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DLN: 93493216007447

Department of the Treasury
Internal Revenue Service

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

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

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A F	or the	2015 ca	endar year, or tax year b	eginning 10-01-2015 , and ending	09-30-201	.6				
_		pplicable	C Name of organization Center for Cultural & Techni	cal Interchange Btwn East & West			D Emplo	yer i	dentification number	
_	ddress o lame ch	-					99-0	1616	503	
	nitial ret	•	Doing business as East-West Center							
F	ınal /termın	atod	Number and street (or P O	E Teleph	one n	umber				
_	nended		1601 East-West Road		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(808)	944	-7111	
Ap	plicatio	n pending	City or town, state or provir Honolulu, HI 96848	ice, country, and ZIP or foreign postal code						
			,			1	<b>G</b> Gross	receip	ts \$ 35,993,620	
			<b>F</b> Name and address of Ralph Carvalho	principal officer			s this a group			
			1601 East-West Road			s	ubordinates? No		Yes  ✓	
——— т Та	x-exen	npt status	Honolulu, HI 96848				Are all subord ncluded?	ınate	Yes No	
				( ) <b>◀</b> (insert no ) 4947(a)(1) or	527			n a lis	st (see instructions)	
	ebsite	e:► www	v EastWestCenter org			H(c)	Group exemp	tion i	number 🕨	
<b>K</b> For	m of or	ganızatıon	✓ Corporation  Trust	Association  ○ Other ►		L Year	of formation 19	975	<b>M</b> State of legal domicile HI	
Pa	rt I	Sum	mary							
	Р	rıefly des romote b	cribe the organization's n	nission or most significant activities standing between the United States		ations of	Asıa and the	Pacıf	ic through cooperative	
ce		caay, crai	milg, and research							
กลท	_									
Governance	2 (	Check th	ıs box ▶ ┌ ıf the organıza	ation discontinued its operations or	disposed o	of more th	nan 25% of it	s net	assets	
			1	·	,					
Activities &			-	governing body (Part VI, line 1a) .				3	17	
Mte			· -	nbers of the governing body (Part V				4	17	
cti			, ,	ved in calendar year 2015 (Part V , I	•			5	200	
Q			·	ate if necessary)				6	150.943	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12							7a 7b	158,843	
	וא ט	- Ct dill Cla	ted business taxable met	The Holl Form 550 F, line 54 .	<u> </u>	<del></del>	Prior Year	70	-65,063 Current Year	
	8	Contri	hutions and grants (Part )	/III, line 1h)			18,665	785	18,443,776	
<u>a</u>	9		= -	·			12,018		17,254,398	
Ravenue	10	Program service revenue (Part VIII, line 2g)					371		295,446	
α.	11		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					0	0	
	12	Total revenue, add lines 0 through 11 (must equal Bart VIII, solumn (A.) line						,255	35,993,620	
	l	12)								
	13		•	d (Part IX, column (A), lines 1–3)			4,547	,/83 0	4,347,102	
	14		•	paid to or for members (Part IX, column (A), line 4)					0	
85	15	5-10)	· ·	imployee benefits (Fart 1x, Column)	(A), lilles		15,374	,086	15,438,382	
Expenses	16a	Profes	sional fundraising fees (P	art IX, column (A), line 11e)				0	0	
Ä	b	Total fu	ndraising expenses (Part IX, co	lumn (D), line 25) ▶310,550						
	17		. , , , ,	in (A), lines 11a-11d, 11f-24e) .			10,486		15,745,417	
	18		•	17 (must equal Part IX, column (A),	•		30,407		35,530,901	
	19	Reven	ue less expenses. Subtra	ct line 18 from line 12	<u> </u>	+	647	,2/9	462,719	
Net Assets or Fund Balances						Beginn	ing of Current	Year	End of Year	
sse Bala	20	Total	assets (Part X, line 16)				36,188	,245	39,379,026	
A Pu	21	Total I	ıabılıtıes (Part X, lıne 26)				3,592	699,	5,175,645	
žζ	22	Netas	sets or fund balances Su	btract line 21 from line 20			32,595	,546	34,203,381	
	rt II		ature Block							
my k	nowled		pelief, it is true, correct, a	ave examined this return, including nd complete Declaration of prepare						
		<b>_</b>					2017-07-17			
Sign Sign		Signa	ature of officer							
Her			oh Carvalho Treasurer							
		<u>                                      </u>	or print name and title				1	1		
			nnt/Type preparer's name /esley B Hıyane	Preparer's signature Wesley B Hiyane		ate 017-07-17	Check I if	PTII P00	N 170760	
Pai		From Is name . So N and I/ CDAs Tree					self-employed Firm's EIN ► 9			
	pare	;r  -	irm's address ► 1001 Bishop St				Phone no (80)			
Use Only			Honolulu, HI 9		•					

