EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax

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

<u> 16</u>

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

Α	ror u	ie 2016 calendar year, or tax year beginning and e	naing	_				
В	Check is applicat	C Name of organization ASSOCIATION FOR CULTURAL INTERCHANGE,		D Employer identific	cation number			
	Addr	ess ge INC.						
	Nam chan	e		52-6	054124			
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	loom/suite	E Telephone numbe				
	Final retur		212-297-6199					
terminated City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code H(a) Is this a group return								
	retur	n NEW YORK, NY TOT70		7				
	Appl tion pend	F Name and address of principal officer: WILLIAM F. OKCHARD		for subordinates				
		SAME AS C ABOVE		H(b) Are all subordinates in	reluded? Yes No			
		xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)			
		ite: ▶ WWW.CULTURALINTERCHANGE.ORG		H(c) Group exemptio				
		of organization: X Corporation Trust Association Other	L Year	of formation: 1958 N	M State of legal domicile; MD			
P	art I		CITEDIT	T II O				
e	1	Briefly describe the organization's mission or most significant activities: SEE S	Сиеро	TE O				
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	d of more	than 25% of its net ass	sets.			
Ş	3			3	7			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6			
Š	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			2			
itie/	6	Total number of volunteers (estimate if necessary)			1			
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	' t	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		24,266,555.	17,772,741.			
	9	Program service revenue (Part VIII, line 2g)		247,351.	264,024.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,152,281.	4,273,679.			
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,296,749.	2,130,188.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,369,438.	24,440,632.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		491,750.	1,867,590.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$		214,338.	171,909.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ax	L t	Total fundraising expenses (Part IX, column (D), line 25) 105,99		1 010 105	0.404.000			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,840,127.	2,484,338.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,546,215.	4,523,837.			
	19	Revenue less expenses. Subtract line 18 from line 12		25,823,223.	19,916,795.			
Net Assets or				ginning of Current Year	End of Year			
Sset	20	Total assets (Part X, line 16)		62,372,842.	189,427,762.			
et A	21	Total liabilities (Part X, line 26)		2,845,023. 59,527,819.	3,445,593. 185,982,169.			
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		39,321,019.	103,902,109.			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules a	and etateme	ante and to the heet of my	knowledge and helief it is			
		ect, and complete. Declaration of preparer (other than officer) is based on all information of whic			Knowledge and belief, it is			
truc	, 00110	Lack and complete. Declaration of proparor (other than officer) is based on an information of white	π ριτοραιτοί	nas any knowledge.				
Sig	ın	Signature of officer		Date				
He		WILLIAM P. ORCHARD, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN			
Pai	d	PAUL K. BRACE		if self-employ	P01474547			
	parer	Firm's name ▶ ROGOFF & COMPANY, P.C.	I	Firm's EIN ▶	13-2688836			
	Only	Firm's address 355 LEXINGTON AVENUE, 6TH FLOOR						
		NEW YORK, NY 10017-6603		Phone no. 21	2 557-5666			
Ма	y the	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Other program services (Describe in Schedule O.)

including grants of \$ 4,092 252. Total program service expenses

Form 990 (2016)

) (Revenue \$

INC.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
06	Schedule L, Part I	250		1
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,"	00		x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			.
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			37
а	, , , , , , , , , , , , , , , , , , , ,	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		_ - _
-	Note: All Form 200 files are unwided to a complete Oak adult O	38	х	
	Note. All Form 990 filers are required to complete Schedule O			(2016)

Form 990 (2016)

INC

52-6054124

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **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 Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: ▶ ISRAEL, ITALY See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b **c** If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). X a 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 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 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a 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 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7								
	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	b Enter the number of voting members included in line 1a, above, who are independent 1b 6								
2									
	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_ X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5									
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	1.1110 COSTON 2 Toquesto IIII SIII III III III III III III III		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	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	12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe								
	in Schedule O how this was done	12c	х						
13	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14		Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
	Other officers or key employees of the organization	15b	X						
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100							
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure	100							
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	-						
.0	for public inspection. Indicate how you made these available. Check all that apply.		-						
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial						
13	statements available to the public during the tax year.	manc	ıaı						
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
20	WILLIAM P.ORCHARD, PRESIDENT - (212)297-6199								
	420 LEXINGTON AVE, SUITE 300, NEW YORK, NY 10170								

