** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

and ending

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

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

Open to Public Inspection

OMB No. 1545-0047

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Number and street (or P.0. box if mail is not delivered to street address) Room/sulte E Telephone number 215 - 546 - 1738 250 SOUTH 16TH STREET 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 546 - 1738 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 215 - 2
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City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19102 PHILADELPHIA, PA 19102 F Name and address of principal officer.GEORGE DE LAMA SAME AS C ABOVE I Tax-exempt status: S 501c)(3) 501c)() (insert no.) 4947(a)(1) or 527 J Website: WWW.EFWORLD.ORG K Form of organization: S Corporation Trust Association Other L Year of formation: 1953 M State of legal domicile: P. Part I Summary 1 Briefly describe the organization's mission or most significant activities: A GLOBAL LEADERSHIP NETWORK THAT FOSTERS A MORE PEACEFUL, PROSPEROUS A JUST WORLD. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of individuals employed in calendar year 2023 (Part VI, line 1b) 4 A Universe of individuals employed in calendar year 2023 (Part VI, line 1b) 4 A Universe of individuals employed in calendar year 2023 (Part VI, line 1b) 5 Net unrelated business revenue from Part VIII, column (C), line 12 To b Net unrelated business revenue from Part VIII, column (C), line 12 To b Net unrelated business revenue from Form 990-T, Part I, line 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 1, 453,710. 2, 497,760 1 1 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 1, 453,710. 2, 497,760 1 1 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 1, 453,710. 2, 497,760 1 1 Other revenue add lines 8 through 11 (must equal Part VII, column (A), lines 5. 6d, 8c, 9c, 10c, and 11e) 1 1 Other revenue (Part VIII, column (A), lines 4) 1 1, 453,710. 2, 497,760 1 1 1 Other revenue add lines 8 through 11 (must equal Part VII, column (A), lines 5. 10 1 3, 013, 233. 2, 838,824 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Part Summary 1
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FOSTERS A MORE PEACEFUL, PROSPEROUS & JUST WORLD. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets.
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19 Revenue less expenses. Subtract line 18 from line 12 -277, 994. 99, 519
Beginning of Current Year End of Year
20 Total assets (Part X, line 16) 57,471,085. 61,102,769 21 Total liabilities (Part X, line 26) 143,618. 142,964
21 Total liabilities (Part X, line 26) 143,618. 142,964
22 Net assets or fund balances. Subtract line 21 from line 20 57,327,467. 60,959,805
Part II Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Signature of officer Date
Here GEORGE DE LAMA, PRESIDENT
Type or print name and title Print/Type preparer's name Preparer's signature Date Check PTIN
Paid ADAM WATSON ADAM WATSON 11/12/24 self-employed P01367206 Preparer Firm's name WITHUMSMITH+BROWN, PC Firm's EIN 22-2027092
Use Only Firm's address 1835 MARKET STREET PHILADELPHIA, PA 19103 Phone no. 215-567-7770
May the IRS discuss this return with the preparer shown above? See instructions X Yes No.
LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)

	EISENHOWER EXCHANGE FELLOWSHIPS,
Form	1990 (2023) INCORPORATED 23-1505095 Page 2
Par	rt III 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? Yes X No
	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. (Code:) (Expenses \$ 1,215,524 • including grants of \$ 636,495 •) (Revenue \$
4a	
	GLOBAL PROGRAM: TWENTY-FIVE ASCENDANT LEADERS FROM FIVE CONTINENTS PARTICIPATED IN THE
	PRESTIGIOUS 2023 GLOBAL PROGRAM LAST SPRING, VISITING THE UNITED STATES
	FOR ENLIGHTENING EXCHANGES WITH CRITICAL THINKERS IN THEIR FIELDS. THE
	SPRING 2023 GLOBAL FELLOWS CAME FROM THE WORLDS OF VENTURE CAPITALISM,
	POLITICS, MEDICINE, BANKING, ENVIRONMENTAL PROTECTION, LAW ENFORCEMENT,
	PUBLIC TRANSPORTATION AND ACADEMIA. THE FELLOWS CONCLUDED THEIR
	TRAVELS ENERGIZED AND EMBOLDENED THEM TO MAKE A SIGNIFICANT IMPACT IN
	THEIR HOME COUNTRIES AND REGIONS THROUGH INITIATIVES THAT INCLUDED
	DESIGNING REUSABLE FOOD AND BEVERAGE PACKAGING TO REDUCE WASTE,
	CREATING JUDICIAL ALTERNATIVES TO TRADITIONAL COURTS, ESTABLISHING A
	NATIONAL DIGITAL SAFETY AND CYBERSECURITY PROGRAM, EXPANDING INNOVATIVE
4b	(Code:) (Expenses \$ 2 , 179 , 760 • including grants of \$ 92 , 742 •) (Revenue \$
	GLOBAL FELLOWS NETWORK:
	THE GLOBAL FELLOWS' NETWORK FOSTERS CONTINUED CONNECTION AND ENGAGEMENT
	AMONG FELLOWS AROUND THE WORLD. EISENHOWER FELLOWS CURRENTLY HAVE
	ORGANIZED NEARLY 60 NATIONAL AND REGIONAL FELLOW CHAPTERS. CHAPTER
	MEMBERS ENGAGE IN ACTIVITIES SUCH AS RECRUITING, HOLDING PRELIMINARY
	CANDIDATE INTERVIEWS, ORGANIZING REGIONAL CONFERENCES AND HOSTING
	INCOMING USA AND INTERNATIONAL FELLOWS. FELLOWS PROVIDE VISITING
	FELLOWS WITH BOTH HOME HOSPITALITY AND MENTORING. EF FELLOWS
	PARTICIPATE IN THE EF GLOBAL NETWORK COUNCIL (GNC). EF PRODUCES REGULAR
	NEWLETTERS AND ENCOURAGES FELLOWS TO SHARE THEIR EXPERIENCES ON SOCIAL
	MEDIA. EF ALSO ASSISTS GLOBAL FELLOWS IN PROMOTING AND FACILITATING REGIONAL CONFERENCES AND EISENHOWER DAY OF FELLOWSHIP EVENTS. IN
4-	1 000 051
4C	(Code:) (Expenses \$ 1,089,951 including grants of \$ 451,183) (Revenue \$
	IN THE FALL, EISENHOWER FELLOWSHIPS WELCOMED 20 EXCEPTIONAL LEADERS
	FROM 11 COUNTRIES TO THE U.S. FOR ITS GROUNDBREAKING 2023 EASTERN
	EUROPE PROGRAM. THE 2023 EASTERN EUROPE FELLOWS HAILED FROM THE WORLDS
	OF POLITICS, MEDIA, HUMAN RIGHTS LAW, INNOVATIVE DESIGN,
	COUNTERTERRORISM, ENERGY SECURITY, EUROPEAN INTEGRATION, THE ARTS,
	FINANCE AND CONFLICT MEDIATION. AS PART OF THEIR FELLOWSHIP, THE
	EASTERN EUROPE FELLOWS ATTENDED EISENHOWER FELLOWSHIPS' 70TH
	ANNIVERSARY WORLD FORUM IN SAN FRANCISCO, WHERE THEY NETWORKED WITH NEW
	COLLEAGUES FROM AROUND THE WORLD AND EXPERIENCED FIRSTHAND THE ENERGY
	AND SPIRIT OF THE GLOBAL NETWORK. THE EASTERN EUROPE FELLOWS ARE NOW
	BACK IN THEIR HOME COUNTRIES WORKING TO APPLY WHAT THEY LEARNED TO
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 779,339 · including grants of \$ 490,007 ·) (Revenue \$) Total program service expenses 5,264,574 ·
4e	Total program service expenses 5,264,574.