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

Par	t 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,"		Yes	110
	complete Schedule A 🐕	1		
	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? ***  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Yes	No
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		140
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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 2	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11</b> e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24</b> c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   387		165	NO
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
С	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and  Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	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 to file Form 8282?	<b>7</b> c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	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?	<b>12</b> a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13</b> a		
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

# Part VI Governance, Management, and Disclosure

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

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

	Check if Schedule O contains a response or note to any line in this Part VI			🔽
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  17			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was			N -
_	filed?	4		No No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No No
6	Did the organization have members or stockholders?	6		No_
	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	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal F	Revent	ie Cod	e.)
			Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10a		N o
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10</b> b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11</b> a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
<b>.</b> 4	Did the organization have a written document retention and destruction policy?	14	Yes	
<b>.</b> 5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16</b> a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed HI			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
L9	Own website  Another's website  Upon request  Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

▶Ralph Carvalho 1601 East-West Road Honolulu, HI 96848 (808) 944-7504

Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Key employee Officer Institutional Trustee Individual trustee or director		Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
			_							
										Form <b>990</b> (2015)

# Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					5	- 24,000 MICCY	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee Individual trustee		key employee	Former Highest compensated employee		2/1099-MISC)	2/1099-MISC)	organization and related organizations
See	Additional Data Table										
							<u></u>				
1b	Sub-Total				•						
c d	Total from continuation sheet Total (add lines 1b and 1c) .				· .	٠.	•		2,079,788	0	406,622
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wl	no received more th	an	

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

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Hawaiian Building Maintenance	Maintenance services	740,704
1001 Bishop Street Suite 955 Honolulu, HI 96813		
University of Hawaii	Research, secunty, IT and library services	428,679
2440 Campus Road Box 368 Honolulu, HI 96822	5	
Georgetown University	Education services	315,826
Office of Sponsored Accounting 37th and O Street NW Washington, DC 20057		
Sasakawa Peace Foundation	Office lease	247,164
PO Box 2422 Addison, TX 750012422		
Carlsmith Ball LLP	Legal services	191,516
PO Box 656 Honolulu, HI 96809		

Potal number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 8

Part V	***	Statement o	of Revenue					
		Check If Schedi	ule O contains a respor	nse or note to any lu	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
(0	1a	Federated cam	paigns 1a	0				
nts ints	ь	Membership du	ıes <b>1b</b>	0				
3ra not	c	Fundraising eve						
ß. Ar		_						
Gif ilan	d	-	zations 1d	497,557				
ns,	е	Government grant		16,700,000				
er S	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	1,246,219				
를 돌	g		ions included in lines	0				
Contributions, Giffs, Grants and Other Similar Amounts	h	1a-1f \$  Total. Add lines	c 1a-1f		18,443,776			
∓ ت		Total: Add line:	3 1a-11		20,110,170			
골	2a	Posoarch Educatio	on and Other Services	Business Code	14 545 272	14 545 272	0	0
Ye.	b	Auxiliary Enterprise		541900 721310	14,545,272	14,545,272	0	2 527 026
Program Service Revenue	c	Conference Service		532000	2,527,936 158,843	0	158,843	2,527,936
Z A	d	Publications and O		511130	22,347	22,347	138,843	0
፠	e	-		311130	22,5 17	22,3 17		
Iran	f	All other progra	am service revenue		0	0	0	0
ď	_	T-1-1 Add line	- 2- 26		17.251.200			
	g 3		s 2a-2f come (including dividen		17,254,398			
		and other simil	aramounts)	▶	295,446	0	0	295,446
	4		stment of tax-exempt bond	proceeds >	0	0	0	0
	5	Royalties	(ı) Real	(II) Personal	Ŭ	<u> </u>	0	0
	6a	Gross rents	(I) Real	(II) Fersonal				
	.							
	Ь	Less rental expenses	_	_				
	С	Rental income or (loss)	0	0				
	d	Net rental inco		•				
	7a	Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
	ь	Less cost or other basis and sales expenses						
	С	Gain or (loss)	0	0				
enne	8a		luding					
Other Revenue		See Part IV, Iir	а					
ğ	b c		:penses <b>b</b> (loss) from fundraising	events				
		Gross income f	from gaming activities ne 19	events p				
	ь	Less direct ex	penses b					
			(loss) from gaming acti	vities				
	102	Gross sales of	inventory less	<b>•</b>				
		returns and allo	owances . a					
	Ь	_	oods sold . . <b>b</b>   (loss) from sales of inve	entory -				
	<del>- د</del>	Miscellaneous		Business Code				
	11a	seemaneou.						
	ь							1
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d '	🕨	0			
	12	Total revenue.	See Instructions .	\blacktriangleright	35 003 620	14 567 610	158 843	2 822 382