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related or					con	nper	sate	ed any current officer, di	,	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one	Reportable	Reportable	Estimated
	hours per	box					n an	compensation	compensation	amount of
	week		T an		1 0010	1711 03	(00)	from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2, 1000 *********************************	organization
	organizations	trust	nal tru		oyee	om pe		,		and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) FEDERICO RIERA-MARSA	15.00	ļ								
V.P./TREASURER/DIRECTOR		Х		Х		<u> </u>		0.	0.	0.
(2) WILLIAM P. ORCHARD	40.00	ļ								
EXEC. DIR./PRESIDENT/DIREC		Х		Х		<u> </u>		105,000.	0.	3,400.
(3) LUIS E. TELLEZ	1.00	ļ								
DIRECTOR		Х				<u> </u>		0.	0.	0.
(4) JOHN E. FAGAN	2.00	ļ								
DIRECTOR		Х				<u> </u>		0.	0.	0.
(5) JIM SNOW	1.00	ļ								
DIRECTOR		Х				<u> </u>		0.	0.	0.
(6) RALPH COTI (DEC'D. SEPT 2016)	1.00	ļ								
SECRETARY/DIRECTOR		Х		Х		<u> </u>		0.	0.	0.
(7) TIMOTHY BARRY	1.00	ļ								
DIRECTOR		Х				<u> </u>		0.	0.	0.
(8) JULIEN NAGORE	2.00	ļ								
DIRECTOR	15.00	Х				_		0.	0.	0.
(9) JOHN PAUL GRAELLS	15.00	-		l						
ASSISTANT SECRETARY				X		_		0.	0.	0.
		-								
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10111	1000 (2010)									<u></u>				g
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	I I							(D)	(E)			(F)	
	Name and title	Average	Position						Reportable Reportable			l Es	stimate	ed
		hours per	(do not check more than one box, unless person is both an						compensation compensation			l .	nount	
		week							from	from related			other	
		(list any	ctor						the	organization	าร	com	pensa	tion
		hours for	r dire				- - - -		organization	(W-2/1099-MI	SC)	fr	om th	е
		related	tee o	ıstee			ensat		(W-2/1099-MISC)			org	anizat	ion
	organizations trait										an	d relat	ed	
	(list any hours for related organizations below line) We'd mile with the lines organization below line) We'd mile with the organization below line) We'd mile with the organization (W-2/1099-MISC) We'd mile with the organization (W-2/1099										orga	anizati	ons	
		line)	Indiv	Insti	Officer	Key 6	High	Former						
				_	_									
								L	105 000		0		2 1	00
	Sub-total								105,000.		0.	3,400.		
	Total from continuation sheets to Part VI								0.		0.		2 4	0.
	Total (add lines 1b and 1c)								105,000.		0.		3,4	00.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	е			1
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director or tr	ıotor	, ko	on	مامم		ork	highest componented or	mplovoo on			162	NO
3	•	•			•	•	•							X
_	line 1a? If "Yes," complete Schedule J for s											3		Λ
4	For any individual listed on line 1a, is the su	•		•					•	•				77
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	accrue comper	sati	on fr	rom	any	unre	elate	ed organization or individ	dual for services				
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch ı	oers	on					5		X
Sec	ction B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	lepe	ndei	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa	tion fro	om	
	the organization. Report compensation for													
	(A)								(B)			(0	<u> </u>	
											nsatio	n		

(A) Name and business address	(B) Description of services	(C) Compensation
MEIR AND DAVID COHEN LTD.		
67 HAPALMACH ST, JERUSALEM, ISRAEL 9258326 GE	ENERAL CONTRACTOR	15,699,093.
C2 CONSTRUCTION CONSULTING		
	ROJECT MANAGER	569,356.
GOLDSCHMIDT ARDITTY BEN NAYIM ARCHITECTS(GA		
222 JAFFA ROAD, JERUSALEM, ISRAEL 94383 AR	RCHITECTURE	352,010.
PHILADELPHIA TRUST COMPANY IN	NVESTMENT	
1760 MARKET STREET, PHILADELPHIA, PA 19103 MA	ANAGEMENT	261,761.
ISRAEL CARGO LOGISTICS LTD		
P.O. BOX 1100, LOD AIRPORT, ISRAEL 70100 LO	OGISTICS	191,319.
2 Total number of independent contractors (including but not limited to those listed abo	pove) who received more than	
\$100,000 of compensation from the organization • 6		000

INC. 52-6054124 Page 9 Form 990 (2016) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D**)
Revenue excluded from tax under (B) (C) Total revenue Related or Unrelated exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts **1 a** Federated campaigns **b** Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 17,772,741 84,052 g Noncash contributions included in lines 1a-1f: \$ 17,772,741 h Total. Add lines 1a-1f **Business Code** 2 a SERVICE AGREEMENTS 561000 142,575 142,575 Program Service Revenue b PROGRAM LOAN INTEREST 900099 121,449 121,449 С f All other program service revenue 264,024, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,313,446 1,313,446. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 107,527,983. assets other than inventory b Less: cost or other basis 104,567,750. and sales expenses 2,960,233. c Gain or (loss) 2,960,233. 2,960,233. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a PARTNERSHIP EARNINGS 1,548,827 1,548,827. 523000 b FOREIGN EXCHANGE GAIN 523000 581,361 581,361.

632009 11-11-16

6,403,867. Form **990** (2016)

2,130,188

24,440,632

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

264,024.

Form 990 (2016)

INC.

52-6054124 Page **10**

Part IX | Statement of Functional Expenses

<u>Sect</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	20,000.	20,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,847,590.	1,847,590.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	105,000.	83,869.	21,131.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	46.050		2 224	
7	Other salaries and wages	46,078.	43,774.	2,304.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,274.	7,419. 9,246.	1,855. 2,311.	
10	Payroll taxes	11,557.	9,246.	2,311.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	52,786.	51,286.	1,500.	
С	Accounting	13,500.		13,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	261,761.		261,761.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	92,295.	33,390.	99.	58,806
12	Advertising and promotion				
13	Office expenses	3,395.		417.	2,978.
14	Information technology	5,609.		5,609.	
15	Royalties				
16	Occupancy	83,032.	42,706.	10,735.	29,591.
17	Travel	18,281.		3,792.	14,489.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1 201 714	1 201 714		
22	Depreciation, depletion, and amortization	1,381,714.	1,381,714.		
23	Insurance				
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.) ' ASSET IMPAIRMENTS	570,430.	570,430.		
a b	OTHER	1,535.	828.	580.	127
		1,555	020•	300•	14/6
c d					
u e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,523,837.	4,092,252.	325,594.	105,991
26	Joint costs. Complete this line only if the organization	_,,	_, ., _, _, _,	,	_00,001
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

INC.