Form **990** (2023)

4e Total program service expenses

EISENHOWER EXCHANGE FELLOWSHIPS, INCORPORATED

Form 990 (2023)

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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		х
	public office? If "Yes," complete Schedule C, Part I	3		Λ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	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 donor-restricted endowments			
	or in 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, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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	Х	
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		Х
d	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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	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. See instructions	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_^
	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	0.4		_v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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EISENHOWER EXCHANGE FELLOWSHIPS, INCORPORATED

Form 990 (2023)

Part IV	Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		X
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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 the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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			
	Part V, line 1	34	<u> </u>	Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 22	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

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Form 990 (2023) INCORPORATED

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		Х
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
	If the organization received a contribution of qualified intellectual property, and the organization file 1 of 11 obes as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	,,,		_
Ŭ	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16		16		Х
.5	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

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Form 990 (2023)

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 45			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 44			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, MA, NC, NJ, NY, PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 215-546-1738			
	250 SOUTH 16TH STREET, PHILADELPHIA, PA 19102			

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 the instructions for definition of "key employees."
- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average		not c		more	than		Reportable 	Reportable	Estimated	
	hours per week	box offi	, unle cer ar	ss pe nd a d	rson Iirecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other	
	(list any	ctor						the	organizations	compensation	
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the	
	related	istee c	trustee		a)	pensa		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations below	ual tru	ional		ploye	t co m		1099-NEC)		and related organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations	
(1) GEORGE DE LAMA	40.00	Ι=	_		<u> </u>	1 0	ш.				
PRESIDENT		X		Х				410,331.	0.	52,404.	
(2) ERIN HILLMAN	40.00										
VICE-PRESIDENT, PROGRAMS &		1		Х				263,334.	0.	59,116.	
(3) STEPHANIE GROPP	40.00										
SENIOR DIRECTOR, FINANCE &				Х				200,898.	0.	49,197.	
(4) CARLA RICCI	40.00										
HEAD OF INSTITUTIONAL ADVA						X		143,974.	0.	44,271.	
(5) LEE WEST	40.00	1				l		100 551	•	40 444	
DIRECTOR OF GLOBAL NETWORK	1 00					Х		109,571.	0.	13,411.	
(6) DR. ROBERT M. GATES	1.00	ļ ,,		37				0	0	_	
CHAIRMAN TO THE TOTAL TOTAL TOTAL	2.20	Х		Х		-		0.	0.	0.	
(7) CHRISTINE TODD WHITMAN VICE-CHAIR	2.20	x		x				0.	0.	0.	
(8) MATT MANDERS	6.00	^		^		┢		0.	0.	· ·	
TRUSTEE	0.00	X						0.	0.	0.	
(9) NICOLAS A. AGUZIN	0.20									•	
TRUSTEE	""	x						0.	0.	0.	
(10) MOHAMMED M. ALARDHI	0.20	 									
TRUSTEE		X						0.	0.	0.	
(11) AMR AL-DABBAGH	0.20										
TRUSTEE		Х						0.	0.	0.	
(12) MOHAMED AMERSI	1.40										
TRUSTEE		Х						0.	0.	0.	
(13) ANINDYA BAKRIE	0.20							_		_	
TRUSTEE		Х						0.	0.	0.	
(14) TINA BYLES WILLIAMS	1.70	۱						•	•		
TRUSTEE	0.00	Х						0.	0.	0.	
(15) KIMBALL C. CHEN	0.20	Į.,						0	0	_	
TRUSTEE	0.60	Х		_		\vdash		0.	0.	0.	
(16) SOLOMON CAI CHENYU	0.00	x						0.	0.	0.	
TRUSTEE (17) CHARLES E. COBB, JR.	0.70	┢				\vdash		0.	0.	· ·	
TRUSTEE	0.70	X						0.	0.	0.	
11001111		22						0.	0.	<u></u>	

332007 12-21-23

Page 8

0111930 (2023)											
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)	(D)	(E)	(F)							
Name and title	Average hours per week	box	not c , unle cer ar	ss pe	more rson	than	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(18) EDGAR M. CULLMAN JR.	4.20									_	
TRUSTEE		Х						0.	0.	0.	
(19) SCOTT CROCKETT TRUSTEE	0.00	X						0.	0.	0.	
(20) DAVID EISENHOWER	0.60										
TRUSTEE		Х						0.	0.	0.	
(21) SUSAN EISENHOWER	0.60	Ţ,						_		0	
TRUSTEE	0.00	Х						0.	0.	0.	
(22) JEREMY K. ELLIS TRUSTEE	0.20	Х						0.	0.	0.	
(23) MARCELO ETCHEBARNE TRUSTEE	2.10	Х						0.	0.	0.	
(24) BRIAN FERNANDES-HALLORAN TRUSTEE	0.60	х						0.	0.	0.	
(25) HOLLY FLANAGAN TRUSTEE	2.30	Х						0.	0.	0.	
(26) MARY LOU GORNO	3.60	25				\vdash		0.	•	•	
TRUSTEE	3.00	X						0.	0.	0.	
1b Subtotal								1,128,108.	0.	218,399.	
c Total from continuation sheets to Par								0.	0.	0.	
d Total (add lines 1b and 1c)								1,128,108.	0.	218,399.	
2 Total number of individuals (including b	ut not limited to th	000	liste	ad al	hov	اس (م	ho r	eceived more than \$100	000 of reportable		

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

Solid the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	. 3	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
EVENTIONS PRODUCTIONS, 4009 MARKET STREET,	EVENT PLANNING AND	
•	PRODUCTION	214,318.
YOUR PART TIME CONTROLLER, 1500 WALNUT ST		
#1200, PHILADELPHIA, PA 19102	ACCOUNTING SERVICES	132,293.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