# Part IX Statement of Functional Expenses

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

1			expenses	general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals See Part IV, line 22	4,081,595	4,081,595		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	265,507	265,507		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	717,208	0	717,208	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	11,430,906	9,036,774	2,243,913	150,219
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,585,813	1,164,534	398,872	22,407
9	Other employee benefits	948,023	754,199	185,042	8,782
10	Payroll taxes				
		756,432	586,505	159,183	10,744
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	321,338	312,110	9,228	0
С	Accounting	67,712	49,125	18,587	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	129,653	0	129,653	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,129,026	2,873,442	137,186	118,398
12	Advertising and promotion	0	0	0	0
13	Office expenses	2,129,009	1,798,755	330,254	0
14	Information technology	113,201	33,818	79,383	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	2,269,362	2,051,108	218,254	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	147,849	108,596	39,253	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	1,214,615	881,203	333,412	0
23 24	Insurance	233,375	172,735	60,640	0
а	Subcontracts	3,413,354	3,413,354	0	0
b	Cleaning & Maintenance Services	1,209,766	839,760	370,006	0
c	Utilities	773,555	320,946	452,609	0
d	Repairs & Maintenance	270,344	167,991	102,353	0
e	All other expenses	323,258	240,571	82,687	0
25	Total functional expenses. Add lines 1 through 24e	35,530,901	29,152,628	6,067,723	310,550
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				rm <b>990</b> (2015)

Part X Balance Sheet

Par	ťΧ	Balance Sneet					
		Check if Schedule O contains a response or note to any li	ne in th	us Part X			<u>· · · · · </u>
					(A)		(B)
	1	Cash-non-interest-bearing			Beginning of year 31,835	1	End of year 83,927
	2	Savings and temporary cash investments			639,860		1,870,595
	1	, ,			1,827,889		<u> </u>
	3	Pledges and grants receivable, net			· · · · · · · · · · · · · · · · · · ·	3	3,222,555
its	4	Accounts receivable, net			152,140	4	224,604
	5	Loans and other receivables from current and former offi key employees, and highest compensated employees C Schedule L	omplet		0	5	0
	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see institution of Schedule L	3), and i 501(c)(9)	0	6	0	
Assets	7	Notes and leans recovable not			0		0
<b>d</b>	8	Notes and loans receivable, net			0	<u> </u>	0
	_					<u> </u>	955.339
	9	Prepaid expenses and deferred charges			763,564	9	955,339
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	34,505,069			
	b	Less accumulated depreciation	10b	22,809,721	12,512,836		11,695,348
	11	Investments—publicly traded securities		19,412,552	11	20,429,908	
	12	Investments—other securities See Part IV, line 11 .			0	12	0
	13	Investments—program-related See Part IV, line 11 .			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			847,569	15	896,750
	16	Total assets.Add lines 1 through 15 (must equal line 34	)		36,188,245	16	39,379,026
	17	Accounts payable and accrued expenses			804,364	17	2,497,693
	18	Grants payable			0	18	0
	19	Deferred revenue			1,592,659	19	1,315,812
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV	of Sche	dule D	0	21	0
jabilities.	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and d					
<u>.</u>		persons Complete Part II of Schedule L			0	22	0
E:	23	Secured mortgages and notes payable to unrelated third	parties	· .	0	23	0
	24	Unsecured notes and loans payable to unrelated third pa	arties		0	24	0
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to relat	ed third parties,			
					1,195,676	25	1,362,140
	26	Total liabilities.Add lines 17 through 25			3,592,699	26	5,175,645
ces		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere 🕨	<b>√</b> and complete			
<u>lan</u>	27	Unrestricted net assets			30,767,107	27	31,817,540
Ba	28	Temporarily restricted net assets			1,828,439	28	2,385,841
2	29	Permanently restricted net assets			0		0
Ξ		Organizations that do not follow SFAS 117 (ASC 958), o					
Net Assets or Fund Balances		complete lines 30 through 34.		'			
set	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building or equipment				31	
et	32	Retained earnings, endowment, accumulated income, or	other fu	ınas	20	32	24
Z	33	Total net assets or fund balances			32,595,546		34,203,381
	34	Total liabilities and net assets/fund balances			36,188,245	34	39,379,026