Form 990 (2016)

Part X | Balance Sheet

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,191.	1	9,662.
	2	Savings and temporary cash investments	24,897,054.	2	7,079,767.
	3	Pledges and grants receivable, net	, ,	3	, ,
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	_	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 94, 394, 742.			
	b	Less: accumulated depreciation 10b 28,821,677.	48,365,954.		
	11	Investments - publicly traded securities	58,149,623.	11	
	12	Investments - other securities. See Part IV, line 11	7,061,207.	12	
	13	Investments - program-related. See Part IV, line 11	23,770,486.	13	21,839,678.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	121,327.	15	133,993.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	162,372,842.	16	
	17	Accounts payable and accrued expenses	2,845,023.	17	3,445,593.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
≣		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of		O.E.	
	26	Schedule D Total liabilities. Add lines 17 through 25	2,845,023.	25 26	3,445,593.
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	2,043,023	20	3,443,333.
		complete lines 27 through 29, and lines 33 and 34.			
ces	27	Unrestricted net assets	121,956,934.	27	147,922,908.
lan	28	Temporarily restricted net assets	37,570,885.	28	38,059,261.
Ba	29	Permanently restricted net assets	, , , , , , , , , , , , , , , , , , , ,	29	, ,
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
Ϋ́		and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ.	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	159,527,819.	33	185,982,169.
	34	Total liabilities and net assets/fund balances	162,372,842.	34	

Form	n 990 (2016) INC.	5⊿-	-0054	14	Pa	age I∠
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24	, 44	0,6	32.
2	Total expenses (must equal Part IX, column (A), line 25)	2				37.
3	Revenue less expenses. Subtract line 2 from line 1	3				95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	159	,52	7,8	19.
5	Net unrealized gains (losses) on investments	5	6	,53	7,5	555.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	.				
	column (B))	10	185	<u>,98</u>	<u>2,1</u>	69.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				<u> </u>
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Auc	dit			ļ
	Act and OMB Circular A-133?			3a		X
h	If "Ves," did the organization undergo the required audit or audits? If the organization did not undergo the required	PUR PA	li t	I		1

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

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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 ASSOCIATION FOR CULTURAL INTERCHANGE,

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number INC 52-6054124 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

52-6054124 Page 2

Schedule A (Form 990 or 990-EZ) 2016 INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3096836.	4647482.	44923495.	24266555.	17772741.	94707109.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3096836.	4647482.	44923495.	24266555.	17772741.	94707109.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						33204916.
6	Public support. Subtract line 5 from line 4.						61502193.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	3096836.	4647482.	44923495.	24266555.	17772741.	94707109.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	602,230.	804,551.	776,567.	861,534.	1313446.	4358328.
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.)	1110903.	1288262.	1293175.	-527,587.		
11	Total support. Add lines 7 through 10						104360378
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 1	,477,597.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	
_	organization, check this box and stor	here					>
	ction C. Computation of Publi						
	Public support percentage for 2016 (li					14	58.93 %
	Public support percentage from 2015					15	56.45 %
16a	33 1/3% support test - 2016. If the o	-			14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2015. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac				=	rt VI how the orga	nization
	meets the "facts-and-circumstances"	ū			•		
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets the				•		e
	organization meets the "facts-and-circ		-	•	,		>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2016

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

ASSOCIATION FOR CULTURAL INTERCHANGE,

Employer identification number

52-6054124

Organization type (che	ck one):
Filers of:	Section:
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
· -	on is covered by the General Rule or a Special Rule . 11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a any one contri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (i)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, D-EZ, line 1. Complete Parts I and II.
year, total con	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for of cruelty to children or animals. Complete Parts I, II, and III.
year, contribut is checked, en purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ter here the total contributions that were received during the year for an exclusively religious, charitable, etc., to complete any of the parts unless the General Rule applies to this organization because it received nonexclusively table, etc., contributions totaling \$5,000 or more during the year
but it must answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), " on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

ASSOCIATION FOR CULTURAL INTERCHANGE,

Employer identification number

Pa	t I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6		Complete ii tiic
	3.ga	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	• •	, ,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advis	sed funds
Ū	are the organization's property, subject to the organization's exc	_	
6	Did the organization inform all grantees, donors, and donor advis		
·	for charitable purposes and not for the benefit of the donor or do		
Pa			
1	Purpose(s) of conservation easements held by the organization (,
-	Preservation of land for public use (e.g., recreation or educ	`	torically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structu		
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register	· ·	
3	Number of conservation easements modified, transferred, releas		
	year▶		
4	Number of states where property subject to conservation easem	nent is located >	
5	Does the organization have a written policy regarding the period	ic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing con	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation e	easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	's financial statements that describes	the organization's accounting for
	conservation easements.		
Pal	t III Organizations Maintaining Collections of A		tner Similar Assets.
	Complete if the organization answered "Yes" on Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC 9		
	historical treasures, or other similar assets held for public exhibit		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes		
b	If the organization elected, as permitted under SFAS 116 (ASC 9		
	treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical treasu		al gain, provide
	the following amounts required to be reported under SFAS 116 (· · · · · · · · · · · · · · · · · · ·	•
a	Revenue included on Form 990, Part VIII, line 1		. .
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2016

9027___1

Par	t III Organizations Maintaining Co	ollections of Art	, Histori	cal Tre	asures, o	r Othe	r Sir	nilar Ass	sets (cor	<u> </u>	ugo
3	Using the organization's acquisition, accession	n, and other records	s, check an	y of the f	ollowing that	t are a s	ignific	ant use of	its collection	on item	S
	(check all that apply):										
а	Public exhibition	d	Loa	an or excl	nange progra	ams					
b	Scholarly research	е	Oth	ner							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how they	further th	e organizatio	on's exe	mpt p	urpose in I	Part XIII.		
5	During the year, did the organization solicit or	receive donations of	f art, histor	ical treas	ures, or othe	er simila	r asse	ets			
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang	jements. Comple	te if the or	ganizatio	n answered	"Yes" or	n Forr	n 990, Part	IV, line 9,	or	
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for con	tributions	or other ass	sets not	inclu	ded			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table	e:			_				
							L		Amo	unt	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for esc	row or cu	stodial acco	unt liabi	lity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete if	the organization ans	swered "Ye	s" on Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) Prio	r year	(c) Two yea	rs back	(d) ⊺	hree years b	ack (e) Fo	our year	s back_
1a	Beginning of year balance	14,374,619.									
b	Contributions	12,854,293.	15,19	1,864.							
С	Net investment earnings, gains, and losses	3,511,688.	-81	7,245.							
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	536,158.									
f	Administrative expenses										
g	End of year balance	30,204,442.	14,37	4,619.							
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, c	olumn (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶ 100	<u>0.00</u> %									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organizat	tion that ar	e held an	d administer	red for th	he org	ganization			
	by:								_	Yes	+
	(i) unrelated organizations								3a(i)	X
										<u>i)</u>	X
b	If "Yes" on line 3a(ii), are the related organizat								3b)	
4	Describe in Part XIII the intended uses of the		vment func	ls.							
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered								ı		
	Description of property	(a) Cost or ot		(b) Cost				nulated	(d) Bo	ook valı	ıe
		basis (investm	•	basis	,	de	epreci	ation	01.0		
1a	Land				5,540.	0.0	D C C	64.5	21,2	<u>us,5</u>	40.
b	Buildings		7	3,13	7,144.	28,	769	,619.	44,3	67,5	25.
С	Leasehold improvements				0 050			0.50			
d	Equipment			5	2,058.		52	,058.			0.
	Other								CF 5	72 2	<u> </u>
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part X	K. column (B). line 10	Oc.)				65,5	73,0	65.

