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Department of the Treasury Internal Revenue Service

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

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

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

▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

DLN: 93493316037725 OMB No 1545-0047

Open to Public Inspection

4 FC	or the A	2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014				
	eck ıf ap	oplicable EISENHOWER EXCHANGE FELLOWSHIPS INCORPORATED			-	tification number
_	me char			23-15	05095	
_	tıal retur	Doing Duamese de				
Fir		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telepho	ne numb	per
ret	urn/tern	ninated 250 SOUTH 16TH STREET		(215)	546-1	738
An	nended r	return City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19102		<b>G</b> Cross r	acounts ¢	10,864,091
Ap	plication	pending		G Gloss I	eceipts \$	10,864,091
		F Name and address of principal officer GEORGE de LAMA 250 SOUTH 16TH STREET PHILADELPHIA, PA 19102	<b>H(b)</b> Are a	rdınates? ıll subordı ded?	nates	□ Yes □ No □ Yes □ No
[ Ta	ıx-exem	pt status	If "N	o," attach	a list (	(see instructions)
		::► WWW EFWORLD ORG	H(c) Grou	ıp exempt	ion num	nber ►
		anization 🔽 Corporation 🧵 Trust 🦳 Association 🦳 Other 🕨	<b>L</b> Year of fo	rmation 19	53 <b>M</b> :	State of legal domicile PA
Pa	rt I	Summary				
<u>2</u>		Briefly describe the organization's mission or most significant activities  A GLOBAL LEADERSHIP NETWORK THAT FOSTERS A MORE PEACEFUL, PRO	SPEROUS	& JUST W	ORLD	
₫						
Governance	2 (	Check this box 🔰 if the organization discontinued its operations or disposed of	more than 2	5% of its	net ass	sets
	3 1	Number of voting members of the governing body (Part VI, line 1a)			з	58
es a		Number of independent voting members of the governing body (Part VI, line 1b)			4	57
ACTIVITIES &	5 1	Total number of individuals employed in calendar year 2014 (Part V, line 2a) .			5	26
<u> </u>	6 1	otal number of volunteers (estimate if necessary)			6	59
•	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12			7a	C
	<b>b</b> N	Net unrelated business taxable income from Form 990-T, line 34			7b	C
			Prio	r Year		Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		3,965,5		3,166,612
enu	9	Program service revenue (Part VIII, line 2g)			0	0
Rayenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,339,4		2,934,347
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line			0	0
	12	12)		10,305,0	14	6,100,959
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		70,0	000	21,815
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
82	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,106,4	128	2,060,788
Š	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶356,615				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,392,0	148	2,469,000
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		4,568,4	176	4,551,603
	19	Revenue less expenses Subtract line 18 from line 12		5,736,5	_	1,549,356
Net Assets or Fand Balances				g of Curre 'ear	nt	End of Year
988 888	20	Total assets (Part X, line 16)		49,048,8	354	48,104,783
2 Z	21	Total liabilities (Part X, line 26)		176,9	31	206,955
žΞ	22	Net assets or fund balances Subtract line 21 from line 20		48,871,9	923	47,897,828
Pa	rt II	Signature Block				

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here Signature of officer GEORGE de LAMA PRESIDENT Type or print name and title

Paid Preparer **Use Only**  Print/Type preparer's name JENNIFER SOLOT Preparer's signature JENNIFER SOLOT Firm's name 🕨 BBD LLP

Firm's address ► 1835 MARKET STREET 26TH FLOOR

PHILADELPHIA, PA 19103

May the IRS discuss this return with the preparer shown above? (see instructio

art 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part $I^{\bullet}$	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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	Yes	
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	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{\bullet}$	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV </i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ . $.$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2014)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4 -	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   29		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 29  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	<b>1</b> c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country •			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
7	were not tax deductible?	6b		
	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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			N o
d	file Form 8282?	7c		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter			
a h	Gross income from members or shareholders	1		
D	against amounts due or received from them )	-	ı:	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
13	year	1		
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	<u> </u>		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI														 
---	--	--	--	--	--	--	--	--	--	--	--	--	--	------

Se	ection 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
b 11a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
b 11a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13	10b		
b 11a b 12a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b 12c	Yes Yes Yes	
b 11a b 12a b c 13	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 111a b 112a c 13 14 15 a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 111a b 112a c 13 14 15 a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization in invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►DIRECTOR OF FINANCE AND ADMIN

Form 990 (2014)	
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)	a	g	e	7
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

t VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n ıs l	ne l both	oox, an d	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	►	440,924	0	49,732

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

			res	140
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

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

(A) Name and business address	<b>(B)</b> Description of services	(C) Compensation

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

Part V	1111	Statement o			lung up this Part VIII							
		Check IT Schedi	ule O contains a respoi	nse or note to any II	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
Gifts, Grants illar Amounts	1a b	Federated cam Membership du										
Gr ima	С	Fundraising eve	ents <b>1c</b>									
	d	Related organiz	zations 1d									
ons, Gift Similar	e	Government grants	s (contributions) <b>1e</b>									
tion r Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>	3,166,612								
tributio Other	g	Noncash contribution	ons included in lines	146,673								
Contributions, and Other Sim	h	1a-1f \$ <b>Total.</b> Add lines	s 1a-1f		3,166,612							
				Business Code								
Program Serwce Revenue	2a											
e Fe	b c											
yr vi c	d											
% ~	e											
ୁ ଆସେ	f	All other progra	am service revenue									
ξ	g	Total. Add lines	s 2a – 2f									
	3		ome (including dividen ar amounts)		987,034			987,03				
	4		stment of tax-exempt bond									
	5	Royalties		🕨								
	62	Grace rants	(ı) Real	(II) Personal								
	b	Gross rents Less rental										
	С	expenses Rental income										
	d	or (loss) Net rental inco	Lme or (loss)									
			(ı) Securities	(II) Other								
	7a	Gross amount from sales of assets other than inventory	om sales of 6,710,445 seets other									
	ь	Less cost or other basis and	4,763,132									
	С	sales expenses Gaın or (loss)	1,947,313									
	d		s)		1,947,313			1,947,31				
e	8a	Gross income f events (not inc										
Other Revenue		\$of contributions See Part IV , lin	s reported on line 1c)									
er	h	Loss direct ov	a penses b									
₹	c		(loss) from fundraising									
	9a	Gross income f See Part IV, lin										
			penses b									
		Gross sales of		vities								
		returns and allo	owances . a									
			oods sold <b>b</b>									
	С	Net income or (	(loss) from sales of inv	entory Business Code								
	11a	sccnaneou:		Dubiniess Code								
	ь											
	С											
	d	All other reven										
	е	Total. Add lines										
	12	Total revenue.	See Instructions .		6,100,959	0	0	2,934,34				

