,
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

→ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

1	SISENHOWER EXCHANGE FELLOWSHIPS,	· ·
	INCORPORATED	23-1505095
Organization type (check	k one):	
Filers of:	Continu	
riiers oi:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	•
	02. pointed organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4047(-)(4)	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	,
· .	n is covered by the General Rule or a Special Rule.	
For an organizat property) from a	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin ny one contributor. Complete Parts I and II. See instructions for determining a contributo	ng \$5,000 or more (in money or r's total contributions.
Special Rules		. o total contributions.
sections 509(a)( any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a ator, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount 1. Complete Parts I and II.	a, or 16b, and that received from
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from butions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or edurate to children or animals. Complete Parts I, II, and III.	n any one contributor, during the cational purposes, or for
year, contributio is checked, ente purpose. Don't c	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sections exclusively for religious, charitable, etc., purposes, but no such contributions totaled not here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it table, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>
but it <b>must</b> answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	Form 990, 990-EZ, or 990-PF), Form 990-PF, Part I, line 2, to

Name of organization
EISENHOWER EXCHANGE FELLOWSHIPS,
INCORPORATED

**Employer identification number** 

23-1505095

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>115,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$157,784.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$391,566.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>1,100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$177,183.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization EISENHOWER EXCHANGE FELLOWSHIPS, INCORPORATED

Employer identification number

23-1505095

(a)	(b)	(2)	/ n 1
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$_	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

EISENHOWER EXCHANGE FELLOWSHIPS, INCORPORATED

Employer identification number

23-1505095

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	STOCK GIFT		
-		\$157,784.	12/31/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	STOCK GIFT		
		\$\$	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
· · · · · · · · · · · · · · · · · · ·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
23453 11-0	1-17		0 000 E7 or 000 DE) (201

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of organization Employer identification number EISENHOWER EXCHANGE FELLOWSHIPS, INCORPORATED 23-1505095 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

EISENHOWER EXCHANGE FELLOWSHIPS,

Open to Public Inspection

OMB.No. 1545-0047

Name of the organization

INCORPORATED

Employer identification number 23-1505095

Pa	rt I Organizations Maintaining Donor Advised Fund	s or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
		) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	-	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	at the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive	legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor a	dvisor, or for any other purpose confe	rrina
	impermissible private benefit?		Voc No
Pa	rt II Conservation Easements. Complete if the organization	answered "Yes" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically	/ important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2.	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a co	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure inc	luded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25.	06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organ	nization during the tax
	year ▶	, , , , , , , , , , , , , , , , , , , ,	
4	Number of states where property subject to conservation easement is	located >	
5	Does the organization have a written policy regarding the periodic mor	itoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservati	on easements during the year
	<b>&gt;</b>		and John State Commission of the Commission of t
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation ea	sements during the year
	<b>▶</b> \$		·
8	Does each conservation easement reported on line 2(d) above satisfy the	he requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense stater	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's finar	ncial statements that describes the ord	anization's accounting for
	conservation easements.		
Pai	till Organizations Maintaining Collections of Art, Hi	storical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	ot to report in its revenue statement ar	nd balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of	public service, provide, in Part XIII.
	the text of the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public se	rvice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain.	provide
	the following amounts required to be reported under SFAS 116 (ASC 9	58) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
<u> </u>	Assets included in Form 990, Part X		▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Schedule D (Form 990) 2017