Schedule D (Form 990) 2016

ASSOCIATION	FOR CULTURAL	INTERCHANG	Ε,		
Schedule D (Form 990) 2016 INC.			52-	-6054124	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end	-of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) SELECT EQT FUND, LP	2,112	. END-OF-Y	EAR MARKET	VALUE	
(B) SELECT EQT INFRASTRUCTURE					
(C) I FUND, LP	452,724	. END-OF-Y	EAR MARKET	VALUE	
(D) SELECT EQT INFRASTRUCTURE					
(E) III FUND, LP	220,000	• END-OF-Y	EAR MARKET	VALUE	
(F) ZILKHA PARTNERS SPECIAL					
(G) OPPORTUNITIES, LP	5,872,708	• END-OF-YI	EAR MARKET	VALUE	
(H) BONDS, CD'S, ADR'S SPDR'S	3,103,662	. END-OF-YI	EAR MARKET	VALUE	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	9,651,206				
Part VIII Investments - Program Related.	,	•			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11c. See Form 990. F	Part X. line 13.		
(a) Description of investment	(b) Book value		aluation: Cost or end	-of-year market v	alue
(1) PROGRAM LOANS TO 15		, ,			
(2) CHARITABLE ORGANIZATIONS	21,839,678	. COST			
(3)		0021			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	21,839,678				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	21,039,070	•			
	an Farma 000 Dart IV lin	. 11d Caa Faura 000 F	Dank V. Lines 4.5		
Complete if the organization answered "Yes"	Description	e 11a. See Form 990, F	art X, line 15.	(b) Book va	aluo.
	Description			(D) BOOK VA	ilue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		<u></u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form	990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					

(5) (6) (7) (8) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2016

THE MANAGEMENT OF ACI BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX

POSITIONS TAKEN ON ITS RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM

990) AND, ACCORDINGLY, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT

WOULD AFFECT ITS TAX-EXEMPT STATUS OR BE MATERIAL TO THE FINANCIAL

STATEMENTS.

632054 08-29-16 Schedule D (Form 990) 2016

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047 6 Open to Public Inspection

Name of the organization

ASSOCIATION FOR CULTURAL INTERCHANGE,

Employer identification number

INC 52-6054124 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and independent for and in the region gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region EAST ASIA AND THE PACIFIC - AUSTRALIA, SUPPORT OF EDUCATIONAL. BRUNEI, BURMA, TRAINING AND STUDY OPERATING AND CONSTRUCTION CAMBODIA 0 0 GRANTS CENTERS. 27,050. EUROPE (INCLUDING ICELAND & GREENLAND) SUPPORT OF EDUCATIONAL. - ALBANIA, ANDORRA, TRAINING AND STUDY OPERATING AND CONSTRUCTION AUSTRIA, BELGIUM 0 0 GRANTS CENTERS. 180,000. MIDDLE EAST AND NORTH AFRICA -SUPPORT OF EDUCATIONAL. ALGERIA, BAHRAIN, OPERATING AND CONSTRUCTION TRAINING AND STUDY DJIBOUTI, EGYPT 0 0 GRANTS CENTERS 277,440. SUPPORT OF EDUCATIONAL, OPERATING AND CONSTRUCTION TRAINING AND STUDY CENTERS. GRANTS NORTH AMERICA 0 Λ 378,500. SUPPORT OF EDUCATIONAL, OPERATING AND CONSTRUCTION TRAINING AND STUDY CENTERS. 942,000. SOUTH AMERICA 0 0 GRANTS SUPPORT OF EDUCATIONAL. TRAINING AND STUDY OPERATING AND CONSTRUCTION SUB-SAHARAN AFRICA 0 0 GRANTS CENTERS, 42,600. SOUTH AMERICA ARGENTINA, BOLIVIA, SUPPORT OF EDUCATIONAL. BRAZIL, CHILE, TRAINING AND STUDY COLUMBIA, ECUADOR 0 0 PROGRAM LOANS CENTERS. 6,877,335. SUB-SAHARAN AFRICA -ANGOLA, BENIN, SUPPORT OF EDUCATIONAL BOTSWANA, BURKINA TRAINING AND STUDY CENTERS. 0 0 PROGRAM LOANS FASO 4,131,315. 0 0 12,856,240. 3 a Sub-total **b** Total from continuation 3 76,100,394. sheets to Part I c Totals (add lines 3a 88,956,634. and 3b)