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Part				Jaka asluman (A.)	
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All			olete column (A )	
<u> </u>	Check if Schedule O contains a response or note to any line in this			(c)	<u> </u> (D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	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	3,000	3,000		·
2	Grants and other assistance to domestic individuals See Part IV, line 22	7,222			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	18,815	18,815		
4	Benefits paid to or for members	10,013	10,013		
5	Compensation of current officers, directors, trustees, and				
,	key employees	495,470	207,538	209,040	78,892
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,174,940	917,367	101,997	155,576
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,859	19,560	6,229	1,070
9	Other employee benefits	242,930	214,525	27,099	1,306
10	Payroll taxes	120,589	69,480	35,670	15,439
l1	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	280,082	238,610	2,069	39,403
12	Advertising and promotion				
L3	Office expenses	145,894	113,187	16,653	16,054
<b>L</b> 4	Information technology	76,459	63,419	13,040	
<b>L</b> 5	Royalties				
16	Occupancy	11,227	7,184	4,043	
<b>L7</b>	Travel	1,211,581	1,174,611	5,034	31,936
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>L9</b>	Conferences, conventions, and meetings	528,117	491,701	24,023	12,393
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	102,126	75,832	26,294	
23	Insurance	48,200	39,020	8,101	1,079
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MISCELLANEOUS	65,314	33,582	28,265	3,467
b					
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,551,603	3,687,431	507,557	356,615
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)	1,551,005	5,007,101	337,337	330,013

Form 990 (2014)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		818,792		1,434,642
	2	Savings and temporary cash investments		24,622,099	2	1,546,467
	3	Pledges and grants receivable, net		1,448,172		989,800
	4	Accounts receivable, net		1,110,112	4	
	5	Loans and other receivables from current and former officers, of		ey	-	
		employees, and highest compensated employees Complete P. Schedule L			5	
its	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contributing employe mployees' beneficiar	ers	6	
Assets	7	Notes and loans receivable, net			7	
ď	8	Inventories for sale or use			8	
	9			67,068	<u> </u>	 85,238
	10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete			9	05,230
	ь	Part VI of Schedule D  Less accumulated depreciation	10a 3,5/5, 10b 981,		10c	2,593,933
	11	Investments—publicly traded securities		7,031,150		22,766,556
	12	Investments—other securities See Part IV, line 11		4,139,189	12	10,582,723
	13	Investments—program-related See Part IV, line 11		4,100,100	13	10,002,720
	14	· -			14	
		Intangible assets		8,241,211		8,105,424
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		49,048,854	16	48,104,783
	17	Accounts payable and accrued expenses		176,931	17	206,955
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Š	21	Escrow or custodial account liability Complete Part IV of Sch		21		
Liabiliti	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali				
<u> </u>		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third partie	es		23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa				
		D			25	
	26	Total liabilities. Add lines 17 through 25		176,931	26	206,955
s A		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	<b>▽</b> and complete			
ä	27	Unrestricted net assets		36,088,861	27	35,258,365
Balance	28	Temporarily restricted net assets	353,612	28	310,800	
<u> </u>	29	Permanently restricted net assets		12,429,450	29	12,328,663
Fund		Organizations that do not follow SFAS 117 (ASC 958), check h				
٥٢ F		complete lines 30 through 34.	,			
9	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other	funds		32	
Net	33	Total net assets or fund balances		48,871,923	33	47,897,828
	1					

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,1	100,959
2	Total expenses (must equal Part IX, column (A), line 25)	2			551,603
3	Revenue less expenses Subtract line 2 from line 1				
	Not accept on fined belongs of the number of court (notes a note 1 Part V, long 2.2 and one (A.V.)	3		1,5	549,356
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		48,8	371,923
5	Net unrealized gains (losses) on investments	5		-2,3	387,664
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1	 L35,787
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			397,828
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	rate			
	▼ Separate basis				1
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	I			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<u> </u>	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

#### **Additional Data**

US AND INTERNATIONAL FELLOWS

Software ID:

**Software Version:** 

**EIN:** 23-1505095

Name: EISENHOWER EXCHANGE FELLOWSHIPS

INCORPORATED

#### Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 444,555 including grants of \$ ) (Revenue \$ )