732051 10-09-17

## EISENHOWER EXCHANGE FELLOWSHIPS,

	rt III Organizations Maintaining (		rt Historical Tr	00011400	or Oth		150509	5 Page 2
3		ion and other recers	le sheek any of the	easures,	or Oth	er Similar As	ssets(conti	nued)
•	Using the organization's acquisition, access (check all that apply):	ion, and other record	is, check any of the	following th	at are a s	significant use o	f its collection	on items
а	Public exhibition		. —					
b		a	Loan or exc	nange prog	rams	1.	٠.	
c		е .	Other			<del></del>		
4		_0_1					•	
5	Provide a description of the organization's c	ollections and explai	n how they further t	he organiza	tion's exe	empt purpose in	Part XIII.	•
Ŭ	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or ot	her simila	r assets		
Pa	to be sold to raise funds rather than to be m	aintained as part of t	ne organization's co	ollection?			Yes	NoNo
	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	rt X line 21	ete if the organization	n answered	l "Yes" or	n Form 990, Part	t IV, line 9, o	r
	Is the organization an agent, trustee, custod		lion, for contribution					
	on Form 990, Part X?	nari or other intermet	nary for contribution	is or other a	issets not	ncluded		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llouing toble:	••••••••	•••••••		└── Yes	└── No
	or prairie and and angement are fair	and complete the to	llowing table.					
·c	Beginning balance	•		•			Amoun	<u>it</u>
	Additions during the year	•••••••••••••••••••••••••••••••••••••••	••••••	••••••	••••••	1c		
e	Additions during the year  Distributions during the year			•••••••••		1d		
f	Ending balance		•••••••••••					
2a	Did the organization include an amount on F	orm 990 Part Y line	21 for approve or a			1f	1 1.2	
b	If "Yes," explain the arrangement in Part XIII	Check here if the ev	rolanation has been	istodiai acc	OUNT HADI	inty?	L Yes	No
Pa	rt V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	rm 990 Pai	rt IV line	10		
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years b	ook ( ) Fau	
1a	Beginning of year balance	32,783,754.	32,216,442.		5,746.	35,792,4		r years back
b	<u> </u>	1,940,539.	680,000.		0,000.	4,482,5		,323,147.
С		5,146,556.	1,787,150.		9,062.	-3,881,4		457,771.
d	Grants or scholarships				-,002.	3,001,4	JZ. 4	,823,481.
е	Other expenditures for facilities	4.14						
	and programs	1,883,438.	1,899,838.	2 37	0,242.	1,497,8	00 1	811,961.
f	Administrative expenses			-,	-,		-	,011,301.
g	End of year balance	37,987,411.	32,783,754.	32 21	6,442.	34,895,74	46 35	,792,438.
2	Provide the estimated percentage of the cur							, 132, 430.
а	Board designated or quasi-endowment	89.00	%	,,, moid as.				
	Permanent endowment ► 11.00	%						•
c	Temporarily restricted endowment ▶	<del></del> %						
	The percentages on lines 2a, 2b, and 2c sho							
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administ	ered for ti	he organization		
	by:				0.00.00	no organization	i	Yes No
	(i) unrelated organizations						3a(i)	X
	(II) related organizations						39(ii)	177
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?		••••••	••••••••••	3b	
_4_	Describe in Part XIII the intended uses of the	organization's endo	wment funds.	****************	••••••	•••••••		
Pai	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 99	0, Part X,	line 10.		
	Description of property	(a) Cost or ot				cumulated	(d) Boo	k value
		basis (investm	nent) basis (	other)		preciation	(,	
1a	Land		72	3,608.			72	3,608.
b	Buildings			3,452.	7	738,488.		4,964.
C	Leasehold improvements						<del></del>	
d	Equipment		72	2,299.	4	196,228.	22	6,071.
<u>e</u>	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X, column (B), line 1	0c.)			2,57	4,643.
						School		2001 2017