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

Schedule F (Form 990) 2016

ASSOCIATION FOR CULTURAL INTERCHANG

Schedule F (Form 990)	INC.			52-605	4124 Page 1
Part I Continuatio	n of Activitie	s per Regior	(Schedule F (Form 990), Part I, line 3	3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,				SUPPORT OF EDUCATIONAL,	
BRUNEI, BURMA,				TRAINING AND STUDY	
CAMBODIA,	0	0	4 PROGRAM LOANS	CENTERS.	3,908,272.
CENTRAL AMERICA AND					
THE CARIBBEAN -				SUPPORT OF EDUCATIONAL,	
ANTIGUA & BARBUDA,				TRAINING AND STUDY	
ARUBA, BAHAMAS,	0	0	1 PROGRAM LOAN	CENTERS.	221,532.
EUROPE (INCLUDING					
ICELAND & GREENLAND)				SUPPORT OF EDUCATIONAL,	
- ALBANIA, ANDORRA,				TRAINING AND STUDY	
AUSTRIA, BELGIUM	0	0	2 PROGRAM LOANS	CENTERS.	6,397,525.
EUROPE (INCLUDING				PROGRAM-RELATED REAL	
ICELAND & GREENLAND)				PROPERTY MADE AVAILABLE	
- ALBANIA, ANDORRA,			UNIVERSITY STUDY CENTER,	RENT-FREE TO EDUCATIONAL	
AUSTRIA, BELGIUM	0	0	ROME	NON-PROFIT ORGS	4,164,356.
MIDDLE EAST AND			EXISTING EDUCATIONAL	PROGRAM-RELATED REAL	
NORTH AFRICA -			CENTERS; DEVELOPING NEW	PROPERTY MADE AVAILABLE	
ALGERIA, BAHRAIN,			PILGRIMAGE CENTER -	RENT-FREE TO EDUCATIONAL	
DJIBOUTI, EGYPT,	1	3	JERUSALEM	NON-PROFIT ORGS	61,408,709.
Totals	. 1	3			76,100,394.
	•	•			

INC.

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			CONSTRUCTION AND					
		SOUTH AMERICA -	ADAPTATION OF					
		ARGENTINA,	EDUCATIONAL					
		BOLIVIA,	FACILITIES	900,000.	WIRE TRANSFER	0.		
			CONSTRUCTION AND					
			ADAPTATION OF					
		NORTH AMERICA -	EDUCATIONAL					
		CANADA AND MEXICO	FACILITIES	350,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND	SCHOLARSHIPS FOR					
		NORTH AFRICA -	HIGHER EDUCATION	190,481.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &	OPERATIONAL EXPENSES					
		GREENLAND) -	OF TRAINING CENTER	100,000.	WIRE TRANSFER	0.		
			CONSTRUCTION AND					
		EUROPE (INCLUDING	ADAPTATION OF					
		ICELAND &	EDUCATIONAL					
		GREENLAND) -	FACILITIES	80,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND	EDUCATIONAL PROJECTS					
		NORTH AFRICA -	- ISRAEL	86,959.	WIRE TRANSFER	0.		
		SOUTH AMERICA -	CONCEDERATION AND					
		ARGENTINA,	CONSTRUCTION AND ADAPTATION OF					
		· · · · · · · · · · · · · · · · · · ·		42 000	WIDE MDANGEED	0		
		BOLIVIA,	COMMUNITY CENTER	42,000.	WIRE TRANSFER	0.		
			SCHOLARSHIPS FOR HIGH					
		SUB-SAHARAN	SCHOOL AND HIGHER					
		AFRICA	EDUCATION	28,000.	WIRE TRANSFER	0.		

Schedule	e F (Form 990)	INC.				52-60	<u> 54124 </u>		Page 2
Part II	Continuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	
1 (a) Nam	ne of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				CONSTRUCTION AND ADAPTATION OF EDUCATIONAL					
			PACIFIC -	FACILITIES	26,000.	WIRE TRANSFER	0.		
				CONSTRUCTION AND ADAPTATION OF					
			NORTH AMERICA - CANADA AND MEXICO	EDUCATIONAL FACILITIES	18,500.	WIRE TRANSFER	0.		
					, -		-		
			SUB-SAHARAN	SCHOLARSHIPS FOR					
			AFRICA	TRAINING CENTER	14,600.	WIRE TRANSFER	0.		
			MODELL AMEDICA	GGUOLADGUIDG BOD UIGU					
			NORTH AMERICA - CANADA AND MEXICO	SCHOLARSHIPS FOR HIGH SCHOOL STUDENTS	10,000.	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC -	DEBT SERVICE ASSISTANCE	1 050	WIRE TRANSFER	0.		
			FACIFIC	ADDIDIANCE	1,030.	WIRE TRANSFER	0.		

52-6054124

INC. Schedule F (Form 990) 2016 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2016

<u>Page 3</u>

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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(and Instructions for Form 9601)	□ Vac	X No

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

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; do not file with Form 990)

Foreign Partnerships (see Instructions for Form 8865)

Schedule F (Form 990) 2016

Yes X No

Yes X No

5

6

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.

PART I, LINE 2:

THE FOLLOWING PROVISIONS ARE INCLUDED IN ALL GRANT AND LOAN AGREEMENTS:

RECORD KEEPING: THE GRANTEE AGREES TO MAINTAIN ITS BOOKS AND RECORDS IN

A MANNER WHICH SATISFIES SEC. 53.4945-5(C)(3) OF THE INTERNAL REVENUE

CODE AND IN SUCH A WAY THAT FUNDS FROM ACI WILL BE SHOWN SEPARATELY ON

THE GRANTEE'S BOOKS. EXPENDITURES MADE BY THE GRANTEE IN FURTHERANCE OF

THE PURPOSES SPECIFIED IN THE GRANT AGREEMENT MUST BE CHARGED AGAINST THE

GRANT. THE GRANTEE WILL MAINTAIN RECORDS OF SUCH EXPENDITURES ADEQUATE

TO IDENTIFY THE USE OF THE FUNDS FOR THE SPECIFIED PURPOSES.