EISENHOWER EXCHANGE FELLOWSHIPS, 23-1505095 INCORPORATED Form 990 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (D) (F) (C) (E) Name and title Reportable Reportable Average Position Estimated (check all that apply) compensation compensation amount of hours per from from related other the organizations compensation week Highest compensated employee (list any organization (W-2/1099-MISC) from the (W-2/1099-MISC) hours for organization Institutional trustee related and related Key employee organizations organizations below Officer line) (27) MARK B. GRIER 3.00 TRUSTEE X 0 . 0. 0. (28) SUSAN HAKKARAINEN 0.60 Х 0. 0. 0. TRUSTEE (29) JANE HARMAN 0.60 0. TRUSTEE Х 0 0. 0.20 (30) SHOW-CHUNG HO 0. TRUSTEE X 0. 0. 1.90 (31) JAMES W. HOVEY 0 0. Х 0. TRUSTEE 0.60 (32) VICTORIA W. HSU TRUSTEE X 0. 0. 0. (33) LOREE D. JONES BROWN 1.80 X 0 0. 0. TRUSTEE (34) JOHN KEOGH 0.20 0. X 0. TRUSTEE 0. (35) SHAHID MAHMUD 0.40 X 0 0. 0. TRUSTEE (36) CHRISTIAN MARRONE 0.20 0 0. 0. X TRUSTEE 4.70 (37) JAMES L. MCCABE TRUSTEE 0. 0. 0. (38) VICTOR J. MENEZES 0.20 Х 0 . 0. 0. TRUSTEE 0.20 (39) FRANK MOUNT Х 0. 0. 0. TRUSTEE 1.10(40) ROGER NORES TRUSTEE Х 0 0. 0. 1.00 (41) OSMAN OKYAY 0. 0. TRUSTEE X 0. 0.50 (42) STEPHEN G. PAGLIUCA 0. 0. TRUSTEE Х 0. 0.20 (43) STEVEN J. PELCH

X

X

X

Х

2.20

2.20

3.20

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

(44) PEDRO RAMOS

(45) SUSAN E. SHERMAN

(46) JEFFREY SINGER

Total to Part VII, Section A, line 1c

0.

0

0.

0.

0.

0.

0.

0.

0.

0.

0.

0.

Form 990 INCORPORA									23-130	3093
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(C Pos	C) ition that			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) PAVNINDER SINGH TRUSTEE	0.50	X						0.	0.	0.
(48) JAMES STERNLICHT TRUSTEE	0.50	х						0.	0.	0.
(49) SAMAILA ZUBAIRU	0.30									
TRUSTEE		Х						0.	0.	0.
		_								
Total to Part VII, Section A, line 1c										

23-1505095 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 6,778. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 4,034,834 1f 69,866. g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f 4.041.612 **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 805,001 805,001. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 5,890,640 assets other than inventory **b** Less: cost or other basis Other Revenue 4,197,881 and sales expenses 7b 1,692,759. c Gain or (loss) 1,692,759 1692759. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d

12 332009 12-21-23

Form 990 (2023)

2497760.

6,539,372.

Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

			=		
	Check if Schedule O contains a respon			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	400 000	400 000		
	individuals. See Part IV, line 22	490,007.	490,007.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 100 100	1 100 400		
	individuals. See Part IV, lines 15 and 16	1,180,420.	1,180,420.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 025 200	000 710	120 700	104 061
	trustees, and key employees	1,035,280.	800,710.	129,709.	104,861
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 2/6 /02	1 060 651	161,510.	12/ 2/2
7	Other salaries and wages	1,346,403.	1,060,651.	101,310.	124,242
8	Pension plan accruals and contributions (include	67,902.	47,705.	5,562.	1/ 635
^	section 401(k) and 403(b) employer contributions)	246,891.	182,276.	40,668.	14,635. 23,947.
9	Other employee benefits	142,348.	104,271.	18,225.	19,852.
10	Payroll taxes	144,340.	104,4/1.	10,443.	13,032
11	Fees for services (nonemployees):				
a	Management				
	Legal				
	Accounting				
u e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	88,528.	57,543.	30,985.	
	Other. (If line 11g amount exceeds 10% of line 25,	00/3201	3773131	3073031	
9	column (A), amount, list line 11g expenses on Sch 0.)	223,717.	163,819.	57,694.	2,204.
12	Advertising and promotion	220,7270	200,0231	37,70320	2,201
13	Office expenses	190,905.	64,803.	94,534.	31,568.
14	Information technology	120,647.	82,961.	37,686.	02,000
15	Royalties	. , .	, , ,	,	
16	Occupancy	48,906.	28,553.	20,353.	
17	Travel	61,611.	30,068.	7,485.	24,058.
18	Payments of travel or entertainment expenses	, ,	, , , , , ,	,	,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,068,338.	896,084.	17,991.	154,263.
20	Interest		,	,	,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	86,746.	50,646.	36,100.	
23	Insurance	41,204.	24,057.	17,147.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,439,853.	5,264,574.	675,649.	499,630
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)

Part X | Balance Sheet

Pa	Part X Balance Sheet						
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			983,821.	1	1,383,212.
	2	Savings and temporary cash investments			683,243.	2	544,915.
	3	Pledges and grants receivable, net			5,425,519.	3	5,093,095
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial (contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	l in sed	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	B ::			334,490.	9	127,719
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,892,419.			
	b	Less: accumulated depreciation	10b	1,886,689.	2,092,476.		2,005,730
	11	Investments - publicly traded securities			19,181,704.		21,036,790
	12	Investments - other securities. See Part IV, line 1	1		20,825,777.	12	22,633,140
	13	Investments - program-related. See Part IV, line 1	l 1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	7,944,055.	15	8,278,168		
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	33)	57,471,085.	16	61,102,769
	17	Accounts payable and accrued expenses	143,618.	17	142,964		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
<u>ia</u>		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		—		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			1/2 (10	25	142 064
	26	Total liabilities. Add lines 17 through 25			143,618.	26	142,964
S		Organizations that follow FASB ASC 958, chec	ck her	e 🛕			
Š		and complete lines 27, 28, 32, and 33.			39,993,173.		43,185,648.
Sale	27	Net assets without donor restrictions			17,334,294.	27	17,774,157
βE	28	Net assets with donor restrictions			17,334,234.	28	11,114,131
Ē		Organizations that do not follow FASB ASC 95	os, cn	eck nere			
٥		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	
Ass	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			57,327,467.	31	60,959,805.
Ž	32	Total net assets or fund balances			57,327,467.	32	61,102,769.
	33	Total liabilities and net assets/fund balances			JI, #11,000.	33	01,102,709.