USA FELLOWS - NINE USA FELLOW WERE SUPPORTED IN 2014 ONE FELLOW FROM BOSTON TO CHINA (TAIWAN), ONE FELLOW

FROM WASHINGTON, DC TO BRAZIL, TWO FELLOWS FROM ST LOUIS, ONE TO FINLAND AND NEW ZEALAND, AND THE SECOND

TO INDONESIA & MALAYSIA, TWO FELLOWS FROM RALEIGH/DURHAM, ONE TO JORDAN AND TURKEY, AND THE SECOND TO

GERMANY, ONE FELLOW FROM LEXINGTON, MA TO KOREA AND VIETNAM, ONE FELLOW FROM CHICAGO TO AUSTRALIA, ONE

FELLOW FROM SAN FRANCISCO TO INDONESIA THE NOMINATIONS FOR FELLOWSHIPS FOR US CITIZENS WERE SOUGHT

THROUGH AN INTENSIVE AND TARGETED OUTREACH CAMPAIGN, INCLUDING LETTERS TO AGRICULTURE, NEW ENGLAND,

PHILADELPHIA, RESEARCH TRIANGLE NORTH CAROLINA AND ST LOUIS STEERING COMMITTEE MEMBERS AND OTHER

COMMUNITY LEADERS RECRUITMENT WAS ALSO SUPPLEMENTED NATION-WIDE BY SOLICITING NOMINATIONS FROM BOTH

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persol and a	ion (d nan o n is b	ne b	ox, u an of trus	inless fficer tee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensate employee	Former	2/1033 14130/	2/10/9/14130/	related organizations
(1) GENERAL COLIN L POWELL	1 20					2				
USA (RET), TRUSTEE & CHAIRMAN		X		Х				0	0	0
(1) MADELEINE K ALBRIGHT	0 20	х						0	0	0
TRUSTEE (2) MOHAMMED M AL-ARDHI	0 20									
TRUSTEE		X						0	0	0
(3) HE AMR A AL-DABBAGH	0 20	х						0	0	0
TRUSTEE (4) H JESSE ARNELLE	0 20									
TRUSTEE		х						0	0	0
(5) WILLIAM L ATWELL	0 20	x						0	0	0
TRUSTEE (6) ANINDYA BAKRIE	0 20								, and the second	
TRUSTEE		x						0	0	0
(7) H IBRAHIM BODUR	0 20	V						0	0	0
TRUSTEE		×						0	0	0
(8) RICHARD P BROWN JR ESQ	0 20	x						0	0	0
TRUSTEE (9) ANDREW M BURSKY	0 60									
TRUSTEE		Х						0	0	0
(10) KIMBALL C CHEN	1 00	x						0	0	0
TRUSTEE (11) DEREK CHILVERS	3 00									
TRUSTEE		X						0	0	0
(12) CHARLES E COBB JR	3 00	х						0	0	0
TRUSTEE (13) EDGAR M CULLMAN JR	1 60						-			
TRUSTEE		x						0	0	0
(14) SULEYMAN DEMIREL	0 20	х						0	0	0
TRUSTEE	0.60	^						Ŭ	Ŭ	
(15) DAVID EISENHOWER TRUSTEE	0 60	×						0	0	0
(16) SUSAN EISENHOWER	0 20	<u> </u>								
TRUSTEE		X						0	0	0
(17) JEREMY K ELLIS	0 20	x						0	0	0
TRUSTEE (18) CONRADO J ETCHEBARNE	0 20									
TRUSTEE		X						0	0	0
(19) THEODORE FRIEND III	1 00	х						0	0	0
TRUSTEE (20) JACK GOLDEN	0 20									
TRUSTEE		x						0	0	0
(21) MIKE GOODRICH	0 60	x						0	0	0
TRUSTEE	0.20							Ů	Ů	
(22) MARY LOUISE GORNO	0 20	×						0	0	0
TRUSTEE (23) MARK GRIER	0 60							_	_	
TRUSTEE		X						0	0	0
(24) HARRY HALLORAN	0 20	×						0	0	0
TRUSTEE		<u> </u>			<u> </u>			l		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the					
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	_		Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
(26) NATHAN HAYWARD III	3 00	×		х				0	0	0	
TRUSTEE & TREASURER		_ ^						Ů	Ů	0	
(1) SHOW-CHUNG HO	0 20	×						0	0	0	
TRUSTEE (2) JAMES W HOVEY	1 20					1					
		×		х				0	0	0	
TRUSTEE & VICE CHAIRMAN (3) F RICHARD HSU	0 20					+					
TRUSTEE		×						0	0	0	
(4) FATIH KARAMANCI	0 20										
TRUSTEE		X						0	0	0	
(5) JOHN W KEOGH	0 20							0		0	
TRUSTEE		Х						0	0	0	
(6) NEMIR A KIRDAR	0 20	l x						0	0	0	
TRUSTEE											
(7) JAY KISLAK	0 20	×						0	0	0	
TRUSTEE (8) RICHARD KRASNO	0 20										
		×						0	0	0	
TRUSTEE  (9) MATT MANDERS	0 60										
TRUSTEE		×						0	0	0	
(10) DAVID C MANKE	0 60										
TRUSTEE		×						0	0	0	
(11) JAMES L MCCABE	2 40	V						0		0	
TRUSTEE		Х						0	0	0	
(12) SUZANNE M MCCARRON	0 20	l x						0	0	0	
TRUSTEE								_	_		
(13) JOHN F MCDONNELL	0 20	×						0	0	0	
TRUSTEE (14) VICTOR J MENEZES	0 20					-					
		×						0	0	0	
TRUSTEE (15) EDWARD L MONSER	0 20					+					
TRUSTEE		×						0	0	0	
(16) BERNARD POUSSOT	0 20										
TRUSTEE		X						0	0	0	
(17) JAY R PRYOR	0 20	x						0	0	0	
TRUSTEE		_ ^						Ů.	Ů	0	
(18) ROBERT L REYNOLDS	0 20	l x						0	0	0	
TRUSTEE						-					
(19) FERIT SAHENK	0 20	×						0	0	0	
TRUSTEE (20) LT GEN BRENT SCOWCROFT	0 20										
		×						0	0	0	
USAF (RET), TRUSTEE (21) JOEL S SPIRA	0 20									_	
TRUSTEE		×						0	0	0	
(22) STEPHEN D STEINOUR	0 20							_	_	_	
TRUSTEE		X						0	0	0	
(23) H PATRICK SWYGERT	0 20	V						0	0	0	
TRUSTEE		Х						0	0	<u> </u>	
(24) MIKE TEMBREULL	0 20	x						0	0	0	
TRUSTEE	1								<u> </u>		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours	Posit more th persoi and a	ion (d ian oi n is b	ne bo oth a ctor/	ox, u an of	nless ficer		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E)  Reportable  compensation  from related  organizations (W-	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	related organizations	
(51) ELIZABETH VAZQUEZ TRUSTEE	0 00	х						0	0	0	
(1) ALFONSO VEGARA TRUSTEE	0 20	х						0	0	0	
(2) HAROLD A WAGNER TRUSTEE	1 60	х						0	0	0	
(3) RANDALL J WEISENBURGER TRUSTEE	0 20	х						0	0	0	
(4) KEITH WHEELOCK TRUSTEE	0 20	х						0	0	0	
(5) HON CHRISTINE TODD WHITMAN TRUSTEE & EXEC COMTE CHAIR	1 20	х						0	0	0	
(6) JAIME AUGUSTO ZOBEL de AYALA II TRUSTEE	0 20	х						0	0	0	
(7) GEORGE de LAMA TRUSTEE PRESIDENT (EFF AUG 14)	40 00	x		х				128,032	0	10,337	
(8) JOHN S WOLF PRESIDENT ('TIL JULY 14)	40 00	х		Х				168,058	0	7,653	
(9) DANIEL GEISLER VICE PRES ('TIL APRIL 14)	40 00			х				57,652	0	8,380	
(10) STEPHANIE S GROPP SEC/DIR OF FIN/ADMIN	30 00			х				87,182	0	23,362	