REPORTS TO ACI: WITH RESPECT TO THE PRINCIPAL AMOUNT OF THE GRANT IN ITS ENTIRETY, THE GRANTEE SHALL SUPPLY ACI WITH A REPORT OR REPORTS SHOWING (A) THE USE OF THE GRANT FUNDS BASED UPON THE RECORDS OF THE GRANTEE, DETAILING ALL EXPENDITURES MADE FROM SUCH FUNDS (INCLUDING SALARIES, EQUIPMENT, SUPPLIES, TRAVEL, ETC.) AND (B) THE PROGRESS MADE BY THE GRANTEE TOWARD ACHIEVING THE PURPOSES FOR WHICH THE GRANT WAS MADE. A REPORT SHALL BE MADE FOR THE FIRST FISCAL YEAR OF THE GRANTEE IN WHICH ANY AMOUNT OF THE GRANT WAS PAID TO THE GRANTEE. IF THE GRANT IS NOT FULLY EXPENDED BY THE GRANTEE WITHIN SUCH FIRST FISCAL YEAR, SUCH A REPORT SHALL BE MADE FOR EACH FISCAL YEAR THEREAFTER UNTIL COMPLETION OF THE USE OF THE GRANT FUNDS, OR UNTIL ACI ADVISES THE GRANTEE, IN WRITING THAT SUCH REPORTS WILL NO LONGER BE REQUIRED. A FINAL REPORT ON ALL EXPENDITURES FROM THE GRANT FUNDS WILL ALSO BE MADE. EACH REPORT REQUIRED TO BE MADE HEREUNDER SHALL BE MADE TO ACI WITHIN SIXTY (60) DAYS AFTER THE CLOSE OF EACH FISCAL YEAR.

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 INC.	52-6054124	Page 5
Part V Supplemental Information		•
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acc	ounting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting m	ethod); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional in	formation. See instructions.	
AVAILABILITY OF GRANTEE'S RECORDS: THE GRANTEE WILL MAI	NTAIN ITS RECOR	DS
OF EXPENDITURES FROM THE GRANT, AS WELL AS COPIES OF THE	REPORTS	
SUBMITTED BY IT TO ACI WITH RESPECT TO SUCH GRANT, FOR A	T LEAST FOUR (4)
YEARS AFTER COMPLETION OF THE USE OF THE GRANT FUNDS. I	T WILL MAKE BOO	KS
AND RECORDS AVAILABLE TO ACI AT REASONABLE TIMES DURING	SUCH PERIOD.	

32075 09-21-16 Schedule F (Form 990) 2016

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

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

ASSOCIATION FOR CULTURAL INTERCHANGE,

OMB No. 1545-0047 **2016**

Open to Public Inspection

Employer identification number

YOUTH LEADERSHIP FOUNDATION 7315 WISCONSIN AV GRANT FOR TENLEY	INC.							52-6054124
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (c) IRC section (if applicable) (a) Amount of cash grant or assistance (a) Amount of non-cash assistance (b) Amount of valuation (book, FMV, appraisal, other) (c) Description of noncash assistance (d) Amount of valuation (book, FMV, appraisal, other) (a) Description of noncash assistance (b) Purpose of grant or assistance (c) PROGRAM SOUTH BRONX EDUCATIONAL FOUNDATION (a) 13-3503819 501(C)(3) 10,000. 0. (b) PROGRAM YOUTH LEADERSHIP FOUNDATION (c) IRC section (if applicable) (d) Amount of valuation (book, FMV, appraisal, other) (d) Description of valuation (b) Description of valuation (b) Descript	Part I General Information on Grants ar	nd Assistance						
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (h) Purpose of grant or assistance (h) Purpose of grant or assistance	Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (g) Description of noncash assistance (h) Purpose of grant or assista	criteria used to award the grants or assis	tance?						X Yes No
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (g) Description of non-cash assistance (h) Purpose of grant or assistance (grant for Tenley)	2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance (h) Purpose of grant or assistance (h) Purpose of grant or assistance (a) Amount of non-cash assistance (a) Amount of valuation (book, FMV, appraisal, other) (b) EIN (c) IRC section (if applicable) (d) Amount of non-cash assistance (d) Amount of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (d) Amount of non-cash assistance (d) Amount of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance (h) Purpose of grant or assistance (g) Description of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance (h) Purpose of grant or assistance (g) Description of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance	Part II Grants and Other Assistance to D	Domestic Organi	zations and Domestic	Governments. C	complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
or government (b) EIN (c) Ho section (if applicable) (a) Althount of cash grant or government (b) EIN (c) Ho section (if applicable) (a) Althount of cash grant or government or government (b) EIN (c) Ho section (if applicable) (a) Althount of cash grant or government	recipient that received more than \$	5,000. Part II can	T -	T		(c) Mathead of	T	
843 CORONA PARK NORTH BRONX, NY 10460 13-3503819 501(C)(3) 10,000. 0. PROGRAM YOUTH LEADERSHIP FOUNDATION 7315 WISCONSIN AV GRANT FOR TENLEY		(b) EIN			non-cash	valuation (book, FMV, appraisal,		
BRONX, NY 10460 13-3503819 501(C)(3) 10,000. 0. PROGRAM YOUTH LEADERSHIP FOUNDATION 7315 WISCONSIN AV GRANT FOR TENLEY	SOUTH BRONX EDUCATIONAL FOUNDATION							
YOUTH LEADERSHIP FOUNDATION 7315 WISCONSIN AV GRANT FOR TENLEY	843 CORONA PARK NORTH							GRANT FOR ROSEDALE
7315 WISCONSIN AV	BRONX, NY 10460	13-3503819	501(C)(3)	10,000.	0.			PROGRAM
BETHESDA, MD 20814 52-2016259 501(C)(3) 10,000. 0. ACHIEVEMENT PROGRAM								GRANT FOR TENLEY
	BETHESDA, MD 20814	52-2016259	501(C)(3)	10,000.	0.			ACHIEVEMENT PROGRAM
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2 Enter total number of section 501(c)(3) ar	nd government or	u ganizations listed in the	e line 1 table				2.
3 Enter total number of other organizations listed in the line 1 table	3 Enter total number of other organizations	listed in the line	1 table					> 0.

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

Schedule I (Form 990) (2016)

52-6054124

Page 2

Part III can be duplicated if additional space is needed.			T		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information requ	uired in Part I, line	e 2; Part III, column	ı (b); and any other ad	ditional information.	