Pa	rt XI Reconciliation of Net Assets					
	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	<u>, 53</u>	9,3	72.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	, 43	9,8	53.
3	Revenue less expenses. Subtract line 2 from line 1	3				19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				67.
5	Net unrealized gains (losses) on investments	5	3	,19	8,7	06.
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 on Schedule O)	9		33	4,1	13.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	60	,95	9,8	05.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	_X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	i,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization EIS

EISENHOWER EXCHANGE FELLOWSHIPS, INCORPORATED

Employer identification number 23-1505095

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).) 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, city, and state: 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). 7 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.) 8 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: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its 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.) 11 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 on 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. 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 III, 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 your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

Part II 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.)

360	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	6077823.	4878483.	3233242.	4475589.	4041612.	22706749.		
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	600000	4000400	22222	4455500	1011610	000000		
	Total. Add lines 1 through 3	6077823.	4878483.	3233242.	4475589.	4041612.	22706749.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,						2015040		
	column (f)						2915848.		
	Public support. Subtract line 5 from line 4.						19790901.		
	ction B. Total Support	-							
	ndar year (or fiscal year beginning in)	(a) 2019 6077823.	(b) 2020 4878483.	(c) 2021 3233242.	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4	6077823.	48/8483.	3233242.	4475589.	4041612.	22706749.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	270 022	120 600	071 004	017 057	005 001	2404222		
_	and income from similar sources	370,933.	438,608.	0/1,024.	917,857.	805,001.	3404223.		
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.)						26110972.		
	Total support. Add lines 7 through 10		,				20110972.		
	Gross receipts from related activities,	•	,			12			
13	First 5 years. If the Form 990 is for the								
800	organization, check this box and storetion C. Computation of Publ								
	.			actumen (f)		14	75.80 %		
	Public support percentage for 2023 (15	75.80 %		
	Public support percentage from 2022					<u> </u>			
IVa	16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
h									
	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
172	and stop here. The organization qualifies as a publicly supported organization								
174	7a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
h									
IJ	b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
12	Private foundation. If the organization								
10	i invate iounidation. Il the organizatio	in did flot Clieck a	DON OIT III TO 10, 10	a, 100, 11a, 01 11k	י, טווכטת נוווס טטא מ	ina see ii isti uotioi	·····		

Schedule A (Form 990) 2023

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 qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	ciow, picade com	piete i dit ii.,				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	. ,	, ,	, ,	<u> </u>	1	`,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
1	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
_						+	
	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5					1	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
12	other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					1	
14	First 5 years. If the Form 990 is for the	ie organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	tion C. Computation of Publ						
15	Public support percentage for 2023 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	tion D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20	23 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2023. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
20	Private foundation. If the organization			•		•	

332023 12-21-23

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
та		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
ıle A (Forr	n 990)	2023

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described on line 11a above?	11b		
С	A 35%	controlled entity of a person described on line 11a or 11b above?/f "Yes" to line 11a, 11b, or 11c, provide			
	detail i	n Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mar	nagement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
200		rted organizations played in this regard.	3		
		. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) The organization potintied the Activities Test, Complete line 2 below.	•		
a		The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etructio	no)	
с 2		ies Test. Answer lines 2a and 2b below.	Struction	Yes	No
				162	INO
a		bstantially all of the organization's activities during the tax year directly further the exempt purposes of pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive: in res, therein Fait Vi identity			
		ne organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
h		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
.,		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		I the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		of Supported Organizations. Answer lines 3a and 3b below.	_~		
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

32025 12-21-23 Schedule A (Form 990) 2023

Part V	Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organ	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.			
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net	short-term capital gain	1				
2 Rec	overies of prior-year distributions	2				
3 Othe	er gross income (see instructions)	3				
4 Add	lines 1 through 3.	4				
5 Dep	reciation and depletion	5				
6 Port	ion of operating expenses paid or incurred for production or					
colle	ection of gross income or for management, conservation, or					
mair	ntenance of property held for production of income (see instructions)	6				
	er expenses (see instructions)	7				
	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Agg	regate fair market value of all non-exempt-use assets (see					
instr	ructions for short tax year or assets held for part of year):					
a Aver	rage monthly value of securities	1a				
b Aver	rage monthly cash balances	1b				
c Fair	market value of other non-exempt-use assets	1c				
d Tota	al (add lines 1a, 1b, and 1c)	1d				
e Disc	count claimed for blockage or other factors					
(exp	lain in detail in Part VI):					
2 Acq	uisition indebtedness applicable to non-exempt-use assets	2				
3 Sub	tract line 2 from line 1d.	3				
4 Casl	h deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
see	instructions).	4				
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	5				
	iply line 5 by 0.035.	6				
	overies of prior-year distributions	7				
8 Mini	imum Asset Amount (add line 7 to line 6)	8				
	- Distributable Amount			Current Year		
1 Adju	isted net income for prior year (from Section A, line 8, column A)	1				
2 Ente	er 0.85 of line 1.	2				
3 Mini	mum asset amount for prior year (from Section B, line 8, column A)	3				
	er greater of line 2 or line 3.	4				
	me tax imposed in prior year	5				
6 Dist	ributable Amount. Subtract line 5 from line 4, unless subject to					
	rgency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	nally integrate	d Type III supporting ord	anization (see		

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continued}	d)					
Secti	ection D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe		1						
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3					
4	Amounts paid to acquire exempt-use assets			4					
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
_6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	he organization is responsive	e						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2023 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			0					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2023								
a	From 2018								
b	From 2019								
c	From 2020								
d	From 2021								
e	From 2022								
f	Total of lines 3a through 3e								
<u>g</u>	Applied to underdistributions of prior years								
h	Applied to 2023 distributable amount								
<u>i</u>	Carryover from 2018 not applied (see instructions)								
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2023 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j								
	and 4c.								
	Breakdown of line 7:								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
d	Excess from 2022								

Schedule A (Form 990) 2023

e Excess from 2023

EISENHOWER EXCHANGE FELLOWSHIPS,

23-1505095 Page 8 INCORPORATED Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, Part VI Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990) 2023

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

EISENHOWER EXCHANGE FELLOWSHIPS, INCORPORATED

Employer identification number

23-1505095

Organization type (check one):						
Filers of	:	Section	n:			
Form 99	0 or 990-EZ	X 5	501(c)(3) (enter number) organization			
		<u> </u>	1947(a)(1) nonexempt charitable trust not treated as a private foundation			
		□ 5	527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation				
		<u> </u>	1947(a)(1) nonexempt charitable trust treated as a private foundation			
		<u> </u>	501(c)(3) taxable private foundation			
			d by the General Rule or a Special Rule. r (10) organization can check boxes for both the General Rule and a Special Rule. See ins	structions.		
General	Rule					
			orm 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or tributor. Complete Parts I and II. See instructions for determining a contributor's total cor			
Special	Rules					
X	sections 509(a)(1) a contributor, during	and 170(the year	need in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the (b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that reconstructions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, complete Parts I and II.	eived from any one		
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				1,000. If this box e, etc., onexclusively		
answer "	'No" on Part IV, line	2, of its	covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line ments of Schedule B (Form 990).			