efile GRAPHIC print - DO NOT PROCESS

EISENHOWER EXCHANGE FELLOWSHIPS INCORPORATED

As Filed Data -

DLN: 93493316037725

**Employer identification number** 

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

			23-1505095										
Pai	rt I	Reason for Publi	c Charity S	<b>tatus</b> (All organiza	tions must co	mplete this p	part.) See instruction	ons.					
The o	rganız	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)						
1	Γ	A church, convention	of churches, o	r association of churc	hes described ii	n <b>section 170(</b>	b)(1)(A)(i).						
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E)											
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in <b>sec</b>	tion 170(b)(1)	)(A)(iii).						
4	Γ	A medical research or	ganızatıon ope	erated in conjunction v	vith a hospital d	escribed in <b>se</b>	ction 170(b)(1)(A)(iii	<b>).</b> Enter the					
_	_	hospital's name, city,		-64 -6 II									
5	ı	An organization opera			versity owned o	or operated by	a governmental unit d	escribed in					
6	_		<b>section 170(b)(1)(A)(iv).</b> (Complete Part II ) A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>										
6 7	, マ							ionoral nublic					
,	Į*	An organization that n described in <b>section 1</b>				om a governme	entar unit or nom the g	јенегат ривнс					
8	$\Gamma$	A community trust de				tII)							
9	$\Gamma$	An organization that n	ormally receiv	es (1) more than 331	1/3% of its supp	ort from contri	butions, membership	fees, and gross					
		receipts from activitie	s related to its	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of					
		ıts support from gross	ınvestment ın	come and unrelated b	usıness taxable	income (less	section 511 tax) from	businesses					
		acquired by the organi	ızatıon after Ju	ine 30, 1975 See <b>sec</b>	tion 509(a)(2).	(Complete Pa	rt III )						
10	$\Gamma$	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ty See <b>sectio</b>	n 509(a)(4).						
11	Γ	An organization organ											
		one or more publicly s											
а	$\vdash$	the box in lines 11a th <b>Type I.</b> A supporting of											
_	'	supported organization											
	_	organization You mus											
b	ı	Type II. A supporting											
		management of the su must complete Part IV			same persons t	nat control or i	manage the supported	organization(s) <b>You</b>					
С	Г	Type III functionally	•		n operated in c	onnection with	, and functionally integ	grated with, its					
	_	supported organization	n(s) (see instr	uctions) You must co	mplete Part IV,	Sections A, D	, and E.	,					
d	Г	Type III non-function											
		not functionally integr (see instructions) <b>Yo</b>					ement and an attentiv	eness requirement					
e	Г	Check this box if the o					s a Type I, Type II, T	ype III functionally					
	·	integrated, or Type III	=				,, , ,, ,,	,					
f		Enter the number of su	upported orgar	nizations									
g		Provide the following i	nformation abo	out the supported orga	ınızatıon(s)								
	<b>413.3</b> 1		(II) =	/ws =									
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the org	•	(v) A mount of monetary support	(vi) A mount of other support (see					
	,	organization		(described on lines	docume	-	(see instructions)	instructions)					
				1-9 above or IRC				,					
				section (see									
				ınstructions))	Vs-	<b>D</b> J -	1						
					Yes	No							
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.)