IN	CO	RP	OR	Α	TE:	D
----	----	----	----	---	-----	---

23-	1	5	0	5	0	9	5	Page	3
-----	---	---	---	---	---	---	---	------	---

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11h See Form 9	90 Part V line 10	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method	of valuation: Cost or end	-of-vear market value
(1) Financial derivatives	e to the second			· ·
(2) Closely-held equity interests				
(3) Other		· · · · · · · · · · · · · · · · · · ·		The second secon
(A) LIMITED PARTNERSHIPS	12,360,880.	End-of-	-Year Market	Value
(B)				Value
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	12,360,880.			
Part VIII Investments - Program Related.	22/300/0008			
Complete if the organization answered "Yes"	on Form 990 Port IV line	11. 0. 5	· · · · · · · · · · · · · · · · · · ·	
(a) Description of investment	(b) Book value	(c) Method of	90, Part X, line 13. of valuation: Cost or end	-6
(1)	(D) Book value	(c) Method C	valuation. Cost or end-	or-year market value
(2)				
(3)				****
(4)				
(5)				
(6)				***************************************
(7)				
······································				
(8)				
(9)		1977 22		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 99	0, Part X, line 15.	
	Description	·	·	(b) Book value
(1) BENEFICIAL INTEREST IN FE	DERAL TRUST			7,852,665
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		-		
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			7,852,665.
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Fo	orm 990. Part X. line 25	
. (a) Description of liability		b) Book value		gert i de la la la completa de la la la completa de la completa de la completa de la completa de la completa d
(1) Federal income taxes			$\dashv$	
(2)			$\dashv$	
(3)			-	
(4)				
(5)			$\dashv$	
(6)			-	
	<del></del>		$\dashv$	
(7)			4	
(8)		<u>-</u>	4	
(9)			<b>⊣</b>	
otal. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			
				a service and the service of the contract of t
<ul> <li>Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under</li> </ul>	the text of the footnote to	the organization'	s financial statements th	at reports the

Schedule D (Form 990) 2017

Part XI Reconciliation of Revenue  Complete if the organization answer	per Audited Financial St ed "Yes" on Form 990. Part IV	atements With	n Revenue per F	Returi	n.
1 Total revenue, gains, and other support per				1	11,335,067.
2 Amounts included on line 1 but not on Forr	n 990 Part VIII line 12:	••••••••••	•••••	24430	11,333,007.
a Net unrealized gains (losses) on investment	ts	2a	4,966,778.		
<b>b</b> Donated services and use of facilities		2b	27500,770.	+	
c Recoveries of prior year grants		2c		-	
d Other (Describe in Part XIII.)		2d	-183,553.		
				A Section Control	1 702 225
3 Subtract line 2e from line 1	······	•••••••••••••••••••••••••••••••••••••••		2e	4,783,225. 6,551,842.
4 Amounts included on Form 990, Part VIII, li	ne 12 but not on line 1:	•••••••••••••••••••••••••••••••••••••••	······	3	0,331,844.
a Investment expenses not included on Form	1990 Part VIII line 7h	امدأ			
b Other (Describe in Part XIII.)		4a			
c Add lines 4a and 4b	•••••	<u>4b</u>		362,665	
5 Total revenue. Add lines 3 and 4c. (This mu	st equal Form 990 Part I line 13	······		4c	6,551,842.
Part XII Reconciliation of Expenses	per Audited Financial S	tatements Wit	h Evnenses ner	5 Potu	0,331,842.
Complete if the organization answer	ed "Yes" on Form 990, Part IV, I	ine 12a.		netu	IIII. •
Total expenses and losses per audited final	ncial statements			1	5,401,217.
2 Amounts included on line 1 but not on Forn	n 990, Part IX, line 25:		••••••••••	985385	
a Donated services and use of facilities	· · · · · · · · · · · · · · · · · · ·	2a			*
<b>b</b> Prior year adjustments		2b			
d Other (Describe in Part XIII.)	•	2d		1	
				2e	0
3 Subtract line 2e from line 1				3	5,401,217.
4 Amounts included on Form 990, Part IX, line	25. but not on line 1			3	J, ±01, Z17.
a Investment expenses not included on Form		4a	106,784.		•
b Other (Describe in Part XIII.)		4b	100,704.		•
a Addina Assessina				Abres.	106,784.
5 Total expenses. Add lines 3 and 4c. (This m	ust equal Form 990. Part I. line:	18)	***************************************	4c	5,508,001.
Part XIII Supplemental Information.		. • • • • • • • • • • • • • • • • • • •		1 3 1	3,300,001.
Provide the descriptions required for Part II, lines	3. 5. and 9: Part III. lines 1a and	4: Part IV lines 1h	and 2h: Part V line	1. Dort	V line 0: Port VI
lines 2d and 4b; and Part XII, lines 2d and 4b. Als	o complete this part to provide a	any additional infor	mation.	1, 1 GIL	7, mio 2, i dit 71,
Part V, line 4:					
INTENDED USE OF ENDOWMENT	FUNDS				
TO SUPPORT EF'S PROGRAMS	AND OPERATIONS.				
					*
Part X, Line 2:					
UNCERTAIN TAX POSITIONS U	NDER ASC 740				
GAAP REQUIRES ENTITIES TO	EVALUATE, MEASU	JRE, RECOG	NIZE AND D	ISCI	LOSE ANY
UNCERTAIN INCOME TAX POSI	TIONS TAKEN ON T	THEIR TAX	RETURNS. G	AAP	PRESCRIBES
A MINIMUM THRESHOLD THAT	A TAX POSITION	S REQUIRE	D TO MEET	IN C	ORDER TO BE
RECOGNIZED IN THE FINANCI	AL STATEMENTS. I	EF BELIEVE	S THAT IT	HAD	NO
UNCERTAIN TAX POSITIONS A	S DEFINED IN GAR	AP.			