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

Schedule B (Form 990) (2023)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	Name, address, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$ 100,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7			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			
8		- \$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$100,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	rume, address, and 2n + 4	100,000.	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			
11			Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12			Person X Payroll			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		\$ 88,773. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023) Name of organization **Employer identification number** EISENHOWER EXCHANGE FELLOWSHIPS, INCORPORATED 23-1505095 Part III 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 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 (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

Part I

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.

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

OMB No. 1545-0047

Schedule D (Form 990) 2023

Inspection

EISENHOWER EXCHANGE FELLOWSHIPS, Name of the organization TNCORPORATED

Employer identification number 23-1505095

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) 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 v	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pai		anization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat		a historically important land area
	Protection of natural habitat	. —	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, rele		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, 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 con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
_	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub		•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	-	
	Revenue included on Form 990, Part VIII, line 1		·
b	Assets included in Form 990, Part X		\$

332051 09-28-23

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tems (check all that apply). a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization so collections and explain how they further the organization's exempt purpose in Part XIII. 6 Part IV Excrow and Custodial Arrangements Complete if the organization's collection? 7 Let be sold to raise funds rather than to be maintained as part of the organization's collection? 8 In the organization an agent, trustee, custodial, or other intermediary for contributions or other assets not included on Form 990, Part X Iine 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X III and complete the following table: 1		t III Organizations Maintaining C		t, Historical Tr	easures, or	Other	Similar As	sets(continued)
collection terms (check all that apply). a Public exhibition d Loan or exchange program b Scholarly research e Other C Preservation for future generations 4 Provide a description of the organizations solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization scellection? Ves No Part W Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X line 11. 1b If "Yes Septian the arrangement in Part XIII and complete the following table: Amount 1d c Beginning balance 1d	3			-				
a Public exhibition d Loan or exchange program b Scholarly research e Other Typeservation for huture generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solocitor or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Scorow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, oustodian, or other intermediary for contributions or other assets not included on Form 990, Part X, explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance G Boditions during the year I E Inding balance Boditions during the year Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X Vine 10. Diff "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X Vine 10. Diff part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X Vine 10. Diff part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X Vine 10. Diff part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X Vine 10. Diff part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X Vine 10. Diff part V Endowment Funds Complete if the organization for Form 990, Part X Vine 10. Diff part V Endowment Funds Complete if the organization for Form 990, Part X Vine 10. Diff year balance Diff part V Endowment Funds Complete if the organization for Form 990, Part X Vine 10. Diff year balance Diff year balance Diff year balance Diff year balance	_		,	,				
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Extributions during the year fe fit ft ft ft ft ft ft f							\vdash	
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Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a	Did the organization include an amount on Fo	orm 990. Part X. line 2	21. for escrow or cu	ustodial accou	nt liability		Yes No
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back		_				-		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 50,653,991. 58,316,815. 52,885,748. 39,964,656. 34,397,891. 599,746. 1,804,613. 656,531. 9,774,641. 982,506. 34,397,891. 36,400 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500 36,500								
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(ii) Unrelated organizations? (iii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) 1a Land 723,608. 723,608. b Buildings c Leasehold improvements 2,411,933. 1,150,210. 1,261,723.		•						Yes No
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 723,608. 723,608. Tall Land Tal								3a(i) X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 723,608. Table 10. Tab								·····
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 723,608. The property basis (investment) 2,411,933. 1,150,210. 1,261,723.	b							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land Buildings C Leasehold improvements Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation 723,608. 723,608.	4							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land Description of property (b) Cost or other basis (other) (c) Accumulated depreciation 723,608. 723,608. 723,608.	Par							
Description of property (a) Cost or other basis (investment) 1a Land Description of property (a) Cost or other basis (other) 723,608. 723,608. 723,608. 723,608.				Part IV, line 11a. S	See Form 990,	Part X, lin	e 10.	
basis (investment) basis (other) depreciation 1a Land 723,608. 723,608. b Buildings 2,411,933. 1,150,210. 1,261,723. c Leasehold improvements 2,755,000. 1,750,210. 1,261,723.			1					(d) Book value
1a Land 723,608. 723,608. b Buildings 2,411,933. 1,150,210. 1,261,723. c Leasehold improvements 2,417,933. 1,150,210. 1,261,723.		2 000 (p. 00 p. 0 p. 0 p. 0 p. 0 p. 0 p.	1 ' '					(4) 20011 14140
b Buildings	1a	Land	,	, I	` '			723,608.
c Leasehold improvements 2,411,933. 1,150,210. 1,261,723.					•			.,
FFC 0F0 F0C 4F0 00 000				2,41	1,933.	1,15	0,210.	1,261,723.
		Equipment						20,399.
e Other					,			.,
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 2,005,730.				(, line 10c. column	(B))			2,005,730.

Schedule D (Form 990) 2023

T11G0DD0D1 ##	EXCHANGE FELL		-1505095 _{Page}
Schedule D (Form 990) 2023 INCORPORATE Part VII Investments - Other Securities	<u>U</u>		1303033 Page
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	1-of-vear market value
	(a) Book value	(c) morned or valuation. Cook of one	- Toryour market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A) LIMITED PARTNERSHIPS	22,633,140.	END-OF-YEAR MARKET	VALUE
(B)	22/033/1101		<u> </u>
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	22,633,140.		
Part VIII Investments - Program Related.	22,000,2100		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)	,		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
	DERAL TRUST		8,278,168
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		8,278,168
Part X Other Liabilities	(//		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i .
1. (a) Description of liability	, ,	, ,	(b) Book value
(1) Federal income taxes			. ,
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.... X

Schedule D (Form 990) 2023

(6) (7) (8)