7 Investment expenses			4		32,5	595,546
Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O as separate basis, consolidated basis, or both  Separate basis Consolidated basis, or both  Were the organization sfinancial statements audited by an independent accountant?  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  Were the organization's financial statements audited by an independent accountant?  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  Were the organization's financial statements audited by an independent accountant?  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  Were the organization shinancial statements audited by an independent accountant?  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  Were the organization shinancial statements and selection of an independent accountant? If the organization of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  A sa a result of a federal award, was the organization nequired to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  If Yes, id did the organization undergo the required audit or audits 2 if the organization did not undergo the	5	Net unrealized gains (losses) on investments	5		1.1	45,116
Prior period adjustments	6	Donated services and use of facilities	6		•	0
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7			0
9 Other changes in net assets or fund balances (explain in Schedule O)	8	Prior period adjustments				
Check if Schedule O contains a response or note to any line in this Part XII    Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O	9	Other changes in net assets or fund balances (explain in Schedule O)				0
Check if Schedule O contains a response or note to any line in this Part XII	10	,	10		34,2	203,381
1 Accounting method used to prepare the Form 990	Par	t XII Financial Statements and Reporting	•			
1 Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII				<u>.                                     </u>
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2a No  If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or 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?  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  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A -133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b Yes					Yes	No
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?  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  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3b Yes	1	If the organization changed its method of accounting from a prior year or checked "Other," explain in	-			
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?  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  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a Yes  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b Yes	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b Were the organization's financial statements audited by an independent accountant?  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  Separate basis  Consolidated basis  Both consolidated and separate basis  c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a Yes  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b Yes			wed on			
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  ✓ Separate basis		Separate basis Consolidated basis Both consolidated and separate basis				
basis, consolidated basis, or both  ✓ Separate basis	b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a Yes  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b Yes			rate			
of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a Yes  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b Yes		▼ Separate basis				
Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b Yes	c			<b>2</b> c	Yes	
Single Audit Act and OMB Circular A - 133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b Yes			n			
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b Yes	3a		e	3a	Yes	
Form <b>990</b> (2015)	b			3b	Yes	
				F	orm <b>990</b>	(2015)