## EISENHOWER EXCHANGE FELLOWSHIPS,

Schedule D (Form 990) 2017 INCORPORATED  Part XIII   Supplemental Information (continued)	23-1505095 Page 5
Part XI, Line 2d - Other Adjustments:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN FEDERAL TRUST	-76,769.
INVESTMENT MANAGEMENT FEES	
Total to Schedule D, Part XI, Line 2d	-106,784.
The state of the s	-183,553.
	·
	·
	Schedule D (Form 990) 2017

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

## **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Name of the organization

EISENHOWER EXCHANGE FELLOWSHIPS, INCORPORATED

Employer identification number

23-1505095

Part 1 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... X Yes

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

United States.  3 Activities per Region (7)	he following Part	t I line 3 table o	an be duplicated if additional space is		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region		(e) If activity listed in (d) is a program service.	(f) Total expenditures for and investments in the region
the Caribbean -		·			
Antigua & Barbuda		•			
Aruba, Bahamas		Ì	INVESTMENTS	4 - 4	
East Asia and the			THESTALLS		1,841,000.
Pacific - Australia,					
Brunei, Burma,			FUNDRAISING (REVENUE) AND		
Cambodia			PROGRAM SERVICES (EXPENSE)	FELLOWSHIPS & GLOBAL	
Europe (Including			ROGRAM SERVICES (EXPENSE)	NETWORK EVENTS	131,939.
Iceland & Greenland)	]				
- Albania, Andorra,	<u> </u>		FUNDRAISING (REVENUE) AND	FELLOWSHIPS & GLOBAL	
Austria, Belgium			L	NETWORK EVENTS	
Middle East and			- Carrier (and the carrier	NEIWORK EVENIS	299,828.
North Africa -					1.0
Algeria, Bahrain,	1		FUNDRAISING (REVENUE) AND	FELLOWSHIPS & GLOBAL	-
Djibouti, Egypt,	1			NETWORK EVENTS	10,256.
Russia and				·	10,230.
Neighboring States -					
Armenia, Azerbijan,					
Belarus,			FUNDRAISING (REVENUE)		0.
South America -					
Argentina, Bolivia,		, 7			
Brazil, Chile,			FUNDRAISING (REVENUE) AND	FELLOWSHIPS & GLOBAL	
Columbia, Ecuador,		·	PROGRAM SERVICES (EXPENSE)	NETWORK EVENTS	38,772.
South Asia -					50,
Afghanistan,					
Bangladesh, Bhutan,			FUNDRAISING (REVENUE) AND	FELLOWSHIPS & GLOBAL	
India, Maldives,				NETWORK EVENTS	10,870.
Sub-Saharan Africa -					
Angola, Benin,					
Botswana, Burkina		· ·	FUNDRAISING (REVENUE) AND	FELLOWSHIPS & GLOBAL	
Faso,				NETWORK EVENTS	39,065.
3 a Sub-total	0	0			2,371,730.
<b>b</b> Total from continuation					
sheets to Part I	0	. 0			0.
c Totals (add lines 3a					
and 3b)	0	0			2,371,730.