Caba	EISENHOWER EXCHANGE FELLOW JULE D. (Form 990) 2023 INCORPORATED	WSHIPS	5,	23-	1505095 _{Page}
Par	adic B (1 citil 600) 2020 == 1 c c == 1	ents Wi	ith Revenue ner B		
· ui	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		iai nevende per n	ctarr	•
1	Tatal various assistance and athere are not to as a reliable discoveried at a terraneous			1	9,983,663
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			'	3,303,003
		2a	3,198,706.		
	Net unrealized gains (losses) on investments		3,130,700.	-	
b	Donated services and use of facilities			-	
	Recoveries of prior year grants		334,113.	-	
	Other (Describe in Part XIII.)			1	3,532,819
_	Add lines 2a through 2d			2e 3	6,450,844
3	Subtract line 2e from line 1			3	0,450,044
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	الما	88,528.		
	Investment expenses not included on Form 990, Part VIII, line 7b		00,520.	-	
	Other (Describe in Part XIII.)			4.	88,528
	Add lines 4a and 4b			4c	6,539,372
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			Dot:	
Pai	t XII Reconciliation of Expenses per Audited Financial Stater		nun Expenses per	netu	irn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				6 251 225
1	Total expenses and losses per audited financial statements			1	6,351,325
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
	Donated services and use of facilities			-	
	Prior year adjustments			-	
	Other losses			_	
d	Other (Describe in Part XIII.)	2d			•
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	6,351,325
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	88,528.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	88,528
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,439,853
Par	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			4; Part	X, line 2; Part XI,
PAF	T V, LINE 4:				
INT	'ENDED USE OF ENDOWMENT FUNDS				
	SUPPORT EF'S PROGRAMS AND OPERATIONS.				
10	BOTTORT BY B TROOKING FIND OF BRITTORD.				
	OF V. LINE O.				
PAF	T X, LINE 2:				
UNC	ERTAIN TAX POSITIONS UNDER ASC 740				
GAZ	P REQUIRES ENTITIES TO EVALUATE, MEASURE	, REC	OGNIZE AND D	ISC	LOSE ANY
UNC	ERTAIN INCOME TAX POSITIONS TAKEN ON THE	IR TAX	K RETURNS. G	AAP	PRESCRIBES

RECOGNIZED IN THE FINANCIAL STATEMENTS. EF BELIEVES THAT IT HAD NO UNCERTAIN TAX POSITIONS AS DEFINED IN GAAP.

A MINIMUM THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET IN ORDER TO BE

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

SCHEDULE F (Form 990)

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.

OMB No. 1545-0047

2023

Open to Bublic

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization
EISENHOWER EXCHANGE FELLOWSHIPS,
INCORPORATED
Employer identification number
23-1505095

INCOR	PORATED				23-150509					
Part I	General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on				
	Form 990, Part IV	/, line 14b.								
1 For	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,									
the	grantees' eligibility for	or the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No								
2 For	grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance out	side the				
Uni	ted States.									
3 Act	ivities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is r	needed.)					
	(a) Region	` '		(d) Activities conducted in the region	' '	(f) Total				
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and				
		in the region	independent contractors	gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	investments				
			in the region	recipients located in the region)	or service(s) in the region	in the region				
CENTRAL	AMERICA AND									
THE CAR	IBBEAN -									
ANTIGUA	& BARBUDA,									
ARUBA,	BAHAMAS,	0	0	INVESTMENTS		9,563,175.				
SUB-SAH	ARAN AFRICA -									
ANGOLA,	BENIN,									
BOTSWAN.	A, BURKINA									
FASO,		0	0	INVESTMENTS		1,069,291.				
EAST AS	IA AND THE									
PACIFIC	- AUSTRALIA,									
BRUNEI, BURMA,				FUNDRAISING (REVENUE) AND	FELLOWSHIPS & GLOBAL					
CAMBODI.	A, ETC.	0	0	PROGRAM SERVICES (EXPENSE)	NETWORK EVENTS	203,678.				
EUROPE	(INCLUDING									
ICELAND	& GREENLAND)									
- ALBAN	IA, ANDORRA,			FUNDRAISING (REVENUE) AND	FELLOWSHIPS & GLOBAL					
AUSTRIA	, BELGIUM	0	0	PROGRAM SERVICES (EXPENSE)	NETWORK EVENTS	671,224.				
MIDDLE	EAST AND			FUNDRAISING (REVENUE) AND	FELLOWSHIPS & GLOBAL					
NORTH A		0	0	PROGRAM SERVICES (EXPENSE)	NETWORK EVENTS	101,839.				
	MERICA -									
ARGENTI	NA, BOLIVIA,									
-	CHILE,			FUNDRAISING (REVENUE) AND	FELLOWSHIPS & GLOBAL					
	A, ECUADOR,	0	0	PROGRAM SERVICES (EXPENSE)	NETWORK EVENTS	50,920.				
	ARAN AFRICA -									
ANGOLA,	BENIN,			FUNDRAISING (REVENUE) AND						
BOTSWAN	A, BURKINA			PROGRAM SERVICES (EXPENSE)	FELLOWSHIPS & GLOBAL					
FASO,		0	0		NETWORK EVENTS	101,839.				
SOUTH A	SIA -									
AFGHANI										
BANGLAD	ESH, BHUTAN,				FELLOWSHIPS & GLOBAL					
INDIA,	MALDIVES,	0	0	PROGRAM SERVICES (EXPENSE)	NETWORK EVENTS	50,920.				
3 a Sub	ototal	0	0			11,812,886.				
	al from continuation									
she	ets to Part I	0	0			0.				
c Tot	als (add lines 3a									

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

Schedule F (Form 990) 2023

11,812,886.

and 3b)

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

3 Enter total number of other organizations or entities .

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 neede	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE						
	PACIFIC -						
	AUSTRALIA,						
FELLOWSHIPS	BRUNEI, BURMA,	8	203,678.	WIRE	0.		
	EUROPE (INCLUDING						
	ICELAND &						
	GREENLAND) -						
FELLOWSHIPS	ALBANIA, ANDORRA,	25	671,224.	WIRE	0.		
	MIDDLE EAST AND		-				
	NORTH AFRICA -						
	ALGERIA, BAHRAIN,						
FELLOWSHIPS	DJIBOUTI, EGYPT,	4	101,839.	WIRE	0.		
	SOUTH AMERICA -		-				
	ARGENTINA,						
	BOLIVIA, BRAZIL,						
FELLOWSHIPS	CHILE, COLUMBIA,	2	50,920.	WIRE	0.		
	SOUTH ASIA -		,				
	AFGHANISTAN,						
	BANGLADESH,						
FELLOWSHIPS	BHUTAN, INDIA,	2	50,920.	WIRE	0.		
	SUB-SAHARAN		,				
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
FELLOWSHIPS	BURKINA FASO,	4	101,839.	WIRE	0.		
	,		,				
				I .			1