### **Additional Data**

**Software ID:** 15000352

**Software Version:** v1.00

**EIN:** 99-0161603

Name: Center for Cultural & Technical Interchange Btwn East

& West

### Form 990, Part III, Line 4a

**4a** (Code ) (Expenses \$ 11,747,268 including grants of \$ 991,626 ) (Revenue \$ 2,181,932 )

Since 1960, the East-West Center (Center) has a long and proud legacy promoting better relations and understanding among the people and nations of the United States, Asia, and the Pacific through cooperative study, research, and dialogue. The Center serves as a resource for information and analysis on critical issues of common concern, bringing people together to exchange views, build expertise, and develop policy options. As a national, public diplomacy institution, the Center works in partnership with more than 1.087 organizations throughout the United States (U.S.) and in the region. The collaborative research, education, seminars and outreach, and other programs bring together Americans and counterparts from Asia and the Pacific to work in an atmosphere of academic freedom on issues of mutual importance. The Center's exchange and dialogue programs involve multi-country, region-wide activities involving everyone as full participants. This past year featured major conferences in Manila and New Delhi, high profile events surrounding the landmark IUCN World Conservation Congress in Honolulu, as well President Obama's address to the Pacific Islands Conference of Leaders summit at the Center There were 4,075 participants from 97 countries and territories taking part in the Center activities throughout the region. While more information on the Center and its programs may be found at our website (www EastWestCenter org), the following is a highlight of the program activities during the year SEMINARS AND OUTREACH PROGRAMS. The Center has developed the most extensive program of trans-Pacific journalist and editor exchanges in the region, with exchanges for the Asia Pacific region as a whole (Jefferson Fellows) The Changing Faces women leadership seminar discusses and celebrates women's entrepreneurship. The Center also offers short-term policy seminars where senior and emerging leaders and business people from a variety of sectors focus on issues of regional concern. These programs are developed around a thematic focus and provides participants with an opportunity to strengthen their understanding of Asia Pacific-U S developments and challenges, build a regional network and to become leaders with a more international perspective. In September, some 350 international journalists and media professionals from more than 40 countries met in India's capital the EWC's 5th International Media Conference, on the theme of "South Asia Looking East" that included keynote speakers such as the Indian Foreign Secretary S Jaishankar and Nobel Peace laureate Kailash Satyanrthi East-West Center in Washington supports the Center's mission through direct work with U.S. policymakers and opinion leaders in the nation's capital. It facilitates understanding of the U.S. policy process by its Asia Pacific participants through direct interaction with U.S. policymakers. It also continues the successful Asia Matters for America/America Matters for Asia initiative to organize and disseminate information, data, and analysis on U.S. Asia interactions. The Center also launched a new Congressional Staff Program on Asia to equip staffers with a greater knowledge of U S - Asia policy Ten competitively selected staff members from both houses and political parties participated in the weekly seminar program

### Form 990, Part III, Line 4b

) (Expenses \$

(Code

EDUCATION PROGRAM The Center is at the forefront of educating people of the Asia Pacific region to meet the evolving demands of global change. The Education Program focuses on community building at the campus level as a stepping-stone to community building at the regional level. The participant's experience is one of grassroots relationship building, cultural exchange, shared experiences, and communal preparation for future leadership roles throughout the region. The Program offers educational opportunities for future leaders in the Asia Pacific region and the U.S. in an era of increased social, economic and technological interdependence Graduate degree scholarships and certificate programs prepare students and professionals to address the challenges and complexities of the world's most dynamic region. Undergraduate degree scholarships build and strengthen the base of future leaders in the South Pacific. The Program also provided professional development programs for educators to strengthen the capacity of individuals and institutions to cultivate in their students an appreciation and understanding of the histories. cultures, and contemporary issues of the Asia Pacific The Program accomplishments include continued training of future leaders in the Southeast Asia Youth Leadership Program, Asia Pacific Leadership Program (APLP), and college and K-12 educators through the AsiaPacificEd Program and the Asian Studies Development Program (ASDP) ASDP celebrated its 25th year of working to enhance undergraduate-level teaching about Asia at American colleges and universities. Since 1991. more than 2.300 educators from virtually every U.S. state and 26 foreign countries have participated in ASDP curriculum development workshops across the U.S. and abroad Other continuing programs are the Pacific Islands Women in Leadership, Study of the U.S. Institutes (SUSI) for Student Leaders on Global Environmental Issues, and the Brunei-U S English Language Enrichment Program for ASEAN aimed at raising the level of English language skills in the region. In FY 2016, 410 students from 51 countries and territories participated in the Center's undergraduate and graduate training and scholarship program that is unlike individual scholarship programs, since these students are instilled with a common learning experience centered on U S -Asia Pacific issues and community service

including grants of \$

2.568.037 ) (Revenue \$

3,658,797)