Se	ection A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	( <b>d)</b> 2013	<b>(e)</b> 20	14	( <b>f</b> ) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,203,406	2,854,358	2,125,123	3,965,538	3,	166,612	14,315,037
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	2,203,406	2,854,358	2,125,123	3,965,538	3,	166,612	14,315,037
	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, column (f)							2,916,725
6	Public support. Subtract line 5 from line 4							11,398,312
	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 20	14	<b>(f)</b> Total
7	beginning in) ► A mounts from line 4	2,203,406	2,854,358	2,125,123	3,965,538	3.	166,612	14,315,037
8	Gross income from interest,			_,				
	dividends, payments received on securities loans, rents, royalties and income from similar	891,648	890,188	833,996	742,940	!	987,034	4,345,806
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)	14,429		7,500				21,929
11	<b>Total support</b> Add lines 7 through 10							18,682,772
12	Gross receipts from related activiti	es, etc (see insti	ructions)	•	•	12		
13	First five years. If the Form 990 is organization, check this box and st							
Se	ection C. Computation of Pul							<u> </u>
14	Public support percentage for 2014	1 (lıne 6, column (	f) divided by line	11, column (f))		14		61 010 %
15	Public support percentage for 2013	3 Schedule A, Par	t II, line 14			15		62 170 %
16a	33 1/3% support test-2014. If the	organization did	not check the box	on line 13, and l	ine 14 is 33 1/3%	or more,	check t	his box
	and <b>stop here.</b> The organization qua <b>33 1/3% support test—2013.</b> If the	alıfıes as a publıcl e organızatıon dıd	y supported orga not check a box o	nızatıon on lıne 13 or 16a,				<b>▶</b>  ✓ neck this
	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization Part VI how the organization medorganization	— <b>2014.</b> If the orgation meets the "facts-and	anization did not c acts-and-circums I-circumstances"	theck a box on lin tances" test, che test The organiz	ck this box and station qualifies as	<b>stop here.</b> a publici	Explain y suppor	rted •
b 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part VI how the organiza supported organization Private foundation. If the organization	nization meets the tion meets the "fa	e "facts-and-circu acts-and-circums	ımstances" test, tances" test The	check this box a e organization qua	nd <b>stop he</b> alifies as a	e <b>re.</b> a publicly	y <b>▶</b> ┌
	instructions	a.a noconcer		,,,,,,,,,	2. 2, 311368 61113	unu		<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization'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 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

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

17

18

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^7$ If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$ , $(5)$ , or $(6)$ ? If "Yes," answer (b) and (c) below.	За		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	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.	4b		
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 $(2)^7$ 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.	<b>4</b> c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
Ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	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).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
5	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <b>(see</b>	inctri	ıct ione)	
	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  The organization supported a governmental entity. Describe in Part VI how you supported a government elinstructions.)			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	h Did the organization evergise a substantial degree of direction over the policies, programs and activities of each			l

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

3b

#### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must 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	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

#### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493316037725

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

**Supplemental Financial Statements** 

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

	me of the organization		Emp	loyer identification number
:151	NHOWER EXCHANGE FELLOWSHIPS INCORPORATED		23-	1505095
Pa	rt I Organizations Maintaining Donor Adv organization answered "Yes" to Form 990		_	
	organization answered Tes to Form 550	(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor advi	sed <b>Yes No</b>
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?			
aı	t II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a	or education)	certifie	ically important land area d historic structure n of a conservation
	easement on the last day of the tax year			
				Held at the End of the Year
l	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified histo	• •	2c	
	Number of conservation easements included in (c) acq historic structure listed in the National Register		2d	
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminat	ed by th	ne organization during
	the tax year ▶			
	Number of states where property subject to conservati	on easement is located ►		
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?	he periodic monitoring, inspection, har	ndling of	violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspect	cting, and enforcing conservation ease	ments o	during the year
	Amount of expenses incurred in monitoring, inspecting	, and enforcing conservation easement	ts during	g the year
	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of se	ction 17	7 0 (h)(4)(B)(ı)
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia		
Ti	Complete if the organization answered "Y		or Ot	her Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	, or rese	arch in furtherance of public
)	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	ts held for public exhibition, education,		
	(i) Revenue included in Form 990, Part VIII, line 1			<b>►</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
	If the organization received or held works of art, historic following amounts required to be reported under SFAS			•
	Revenue included in Form 990, Part VIII, line 1			<b>▶</b> \$
ı	Assets included in Form 990, Part X			<b>▶</b> \$
	A SSEED METAGEA METOLINI SSEEL SELLA			F +

Part	Organizations Maintaining Co	llections of Art,	Hist	<u>orical T</u>	reasur	es, or Ot	<u>:her Si</u>	<u>milar As</u>	sets (	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	s, che	ck any of	the follo	wing that a	re a sıgr	nificant use	ofits	
а	Public exhibition		d	┌ Loan	or exch	ange progra	ams			
b	Scholarly research		e	┌ Othe	r					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and explair	n how	they furth	er the or	ganızatıon'	s exemp	ot purpose	ın	
5	During the year, did the organization solicit	or receive donations	of art,	historica	l treasur	es or other	sımılar		_	_
	assets to be sold to raise funds rather than	•							☐ Yes	No
Par	Part IV, line 9, or reported an ar					answered	· "Yes"	to Form S	990,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other intermed	liary f	or contrib	utions oi	r other asse	ets not		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollowi	ng table						
								An	nount	
С	Beginning balance					<u> </u>	1c			
d	Additions during the year						ld			
e	Distributions during the year					<u> </u>	le			
f	Ending balance					<u> </u>	1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, fo	rescrow	or custo	dıal accoun	t liabilit	y?	☐ Yes	□ No
ь	If "Yes," explain the arrangement in Part XI									
Pa	rt V Endowment Funds. Complete									
1a	Beginning of year balance	(a)Current year 35,792,438	( <b>b)</b> Pr	or year 32,323,147		o years back 30,004,651	(a) I hree	years back 32,302,630	(e)Four	years back 28,745,224
ь	Contributions	4,482,590		457,771		3,404,867		2,360,000		695,996
C	Net investment earnings, gains, and losses	1,102,330		137,771		3, 10 1,007		2,300,000		
		-3,881,482		4,823,481		809,509		-3,213,197		4,086,013
d	Grants or scholarships									
е	Other expenditures for facilities and programs	1,497,800		1,811,961		1,895,880		1,444,782		1,224,603
f	Administrative expenses	24.005.746		25 702 420		22 222 447		20.004.654		22 202 620
g	End of year balance	34,895,746		35,792,438		32,323,147		30,004,651		32,302,630
2	Provide the estimated percentage of the cur		e (line	1g, colun	nn (a)) h	eld as				
а	Board designated or quasi-endowment 🕨	90 000 %								
b	Permanent endowment ► 10 000 %									
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organizat	ion th	at are hel	ld and ac	dministered	for the			
	organization by							3-4	Yes	+
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>							3a(		No No
b	If "Yes" to 3a(II), are the related organization							3	_	1
4	Describe in Part XIII the intended uses of t									
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		ne org	ganızatıo	n answ	ered 'Yes'	to For	m 990, Pa	art IV,	line
	Description of property	201		(a) Cost o basis (inve		(b)Cost or ot basis (other		Accumulated depreciation	d (d) i	Book value
1a						723,	608			723,608
	Buildings		ŀ			2,365,		541,79	94	1,823,900
	Leasehold improvements		.			_,,		,		, ,,
	Equipment		.			485,	767	439,34	12	46,425
	0 th a		ļ			-,		,-		<u> </u>
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part X,	colun	nn (B), line	10(c).)					2,593,933
	·							Schedule [	) (Form	990) 2014