Schedule F (Form 990) 2023 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	X Yes	□ 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 INCORPORATED	23-1505095	Page 5
Part V Supplemental Information		-
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acc	counting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting n)
(estimated number of recipients), as applicable. Also complete this part to provide any additional i		•
(ostinated names) of resipiones, as applicable, rise complete time part to provide any additional i	THOMPSON COO MICH GOLDING.	
PART I, LINE 2:		
EF MONITORS THE USE OF ITS GRANT FUNDS BY REQUIRING THE	DECIDIENTS TO	
THE MONITORS THE ODE OF ITS GRANT FONDS DI REQUIRING	RECIFIENTS TO	
CUDATE & DEDODE AS SUE END OF SUE CDANS DEDTOD ON SUE C	MAMIIC OR MILETO	
SUBMIT A REPORT AT THE END OF THE GRANT PERIOD ON THE S	TATUS OF THEIR	
PROJECT AND TO STATE EXPECTED MEASURABLE RESULTS.		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization EISENHOWE INCORPORA	Employer identification number $23-1505095$						
Part I General Information on Grants							
Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's prepart II Grants and Other Assistance to recipient that received more than	istance? ocedures for monit Domestic Organi	toring the use of grant	funds in the Unite	d States.			X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3)	ana government or	ganizations listed in th	ne iine 1 table				

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

3 Enter total number of other organizations listed in the line 1 table

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FELLOWSHIPS/SCHOLARS	13	490,007.	0.		
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	ie 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
EF MONITORS THE USE OF FELLOWSHIE	FUNDS BY	REQUIRING	THE RECIP	IENTS TO	
SUBMIT A REPORT AT THE END OF THE	E FELLOWSH	IP PERIOD	ON THEIR E	XPERIENCE.	

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

EISENHOWER EXCHANGE FELLOWSHIPS, INCORPORATED

Employer identification number 23-1505095

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any parson listed on Form 200. Part VIII. Section A line 1s, with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:	40		х
a	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4a 4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	The second any of lines 4a.o., list the persons and provide the applicable amounts for each term in that in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GEORGE DE LAMA	(i)	410,331.	0.	0.	14,250.	38,154.	462,735.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ERIN HILLMAN	(i)	263,334.	0.	0.	12,892.	46,224.	322,450.	0.
VICE-PRESIDENT, PROGRAMS &	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEPHANIE GROPP	(i)	200,898.	0.	0.	9,614.	39,583.	250,095.	0.
SENIOR DIRECTOR, FINANCE &	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CARLA RICCI	(i)	143,974.	0.	0.	6,754.	37,517.	188,245.	0.
HEAD OF INSTITUTIONAL ADVA	(ii)	0.	0.	0.	0.	0.	0.	0.
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

EISENHOWER EXCHANGE FELLOWSHIPS, INCORPORATED

Employer identification number 23-1505095

Pa	rt i Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII,	on		(d) lethod of de ash contribu	etermin		s
1	Art - Works of art									
2										
3	Art Fractional interacts									
	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property	X	3	60 9	366	EMIZ A	TRANS	סקקי	רע דע	<u> </u>
9	Securities - Publicly traded	Λ		09,0	300.	rmv e	TIVANO	I. EIX	חת	
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ()									
26	Other ()									
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz		•							
	for which the organization completed Form 828	83, Part V, L	onee Acknowledg	ement2	9					
									Yes	No
30a	During the year, did the organization receive by						: it			
	must hold for at least 3 years from the date of									37
	exempt purposes for the entire holding period?							30a		X
	b If "Yes," describe the arrangement in Part II.									37
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							31		<u> </u>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash										37
	contributions?							32a		X
	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,				
	describe in Part II.									

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

Schedule M (Form 990) 2023

EISENHOWER EXCHANGE FELLOWSHIPS,

Schedule M	(Form 990) 2023	INCORPORA	TED				23-150	095	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information. Find the state of	Provide the inform number of contrib n.	nation required outions, the nur	by Part I, lines on the second part of items re	30b, 32b, and 33 ceived, or a com	, and whether the bination of both	ne organiza . Also com	tion

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

EISENHOWER EXCHANGE FELLOWSHIPS,

Employer identification number 23-1505095

Name of the organization EISENHOWER EXCHANGE INCORPORATED

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COASTAL ZONE CLEAN-UP PROGRAMS, ENHANCING ENFORCEMENT MECHANISMS FOR

RURAL VACCINATION PROGRAMS AND BUILDING MUSEUM SPACES TO HELP PEOPLE

STRUGGLING WITH MENTAL HEALTH ISSUES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: OCTOBER, EISENHOWER FELLOWSHIPS HOSTED AN EXTRAORDINARY WORLD FORUM IN SAN FRANCISCO TO CELEBRATE THE 70TH ANNIVERSARY OF ITS FOUNDING AND LAY THE GROUNDWORK FOR THE EXCITING NEXT PHASE OF THE ORGANIZATION'S WORK AROUND THE WORLD. THE FORUM-LEADERS CONFRONTING GLOBAL CHALLENGES: WHAT WORKS?-BROUGHT TOGETHER 410 EISENHOWER FELLOWS AND OTHER THOUGHT LEADERS FROM 56 COUNTRIES, WITH 14 PANEL DISCUSSIONS, 66 DISTINGUISHED SPEAKERS AND THREE DAZZLING EVENING EVENTS. THE GATHERING FEATURED THE RICH MULTI-DISCIPLINARY EXPERTISE OF EF'S GLOBAL NETWORK WITH PANEL DISCUSSIONS ON SUBJECTS RANGING FROM PEACE AND STABILITY IN A TURBULENT WORLD TO CLIMATE CHANGE AND THE CHALLENGE OF PUBLIC HEALTH IN A TIME OF PANDEMICS. PARTICIPANTS ATTENDED PANELS ON MIGRATION, INCOME INEQUALITY, CIVIC PARTICIPATION IN A TIME OF POLARIZATION, THE FUTURE OF EDUCATION AND THE PROMISE, POWER AND PERILS OF AI AND OTHER TECHNOLOGIES THAT CUT ACROSS SO MANY DIMENSIONS OF MODERN LIFE. THE THE THREE-DAY CONFERENCE WAS ON EMERGING SOLUTIONS IN SOME FOCUS OF PARTS OF THE WORLD THAT CAN BE APPLIED IN OTHER COUNTRIES AND REGIONS.

PARTICIPATING IN THE 70TH ANNIVERSARY WORLD FORUM WERE FELLOWS FROM

FOUR PROGRAMS SEVERELY DISRUPTED BY THE COVID PANDEMIC. EF BROUGHT

FELLOWS FROM THE 2020 WOMEN'S LEADERSHIP PROGRAM, THE 2021 USA AND

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

GLOBAL PROGRAMS AND THE 2020 ZHI-XING CHINA PROGRAM TO FINALLY MEET

EACH OTHER AND IMMERSE THEMSELVES IN THE EF GLOBAL NETWORK.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

BOLSTER DEMOCRATIC SELF-GOVERNMENT AND ADVANCE HUMAN RIGHTS IN THEIR

REGION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GLOBAL SCHOLARS PROGRAM:

THIS IMPORTANT NEW DIMENSION OF EF'S PROGRAMS INTRODUCES PROMISING

AMERICAN YOUNG LEADERS TO THE WORLD BEYOND U.S. SHORES, IMMERSES THEM

IN THE EF GLOBAL NETWORK AND EXTENDS THE LEGACY OF PRESIDENT DWIGHT D.