SCHEDULE M (Form 990)

Noncash Contributions

ASSOCIATION FOR CULTURAL INTERCHANGE,

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

INC

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

Employer identification number 52-6054124

Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining amounts reported on contributions or applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes Intellectual property 8 84,052.FAIR VALUE Securities - Publicly traded Х Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? **b** If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

632141 08-23-16

ASSOCIATION FOR CULTURAL INTERCHANGE,

Schedule M	И (Form 990) (2016) INC.	52-6054124	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b	and 22 and whather the ergenization	n .
1 6.11	is reporting in Part I, column (b), the number of contributions, the number of items received, or	or a combination of both. Also comple	ori ete
	this part for any additional information.	of a combination of both, and comple	,,,,

Schedule M (Form 990) (2016)

632142 08-23-16

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ASSOCIATION FOR CULTURAL INTERCHANGE,

Employer identification number 52-6054124

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACI PROVIDES A PROGRAM OF SUPPORT AND ASSISTANCE TO OTHER

NOT-FOR-PROFIT ORGANIZATIONS AND EDUCATIONAL AND VOCATIONAL TRAINING

INSTITUTIONS FROM ELEMENTARY LEVEL THROUGH GRADUATE STUDIES. ACI

EMPHASIZES THE PROMOTION OF INTERNATIONAL UNDERSTANDING AND THE

INTERCHANGE OF IDEAS AND CULTURAL ACTIVITIES AMONG PEOPLE OF DIFFERENT

NATIONS. ACI'S PROGRAM IS CARRIED OUT IN THE UNITED STATES AND FOREIGN

COUNTRIES.

ACI ACHIEVES THIS BY PROVIDING GRANTS AND PROGRAM LOANS, AS WELL AS THE

USE OF PHYSICAL FACILITIES, TO ORGANIZATIONS IN THE UNITED STATES AND

OTHER COUNTRIES THAT OPERATE IN FURTHERANCE OF ACI'S MISSION. ACI ALSO

OWNS AND OPERATES THE SAXUM CENTER ("SAXUM") IN ABU GOSH, ISRAEL.

SAXUM CONSISTS OF A CONFERENCE CENTER WHICH OPERATES WORKSHOPS,

CONFERENCES AND SPIRITUAL RETREATS; AND A VISITOR CENTER PROVIDING

ORIENTATION AND INFORMATION RESOURCES FOR INDIVIDUALS AND GROUPS

VISITING THE HOLY LAND.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTERCHANGE OF IDEAS AND CULTURAL ACTIVITIES AMONG PEOPLE OF DIFFERENT

NATIONS. ACI'S PROGRAM IS CARRIED OUT IN THE UNITED STATES AND FOREIGN

COUNTRIES. ACI ACHIEVES THIS BY PROVIDING GRANTS AND LOANS THAT ARE

INTEREST-FREE OR BEAR BELOW-MARKET INTEREST RATES TO ORGANIZATIONS THAT

FOSTER AND FACILITATE CHARITABLE AND EDUCATIONAL PROGRAMS. ACI ALSO

OWNS AND MAINTAINS REAL PROPERTY FACILITIES IN ITALY AND ISRAEL. THOSE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization ASSOCIATION FOR CULTURAL INTERCHANGE, INC.	Employer identification number 52-6054124
FACILITIES ARE MADE AVAILABLE RENT-FREE TO EDUCATIONAL AND	CULTURAL
INSTITUTIONS OPERATED BY NOT-FOR-PROFIT ORGANIZATIONS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS CIRCULATED TO BOARD MEMBERS FOR REVIEW AND	COMMENT BEFORE
FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
TWO OFFICERS AND AN INDEPENDENT DIRECTOR REVIEW TRANSACTIO	NS IN DETAIL ON A
MONTHLY BASIS TO MONITOR FOR POTENTIAL CONFLICTS OF INTERE	ST.
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD REVIEWS COMPENSATION OF ALL EMPLOYEES ANNUALLY A	ND DOCUMENTS
COMPENSATION IN THE MINUTES. COMPARABILITY DATA INCLUDES	INFORMATION FROM
PUBLICLY-AVAILABLE FORM 990 FILINGS OF SIMILAR ORGANIZATIO	NS AND OTHER
PUBLICLY AVAILABLE SOURCES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES DOCUMENTS PUBLIC IN THE MANNER PRES	CRIBED BY THE
INTERNAL REVENUE CODE AND STATE CHARITIES LAWS.	
FORM 990, PART XII, LINE 2C:	
FORM 990, PART XI, LINE 2C: THE BOARD APPROVES SELECTION O	
AND REVIEWS THE AUDIT REPORT.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ASSOCIATION FOR CULTURAL INTERCHANGE, INC.

Employer identification number 52-6054124

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
SAXUM LTD (CC) - 98-0608393	EDUCATIONAL-DEVELOP A				
6 HILLEL STREET	CONFERENCE CENTER FOR				
JERUSALEM, ISRAEL 94581	CULTURAL INTERCHANGE	ISRAEL	15,444,412.	49,146,281.	NONE

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Public charity Direct controlling entity		(g) Section 512(b)(13) controlled entity?	
				501(c)(3))		Yes	No	
-								
	-							

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

632165 09-06-16 Schedule R (Form 990) 2016

(Rev. December 2013) Department of the Treasury Internal Revenue Service

Information Return of U.S. Persons With Respect To Foreign Disregarded Entities

▶ Information about Form 8858 and its separate instructions is at www.irs.gov/form8858.