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

Schedule F (Form 990) 2017

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Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2017

Part II Grants and Other

(i) Method of valuation (book, FMV, appraisal, other)				·	
(i) I valuatio appri					
(h) Description of noncash assistance					
(g) Amount of noncash assistance					 empt
(f) Manner of cash disbursement					ecognized as tax-ex
(e) Amount of cash grant			:		oreign country, r
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
(c) Region					isted above that are resel has provided a section
(b) IRS code section and EIN (if applicable)					cipient organizations the grantee or coun her organizations or
1 (a) Name of organization					<ul> <li>2 Enter total number of recipient organizations listed aby the IRS, or for which the grantee or counsel has</li> <li>3 Enter total number of other organizations or entities</li> </ul>

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Schedule F (Form 990) 2017

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

(a) Type of grant or assistance (b) Region (c)	(b) Region	(c) Number of recipients	(c) Number of (d) Amount of recipients cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							-
	EAST ASIA & THE						
FELLOWSHIPS	PACIFIC	9.	87,389.WIRE	WIRE	0.		FMV
FELLOWSHIPS	EUROPE	18	262,166.	WIRE	.0		FMV
FELLOWSHIPS	NORTH AMERICA	24	349,554.	WIRE	.0		FMV
FELLOWSHIPS	SOUTH ASIA	6	131,083.	WIRE	.0		FMV
					·		
FELLOWSHIPS	SUB SAHARAN AFRICA	15	218 472	VIRE			1111
							AM 3
						Schedt	Schedule F (Form 990) 2017

	die F (Form 990) 2017 INCORPORATED	23-1505095	Page 4
Par	V Foreign Forms		1 age 4
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	X 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 [	X 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 [	X 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)	X Yes [	□ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes [	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X Yes	□ No

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**Grants and Oth** Governments Complete if the organ EISENHOWER EXCHANGE FELLOW 1 Does the organization maintain records to substantiate the amount of the Go to v Part | General Information on Grants and Assistance INCORPORATED Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

n 990, Part IV, line 21 or 22.  set information.  Employer idee  Set information.  Employer idee  Zet information answered "Yes" on Form 990, Part IV, line 21, for the part in the part i	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	OMB No. 1545-0047
to www.irs.gov/Form990 for the latest information.  JOWSHIPS,  the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection of grant funds in the United States.  J Domestic Governments. Complete if the organization answered "Yes" on Form 990, Particular and the selection of the selection o	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	
to www.irs.gov/Form990 for the latest information.  OWSHIPS,  the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection of grant funds in the United States.  I Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part	► Attach to Form 990.	Open to Public .
the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection of grant funds in the United States.  I Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part	► Go to www.irs.gov/Form990 for the latest information.	Inspection
on Grants and Assistance  on Grants and Assistance  and Institute the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Impact or assistance?  Impact of grant funds in the United States.  Sistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	OWSHIPS,	Employer identification number
s l		23-1505095
s l	on Grants and Assistance	
ر د	tain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selecting	uoi
nization's procedures for monitoring the use of grant funds in the United States.  Sistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	rants or assistance?	
ssistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
of money than OE MA Dark II and he also interest is additional angue is necessarily	ssistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part I	IV, line 21, for any
I IIIO E IIIai edido. Pai ii can de dupiicated ii additona space is needed.	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	

Fart.II Grants and Othe recipient that rec	er Assistance to ceived more than	Domestic Organ \$5,000. Part II car	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	c Governments. C ional space is need	complete if the organded.	ınization answered "\	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	/, line 21, for any
1 (a) Name and address of organization or government	of organization ent	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	section 501(c)(3) a	nd government or s listed in the line	ganizations listed in the	e line 1 table				

EISENHOWER EXCHANGE FELLOWSHIPS,

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Schedule I (Form 990) (2017)

INCORPORATED

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. O.FMV (d) Amount of non-cash assistance 326,930. (c) Amount of cash grant (b) Number of recipients 18 (a) Type of grant or assistance FELLOWSHIPS

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line

EF MONITORS THE USE OF FELLOWSHIP FUNDS BY REQUIRING THE RECIPIENTS TO

A REPORT AT THE END OF THE FELLOWSHIP PERIOD ON THEIR EXPERIENCE SUBMIT