EISENHOWER TO A NEW GENERATION OF YOUNG AMERICANS. THIS UNIQUE PROGRAM

SENDS RECENT AMERICAN COLLEGE GRADUATES TO EUROPE FOR A YEAR OF

POSTGRADUATE STUDIES LEADING TO A MASTER'S DEGREE.

THE 2023 CLASS OF EISENHOWER GLOBAL SCHOLARS BRINGS TOGETHER A U.S.

NAVY VETERAN OF A NUCLEAR-POWERED WARSHIP, A MEDICAL RESEARCHER

PROMOTING HEALTH EQUITY IN SUB-SAHARAN AFRICA, A SAN FRANCISCO-BASED

SPECIALIST IN IMMIGRANT INTEGRATION AND A HUMAN RIGHTS ACTIVIST WORKING

TO EXPAND THE REACH OF CIVIL SOCIETY IN VENEZUELA.

IN THE FALL OF 2022 THESE FOUR, HIGHLY ACCOMPLISHED GRADUATES OF

PRESTIGIOUS AMERICAN UNIVERSITIES BEGAN AN ALL-EXPENSES-PAID YEAR OF

INTENSE ACADEMIC STUDY AND CULTURAL IMMERSION AT OXFORD AND IE

UNIVERSITY PURSUING MASTER'S DEGREES IN PUBLIC SERVICE AND

INTERNATIONAL RELATIONS.

332212 11-14-23 Schedule O (Form 990) 2023

Employer identification number 23-1505095

OTHER PROGRAMS:

IN ADDITION TO ITS INTERNATIONAL PROGRAMS, EISENHOWER FELLOWSHIPS ALSO

OPERATES A USA PROGRAM, WHICH SENDS BETWEEN 10-12 U.S. CITIZENS ABROAD

ANNUALLY. THIS YEAR, ELEVEN MID-CAREER U.S. LEADERS, INCLUDING FIVE USA

JUSTICE FELLOWS AND ONE AGRICULTURAL FELLOW, TRAVELED TO 15 DIFFERENT

COUNTRIES TO EXPAND THEIR HORIZONS AND CONNECT WITH EISENHOWER FELLOWS

OVERSEAS. THE USA FELLOWS LEAD CHANGE IN THE FIELDS OF ARTIFICIAL

INTELLIGENCE, INTERNATIONAL RELATIONS, POVERTY REDUCTION, AGRICULTURE

AND PHILANTHROPY. THE PROGRAMS OF THESE AMERICAN FELLOWS WERE

STRENGTHENED WITH THE GENEROUS PARTICIPATION OF EISENHOWER FELLOWSHIP'S

GLOBAL NETWORK OF FELLOWS IN THE HOST COUNTRIES.

IN THE FALL THE USA FELLOWS CONNECTED IN PHILADELPHIA WITH 20 EASTERN

EUROPE FELLOWS VISITING THE U.S. SEVERAL OF THE USA FELLOWS ALSO

ATTENDED EF'S 70TH ANNIVERSARY WORLD FORUM IN SAN FRANCISCO TO NETWORK

WITH NEW GLOBAL COLLEAGUES, SOME OF WHOM THEY LATER WOULD VISIT ON

FELLOWSHIP.

EXPENSES \$ 779,339. INCLUDING GRANTS OF \$ 490,007. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

DAVID EISENHOWER, TRUSTEE, AND SUSAN EISENHOWER, TRUSTEE, HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

GOVERNING BODY REVIEW OF FORM 990

THE EXECUTIVE COMMITTEE REVIEWS THE FORM 990 FOR APPROVAL. ONCE APPROVED, A
COPY OF THE RETURN IS DISTRIBUTED TO EACH BOARD TRUSTEE FOR REVIEW PRIOR TO
FILING.

Employer identification number 23-1505095

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY

EF'S CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL BOARD MEMBERS

ANNUALLY FOR THEIR REVIEW. ALSO, STAFF RESPONSIBLE FOR CONTRACTING AND

PROCUREMENT ARE PROVIDED WITH CURRENT BOARD LIST SO THAT THEY CAN REMAIN

ALERT TO POTENTIAL REAL OR APPARENT CONFLICTS. CONCERNS ABOUT POSSIBLE

CONFLICTS ARE REPORTED TO THE PRESIDENT, WHO ALERTS THE APPROPRIATE BOARD

MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION

THE COMPENSATION COMMITTEE REVIEWS THE COMPENSATION OF THE PRESIDENT AND VICE PRESIDENT, THE ORGANIZATION'S OVERALL STAFF COMPENSATION AND BENEFITS STRATEGY AND POLICY AND MAKES RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

EF POSTS ITS FORM 990, AUDITED FINANCIAL STATEMENTS AND ANNUAL BUSINESS

PLAN ON ITS WEBSITE. EF'S CHARTER, BYLAWS AND OTHER GOVERNING DOCUMENTS,

SUCH AS ITS CONFLICT OF INTEREST AND WHISTLEBLOWER POLICIES, ARE AVAILABLE

TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN FEDERAL TRUST

334,113.

332212 11-14-23 Schedule O (Form 990) 2023

Form **926**(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.

▶ Attach to your income tax return for the year of the transfer or distribution.

OMI	3 No.	1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
EISENHOWER EXCHANGE FELLOWSHIPS, INCORPORATED	23-1505095
 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation 	
2 If the transferor was a corporation, complete questions 2a through 2d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c))	by
five or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corp	poration? Yes No
If not, list the name and employer identification number (EIN) of the parent corporation.	Joration? Tes No
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(4) been made?	Yes No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such complete questions 3a through 3d.	h under section 367),
a List the name and EIN of the transferor's partnership.	
a List the hame and Lint of the transferor's partnership.	
Name of partnership	EIN of partnership
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	Yes No
c Is the partner disposing of its entire interest in the partnership?	
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	
securities market?	Yes
Part II Transferee Foreign Corporation Information (see instructions)	
4 Name of transferee (foreign corporation)	5a Identifying number, if any
NIATROSS INVESTMENTS LIMITED	
6 Address (including country) 15/F WINSOME HOUSE, 73 WYNDHAM STREET, CENTRAL	5b Reference ID number
HONG KONG	NIATROSS
 Country code of country of incorporation or organization HK 	
8 Foreign law characterization (see instructions) AN EXEMPTED COMPANY INCORPORATED WITH LIMITED LIABILI	TY
9 Is the transferee foreign corporation a controlled foreign corporation?	X Yes No
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Form 926 (Rev. 11-2018)

Totals

Form 926 (Rev. 11-2018)