<b>Part VII Investments—Other Securities.</b> Con See Form 990, Part X, line 12.	,	,
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
(3)Other		
(A) LIMITED PARTNERSHIPS	10,582,723	F
(-,,,,,,,,,,	10,582,723	
Part VIII Investments—Program Related. Co See Form 990, Part X, line 13.	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total (column (2) must equal to missoy ture by cor (2) mic 13 )	a angwared 'Vas' to Form 000	Dart IV line 11d See Form 000 Dart V line 15
Total (column (2) must equal to missoy ture by cor (2) mic 13 )	n answered 'Yes' to Form 990,	, Part IV, line 11d See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization (a) Descri	n answered 'Yes' to Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization  (a) Description	n answered 'Yes' to Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization  (a) Description	n answered 'Yes' to Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization  (a) Description	n answered 'Yes' to Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization  (a) Description	n answered 'Yes' to Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization  (a) Description	n answered 'Yes' to Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization  (a) Description	n answered 'Yes' to Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization  (a) Description	n answered 'Yes' to Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization  (a) Description	n answered 'Yes' to Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization  (a) Description	n answered 'Yes' to Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization  (a) Description	n answered 'Yes' to Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description (1) BENEFICIAL INTEREST IN FEDERAL TRUST  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	n answered 'Yes' to Form 990, ption	(b) Book value  8,105,424
Part IX Other Assets. Complete if the organization  (a) Description  (1) BENEFICIAL INTEREST IN FEDERAL TRUST  Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. Complete if the organization	n answered 'Yes' to Form 990, ption	(b) Book value  8,105,424
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:  Part X  Other Liabilities. Complete if the organization  (a) Description  (a) Description  (b) Description  (c) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (f) BENEFICIAL INTEREST IN FEDERAL TRUST  (f) BENEFICIAL INTEREST IN FEDERAL TRUST  (f) BENEFICIAL INTEREST IN FEDERAL TRUST  (f) Description  (g) Description  (h) Description  (g) Description  (h) Descripti	n answered 'Yes' to Form 990, ption  5.)  n inization answered 'Yes' to	(b) Book value  8,105,424
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:  Part X  Other Liabilities. Complete if the organization  (a) Description of liability	n answered 'Yes' to Form 990, ption	(b) Book value  8,105,424
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:  Part X  Other Liabilities. Complete if the organization  (a) Description  (a) Description  (b) Description  (c) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (f) BENEFICIAL INTEREST IN FEDERAL TRUST  (f) BENEFICIAL INTEREST IN FEDERAL TRUST  (f) BENEFICIAL INTEREST IN FEDERAL TRUST  (f) Description  (g) Description  (h) Description  (g) Description  (h) Descripti	n answered 'Yes' to Form 990, ption  5.)  n inization answered 'Yes' to	(b) Book value  8,105,424
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:  Part X  Other Liabilities. Complete if the organization  (a) Description of liability	n answered 'Yes' to Form 990, ption  5.)  n inization answered 'Yes' to	(b) Book value  8,105,424
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:  Part X  Other Liabilities. Complete if the organization  (a) Description of liability	n answered 'Yes' to Form 990, ption  5.)  n inization answered 'Yes' to	(b) Book value  8,105,424
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:  Part X  Other Liabilities. Complete if the organization  (a) Description of liability	n answered 'Yes' to Form 990, ption  5.)  n inization answered 'Yes' to	(b) Book value  8,105,424
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:  Part X  Other Liabilities. Complete if the organization  (a) Description of liability	n answered 'Yes' to Form 990, ption  5.)  n inization answered 'Yes' to	(b) Book value  8,105,424
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:  Part X  Other Liabilities. Complete if the organization  (a) Description of liability	n answered 'Yes' to Form 990, ption  5.)  n inization answered 'Yes' to	(b) Book value  8,105,424
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:  Part X  Other Liabilities. Complete if the organization  (a) Description of liability	n answered 'Yes' to Form 990, ption  5.)  n inization answered 'Yes' to	(b) Book value  8,105,424
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:  Part X  Other Liabilities. Complete if the organization  (a) Description of liability	n answered 'Yes' to Form 990, ption  5.)  n inization answered 'Yes' to	(b) Book value  8,105,424
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:  Part X  Other Liabilities. Complete if the organization  (a) Description of liability	n answered 'Yes' to Form 990, ption  5.)  n inization answered 'Yes' to	(b) Book value  8,105,424
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:  Part X  Other Liabilities. Complete if the organization  (a) Description of liability	n answered 'Yes' to Form 990, ption  5.)  n inization answered 'Yes' to	(b) Book value  8,105,424
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:  Part X  Other Liabilities. Complete if the organization  (a) Description of liability	n answered 'Yes' to Form 990, ption  5.)  n inization answered 'Yes' to	(b) Book value  8,105,424
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:  Part X  Other Liabilities. Complete if the organization  (a) Description of liability	n answered 'Yes' to Form 990, ption  5.)  n inization answered 'Yes' to	(b) Book value  8,105,424
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:  Part X  Other Liabilities. Complete if the organization  (a) Description of liability	n answered 'Yes' to Form 990, ption  5.)  n inization answered 'Yes' to	(b) Book value  8,105,424