6.960.456

### Form 990, Part III, Line 4c

) (Expenses \$

(Code

6.667.871 RESEARCH PROGRAM The East-West Center's Research Program supports the Center's mission by engaging the research and policy communities in the Asia Pacific region on issues of shared concern. Researchers contribute expertise to broad and well-established networks of specialists and institutional partners, leading collaborative and interdisciplinary research on the evolving challenges of a dynamic region. They also provide insights and analysis to the Center's professional

including grants of \$

617.720 ) (Revenue \$

2.651.489 )

exchange, education, and public outreach programs, including its work with the media. The Pacific Regional Integrated Science and Assessment program continues to support integrated research across the social and physical sciences to expand the options of decision-makers including the Pacific community leaders cope with climate change and its impact to the region. The Research Program continues to undertake policy relevant activities, including a book launch at the United Nations. on contemporary development thinking, a high-level academic workshop series on "mega-regional" trade and industry, an urban governance workshop in Surabaya, Indonesia, and continued legal monitoring and public education about the Khmer Rouge Tribunal in Cambodia

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code 169.719 ) (Revenue \$

) (Expenses \$

OTHER PROGRAMS Other Programs include the Pacific Islands Development Program (PIDP), the China-US Strategic Philanthropy Partnership (CUSP) and Auxiliary enterprise services PIDP is an enduring partnership between the Center and twenty-two island governments. It is the only program of its kind based in the United States, bringing together heads of government from an area that spans one-third of the globe PIDP's role as a regional organization includes the five major activity areas. Secretariat for the Pacific Islands Conference Leaders, Secretariat for the United State/Pacific Island Nations Joint Commercial Commission, Research & Dialogue, Education & Training, and Pacific Island News President Obama addressed the leaders at the Pacific Islands Conference of Leaders summit, which is administered by the Center's PIDP, telling the leaders that new technologies and approaches mean that there doesn't have to be a conflict "between a healthy economy and a healthy planet" CUSP is a growing initiative to promote communication, exchange and collaboration between the philanthropic sectors of China and the U S  $_{
m in}$  in order to ensure the best use of resources and maximize the benefits to society as a whole. Auxiliary enterprises provide conference facilities and dormitory housing for students and conference participants that participate in the Center's programs

6.075.401 )

3.777.033 including grants of \$

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

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion ( nan o n is b	ne b oth	ox, ι an oi /trus	ınles s fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
The Honorable David Ige Director	0	×						0	0	0	
The Honorable George R Ariyoshi Director	0	×						0	0	0	
Ms Joan M Bickson Director	0	×						0	0	0	
Ms Kathy Calvin Director	0	×						0	0	0	
Ms Margaret Carpenter Vice Chair	0	×						0	0	0	
Dr Mong Joon Chung Director	0	x						0	0	0	
Mr Daniel R Fung SBS SC QC JP Director	0	×						0	0	0	
Mr Peter S Ho Director	21	Х						0	0	0	
Mr Chns Kanter	2	x						0	0	0	

0

2

Director

Director

Mr Rex KC Kım

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

0

0

0

Compensated Employees, and Inde	pendent Cor	ntracto	rs			•	•			
(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						<b>(D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Dr David K Lassner Director	0	×						0	0	0
Ms Ginger Lew Director	2	×						0	0	0
The Honorable Ronald TY Moon Director	2	×						0	0	0
Mr Marc B Nathanson Director	2 0	×						0	0	0
Mr Takeshi Niinami Director	0	x						0	0	0
Mr Theo Panagiotoulias Director	2 0	х						0	0	0
Mr William H Reeves	2									

0

0 2

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Χ

Director

Director

Director

Director

Ms Barbara J Tanabe

The Honorable Evan M Ryan

The Honorable M Osman Siddique

.....

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

(A) (B) (C) (D) (E)

(F)
Estimated amount
of other
compensation
from the
organization and
related
organizations

40,764

26,735

30,100

25,914

34,539

22,991

41,495

0

0

0

0

90,835

199,637

153,437

196,901

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more tl	do not check ne box, unless poth an officer ctor/trustee Highest compensate employee Officer			 (D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	1	
Mr Ratan N Tata Director	2	х				-	0	0	ŀ
Mr R Bnan Tsujimura Vice Chair	2	х					0	0	Ī
Mr Richard Turbin	2	х					0	0	
Dr Charles E Morrison President	40			х			208,195	0	
Mr Ricky Kubota Treasurer	40			x			140,521	0	
Mr Clinton Nonaka	40			×			118,282	0	

0 40

2 40

0 40

0 40

0

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Asst Treasurer

Secretary

Ms Carol Fox

Program Director

Ms Karen Knudsen

Program Director

Dr Nancy Lewis

Program Director

Mrs Carleen Gumapac

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C)
A verage hours per Position (do not check more than one box, unless (A) (E)