Information furnished for the foreign disregarded entity's annual accounting period (see instructions) beginning JAN 1 2016 and ending DEC 31

OMB No. 1545-1910 Attachment

Sequence No. 140

Filer's identifying number

Name of person filing this return

ASSOCIATION FOR CULTURAL INTERCHANGE,

52-6054124 INC. Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 420 LEXINGTON AVENUE, NO. 300 City or town, state, and ZIP code NEW YORK, NY 10170 JAN 1 20 16 , and ending DEC 31 20 16 Filer's tax year beginning Important; Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. 1a Name and address of foreign disregarded entity b(1) U.S. identifying number, if any 98-0608393 SAXUM LTD (CC) 6 HILLEL STREET b(2) Reference ID number (see instructions) **JERUSALEM** ISRAEL 94581 Effective date as foreign c Country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization CHARITABLE COMPANY 03 29 06 disregarded entity **ISRAEL** 01/01/09 If benefits under a U.S. tax treaty were claimed with respect to income g Country in which principal h Principal business Functional currency of the foreign disregarded entity, enter the treaty and article number business activity is conducted activity EDUCATIONAL ISRAEL, ISRAEL FACILITY SHEQEL Provide the following information for the foreign disregarded entity's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in the Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the foreign disregarded entity, and the location of such books **United States** and records, if different CHEN MORDECHAI, CPA SHOHAM FIN. ADV. EMEK HACHULA 32 MODI'IN ISRAEL 7177322 For the tax owner of the foreign disregarded entity (if different from the filer) provide the following: Name and address **b** Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized e Functional currency For the direct owner of the foreign disregarded entity (if different from the tax owner) provide the following: **b** Country under whose laws organized Name and address c U.S. identifying number, if any **d** Functional currency

owner and the foreign disregarded entity, and the chain of ownership between the foreign disregarded entity and each entity in which the foreign disregarded entity has a 10% or more direct or indirect interest. See instructions

Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax

For Paperwork Reduction Act Notice, see the separate instructions

Form **8858** (Rev. 12-2013)

	rm 8858 (Rev. 12-2013)				Page 2
So	Schedule C Income Statement (see instructions)				
lmp	portant: Report all information in functional currency in accordance	e with U.S. GAAP. Also, report each	amount in U.S. dollars tra	nslated fron	n functional
con	rrency (using GAAP translation rules or the average exchange rate mplete only the U.S. Dollars column. See instructions for special i	e determined under section 989(b)). It rules for foreign disregarded entities :	t tne tunctional currency i that use DASTM	s the U.S. ad	oliar,
	you are using the average exchange rate (determined under section)				
			Functional Currency	U.S. D	ollars
1	Gross receipts or sales (net of returns and allowances)	1			
2					
3		3			
4			55,001,488.	15,44	4,412.
5			55,001,488.	15,44	4,412.
6			1,120.		287.
7					
8		8	55,000,368.	15,44	4,125.
So	Schedule C-1 Section 987 Gain or Loss Informa	ition			
_			(a)	. (I	o)
	Note. See the instructions if there are multiple recipients of remittand	ces	Amount stated in functional currency of	Amount functional	
	from the foreign disregarded entity.		foreign disregarded entity		ipient
1	Remittances from the foreign disregarded entity	1			
2					
	, , , , , , , , , , , , , , , , , , , ,			Yes	No
3	Were all remittances from the foreign disregarded entity treated as ma	de to the direct owner?			
4					
	and the standard and the standard O				
S	Schedule F Balance Sheet				
lm	nportant: Report all amounts in U.S. dollars computed in functiona	l currency and translated into LLS, de	ollars in accordance with	IIS GAAP	
	ee instructions for an exception for foreign disregarded entities th			0.0. 0	
	Assets		(a) Beginning of annual	(b End of a) annual
	Assets		accounting period	accountin	
1	Cash and other current assets	1	· · · · · · · · · · · · · · · · · · ·	1,49	7,112.
2			29,570,964.	47,64	9,169.
3			32,986,247.	49,14	6,281.
			, ,	<u> </u>	
	Liabilities and Owner's Equity				
4	Liabilities	4	30,196,496.	3,24	6,428.
5	Owner's equity			45,89	9,853.
6			32,986,247.		6,281.
	Schedule G Other Information		, ,		
_				Yes	No
1	During the tax year, did the foreign disregarded entity own an interest	in any trust?			
2					
3					
·	its owner during the tax year: Did the tax owner claim a loss with it				
	11. (1) 1. (1)		-		
4					
7	under reg. 1.1503(d)-1(b)(4)(ii) does the separate unit or combined se		•		
	4.4500(1) 4/1.1/51/500		_	N	/A
	1.1503(d)-1(b)(5)(ii)? If "Yes," enter the amount of the dual consolidated loss ► \$			1/	<i>,</i> A
_	ii 165, einei nie amount of the dual consolidated 1055 - \$	Al	nswer question 5a.	rm 8858 (I	20 10.0010

<u>For</u>	rm 8858 (Rev. 12-2	013)			Page 3
S	chedule G	Other Information (continued)			
				Yes	No
5a	Was any portion of year? If "Yes," go				
t	Was this permitte If "No," go to 5c				
(If this was not a p under Reg. 1.503	L			
	•	separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the ax year \$ See Instructions.	L		
E	During the tax year section 901(m)?	ar, did the foreign disregarded entity pay or accrue any foreign tax that was disqualified for credit under			
7	7 During the tax yea taxes that were pr				
8		wing question only if the tax owner of the foreign disregarded entity is a controlled foreign corporation e any intracompany transactions between the foreign disregarded entity and the CFC or any other branch of the			
	CFC during the ta	x year, in which the foreign disregarded entity acted as a manufacturing, selling, or purchasing branch?			
S	chedule H	Current Earnings and Profits or Taxable Income (see instructions)			
lm	portant: Enter the	amounts on lines 1 through 6 in functional currency.			
1	Current year net i	ncome or (loss) per foreign books of account	1		
2			2		
3	Total net subtract	ions	3		
4					
5	5 DASTM gain or loss (if applicable)				
6	6 Combine lines 4 and 5				
7	-	and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under			
	section 989(b) an	d the related regulations (see instructions))	7		
	Enter exchange ra				

Form **8858** (Rev. 12-2013)