Par	the organization answered 'Yes' to			ts With Revenue p	er R	eturn Complete if
1	Total revenue, gains, and other support per a	udited financial statements			1	3,577,508
2	Amounts included on line 1 but not on Form 9	90, Part VIII, line 12				
а	Net unrealized gains (losses) on investments		2a	-2,387,664		
b	Donated services and use of facilities		2b		1	
c	Recoveries of prior year grants		2c		1	
d	Other (Describe in Part XIII )		2d	-135,787	1	
e	Add lines <b>2a</b> through <b>2d</b>		· · ·		2e	-2,523,451
3	Subtract line <b>2e</b> from line <b>1</b>				3	6,100,959
4	Amounts included on Form 990, Part VIII, lii	ne 12, but not on line <b>1</b>				
а	Investment expenses not included on Form 9	90, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )		4b		1	
c	Add lines <b>4a</b> and <b>4b</b>				4c	0
5	Total revenue Add lines 3 and 4c. (This must	equal Form 990, Part I, line	12)		5	6,100,959
Part	Reconciliation of Expenses per if the organization answered 'Yes'				per	Return. Complete
1	Total expenses and losses per audited finance				1	4,551,603
2	A mounts included on line 1 but not on Form 9	90, Part IX, line 25				
а	Donated services and use of facilities		2a			
b	Prior year adjustments		2b			
C	Other losses		2c			
d	Other (Describe in Part XIII )		2d			
e	Add lines <b>2a</b> through <b>2d</b>				2e	0
3	Subtract line <b>2e</b> from line <b>1</b>				3	4,551,603
4	Amounts included on Form 990, Part IX, line	25, but not on line 1:				
а	Investment expenses not included on Form 9	90, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )		4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	0
5	Total expenses Add lines 3 and 4c. (This mu	st equal Form 990, Part I, lin	e 18 )		5	4,551,603
Part	t XIII Supplemental Information					
Part	vide the descriptions required for Part II, lines 3 t V , line 4 , Part X , line 2 , Part XI , lines 2d and 4 rmation					de any additional
	Return Reference	Explanation				
Part V	V, Line 4 INTENDED U	SE OF ENDOWMENT FUNDS	S TO S	JPPORT EF'S PROGRA	MSA	ND OPERATIONS
Part X	· ·	TAX POSITIONS UNDER AS		_		•

Part V, Line 4	INTENDED USE OF ENDOWMENT FUNDS TO SUPPORT EF'S PROGRAMS AND OPERATIONS
Part X, Line 2	UNCERTAIN TAX POSITIONS UNDER ASC 740 GAAP REQUIRES ENTITIES TO EVALUATE, MEASURE, RECOGNIZE AND DISCLOSE ANY UNCERTAIN TAX POSITIONS TAKEN ON THEIR TAX RETURNS GAAP PRESCRIBES A MINIMUM THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET IN ORDER TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS EF BELIEVES THAT IT HAD NO UNCERTAIN TAX POSITIONS AS DEFINED IN GAAP
Part XI, Line 2d - Other Adjustments	CHANGE IN VALUE OF BENEFICIAL INTEREST IN FEDERAL TRUST -135,787
	Schedule D (Form 990) 2014

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

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DLN: 93493316037725

SCHEDULE F Stateme

(Form 990)

Department of the Treasury

Internal Revenue Service

**Statement of Activities Outside the United States** 

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

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

	e of the organization				Employer ident	ification number
	NHOWER EXCHANGE FELLOWS				23-1505095	
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organize	ation answered
1	For grantmakers. Does the o	-			<del>-</del>	
	and other assistance, the gra	_		·		_
	used to award the grants or a	ıssıstance?				✓ Yes
2	<b>For grantmakers.</b> Describe in assistance outside the United		ganızatıon's pı	rocedures for monitorii	ng the use of its grant	s and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ce is needed )	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	See Add'l Data			,		
( 2)						
( 3)						
(4)						
( 5)						
За	Sub-total	0	0			6,062,246
b	Total from continuation sheets to Part I	0	0			15,251
c	: <b>Totals</b> (add lines 3a and 3b)	0	0			6,077,497

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(1)		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	FOR FELLOWSHIP NETWORK EVENTS	5,035	WIRE TRANSFER			FMV
( 2)		Europe (Including Iceland & Greenland)	FOR FELLOWSHIP NETWORK EVENTS	5,035	WIRE TRANSFER			FMV
(3)								
(4)								
		ent organizations list or which the grantee					ıs 	C

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	tional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							, , ,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
( 13)							
(14)							
( 15)							
( 16)							
( 17)							
(18)							
	•			•	•		

### 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 Instructions for Form 926)	Г	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	ঘ	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	দ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	<b>~</b>	Yes	Γ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	<b>∀</b>	Yes	Г	Νo
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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5** 

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2	EF MONITORS THE USE OF ITS GRANT FUNDS BY REQUIRING THE RECIPIENTS TO SUBMIT A REPORT AT T HE END OF THE GRANT PERIOD ON THE STATUS OF THEIR PROJECT AND TO STATE EXPECTED MEASURABLE RESULTS

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 23-1505095

Name: EISENHOWER EXCHANGE FELLOWSHIPS

**INCORPORATED** 

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	INVESTMENTS		5,945,944
East Asia and the Pacific	0	0	FUNDRAISING		
Europe (Including Iceland & Greenland)	0	0	FUNDRAISING		

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
Middle East and North Africa	0	0	FUNDRAISING						
South Asia	0	0	FUNDRAISING						
Central America and the Caribbean	0	0		FOR FELLOWSHIP NETWORK EVENTS	14,097				

Form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region					
East Asia and the Pacific	0	0		FOR FELLOWSHIP NETWORK EVENTS	51,311					
Europe (Including Iceland & Greenland)	0	0		FOR FELLOWSHIP NETWORK EVENTS	50,894					
Middle East and North Africa	0	0		FOR FELLOWSHIP NETWORK EVENTS	11,105					

Form 990 Schedule F	Part I - Activi	<u>ties Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	PROGRAM SERVICES	FOR FELLOWSHIP NETWORK EVENTS	1,531
South Asia	0	0	PROGRAM SERVICES	FOR FELLOWSHIP NETWORK EVENTS	2,615

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# Open to Public

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization EISENHOWER EXCHANGE FELLOWSHIPS INCORPORATED **Employer identification number** 

23-1505095

Pai	rt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	$\Gamma$	Housing allowance or residence for personal use			
	Travel for companions	$\Gamma$	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	$\Gamma$	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses desc			1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?					
	ameters, mastees, omeers, melaamy the GEO, Executi	•••	Thector, regarding the Items effected in line 14	2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensati	appl	y Do not check any boxes for methods			
	Compensation committee	~	Written employment contract			
	✓ Independent compensation consultant	~	Compensation survey or study			
	Form 990 of other organizations		Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Par or a related organization	t VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	mer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplementa	l non	equalified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-base			<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ns m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, lin compensation contingent on the revenues of		-			
a	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ie 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, paid	dora	accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part III					Νo
9	If "Yes" to line 8, did the organization also follow the resection 53 $4958-6(c)$ ?	butt	able presumption procedure described in Regulations	9		

#### 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 in 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 are not 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-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column(B) reported as deferred in prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)		
1 JOHN S WOLF, PRESIDENT ('TIL JULY 14)	(i)	168,058	0	0	0	7,653	175,711	0	
(1163061 14)	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2014

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2014

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Open to Public Inspection

## **SCHEDULE M** (Form 990)

# **Noncash Contributions**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization EISENHOWER EXCHANGE FELLOWSHIPS INCORPORATED

**Employer identification number** 

23-1505095

Pe	Types of Property			<u> </u>				
		(a)	(b)	(c)	(d			
		Check If	Number of contributions or items contributed	Noncash contribution amounts reported on	Method of de noncash contrib		_	t.c
		applicable	or items contributed	Form 990, Part VIII, line	Holicasii colitiib	ution	ainoun	15
	Art—Works of art			1 g				
	Art—Historical treasures .							
	Books and publications Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	4	146,673	FMV @ TRANSFER	DATE		
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—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ► ()							
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization comple				29			0
							Yes	No
30a	During the year, did the organiza	atıon receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that			
	ıt must hold for at least three ye	ars from the	e date of the initial contribu	ition, and which is not requi	red to be used			
	for exempt purposes for the enti	re holding p	erıod?			30a		Νo
b	If "Yes," describe the arrangem	ent in Part 1	I					
31	Does the organization have a gi	ft acceptand	ce policy that requires the	review of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?			to solicit, process, or sell i	noncash 	22-		N -
L	If "Yes," describe in Part II		·	· ·		32a		No_
		t an amount	un column (c) for a type of	property for which column /	a) is chacked			
<i></i>	If the organization did not report describe in Part II	. an amount	in column (c) for a type of	property for which column (	a) is checked,			
or F	Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990.	Cat No 51227J	Schedule M	(Form	990)	(2014)

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

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2014

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

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
EISENHOWER EXCHANGE FELLOWSHIPS INCORPORATED

EISENHOWER EXCHANGE FELLOWSHIPS INCORPORATED

23-1505095

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation				
Form 990, Part VI, Section A, line 2					
Form 990, Part VI, Section B, line 11	GOVERNING BODY REVIEW OF FORM 990 THE EXECUTIVE COMMITTEE REVIEWS THE FORM 990 FOR APPROVA  L ONCE APPROVED, A COPY OF THE RETURN IS DISTRIBUTED TO EACH BOARD TRUSTEE FOR REVIEW PRI  OR TO FILING				
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 FO R 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 REPO RTED TO THE PRESIDENT, WHO ALERTS THE APPROPRIATE BOARD MEMBERS				
Form 990, Part VI, Section B, line 15	PROCESS FOR DETERMINING COMPENSATION OFFICER COMPENSATION IS SET BY THE EXECUTIVE COMMITTE  E CHAIR FOLLOWING DISCUSSION AND APPROVAL BY THE AD HOC COMMITTEE OF THE EXECUTIVE COMMITT  EE (VICE CHAIRMAN AND CHAIRS OF THE ADMIN/FINANCE, DEVELOPMENT AND NOMINATING COMMITTEE) A  ND FOLLOWING DISCUSSIONS IN THE EXECUTIVE COMMITTEE IN EXECUTIVE SESSION				
Form 990, Part VI, Section C, line 19	PUBLIC AVAILABILITY OF OTHER DOCUMENTS EF POSTS ITS FORM 990, AUDITED FINANCIAL STATEMENTS , ANNUAL BUSINESS PLAN AND CONFLICT OF INTEREST POLICY ON ITS WEBSITE EF'S CHARTER, BY LAW S AND DOCUMENTS, SUCH AS ITS WHISTLEBLOWER POLICY, ARE AVAILABLE TO THE PUBLIC UPON REQUES T				
Form 990, Part XI, line 9	CHANGE IN VALUE OF BENEFICIAL INTEREST IN FEDERAL TRUST -135,787				