Name and Title

Dr G Shabbir Cheema

Researcher

	week (list any hours	perso and a						from the organization (W-	from related organizations (W-	compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Dr Satu Limaye Program Director	40				х			174,229	0	41,062
Dr Allen Clark Researcher	40					x		164,514	0	37,254
Dr Timothy Brown Researcher	40					x		162,247	0	29,149
Dr Jefferson Fox Researcher	40					x		160,799	0	30,028
Mr Randall Tanaka IUCN Conference Director	40					х		159,641	0	24,018
	40									

Reportable

compensation

(F)

Estimated amount

of other

Reportable

compensation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493216007447

SCHEDULE A (Form 990 or 990EZ)

**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.

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Cente	er for Cu	ıltural & Technical Interchange Btwn East & West	
			99-0161603
Pa	rt I	Reason for Public Charity Status (All organizations must complete this	part.) See instructions.
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one l	oox )
1		A church, convention of churches, or association of churches described in section 170(	(b)(1)(A)(i).
2	Ė	A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-	EZ))
3	<u> </u>	A hospital or a cooperative hospital service organization described in section 170(b)(1	L)(A)(iii).
4	Ϊ	A medical research organization operated in conjunction with a hospital described in <b>se</b> hospital's name, city, and state	ection 170(b)(1)(A)(iii). Enter the
5	Г	An organization operated for the benefit of a college or university owned or operated by 170(b)(1)(A)(iv). (Complete Part II)	· ·
6		A federal, state, or local government or governmental unit described in <b>section 170(b)</b>	
7	<b>▽</b>	An organization that normally receives a substantial part of its support from a governm described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II)	ental unit or from the general public
8		A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)	
9		An organization that normally receives (1) more than 331/3% of its support from cont receipts from activities related to its exempt functions—subject to certain exceptions from gross investment income and unrelated business taxable income (less section 5 organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(b) and organization organized and operated exclusively to test for public safety.	, and (2) no more than 331/3% of its support 11 tax) from businesses acquired by the
11 a	<u></u>	An organization organized and operated exclusively for the benefit of, to perform the fur one or more publicly supported organizations described in section 509(a)(1) or section the box in lines 11a through 11d that describes the type of supporting organization and <b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported or the support of the supporting organization operated.	n 509(a)(2) See <b>section 509(a)(3).</b> Check d complete lines 11e, 11f, and 11g
_	I	supported organization(s) the power to regularly appoint or elect a majority of the direc organization You must complete Part IV, Sections A and B.	
b	Γ	<b>Type II.</b> A supporting organization supervised or controlled in connection with its supp management of the supporting organization vested in the same persons that control or <b>must complete Part IV</b> , <b>Sections A and C</b> .	
С		<b>Type III functionally integrated.</b> A supporting organization operated in connection with supported organization(s) (see instructions) <b>You must complete Part IV, Sections A, C</b>	), and E.
d	Г	<b>Type III non-functionally integrated.</b> A supporting organization operated in connection not functionally integrated. The organization generally must satisfy a distribution requi (see instructions). You must complete Part IV, Sections A and D, and Part V.	11 2 1,
e	Г	Check this box if the organization received a written determination from the IRS that it integrated, or Type III non-functionally integrated supporting organization	is a Type I, Type II, Type III functionally
f	Ente	r the number of supported organizations	<u></u>
g		Provide the following information about the supported organization(s)	
			T T

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
			Yes	No		
Total						

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 19,019,053 18,381,983 18,665,785 18,443,776 92,040,294 17,529,697 membership fees received (Do not include any unusual grants ) 2 Tax revenues levied for the 0 0 0 0 organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 19.019.053 17,529,697 18,381,983 18,665,785 18,443,776 92,040,294 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 Public support. Subtract line 5 92,040,294 from line 4 Section B. Total Support Calendar year (f)Total (a)2011 (b)2012 (c)2013 (d)2014 (e)2015 (or fiscal year beginning in) 19,019,053 17,529,697 18,381,983 18,665,785 18,443,776 92,040,294 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, 58,435 30,217 18,780 371,056 295,446 773,934 royalties and income from similar sources 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 299,210 162,194 158.843 284.125 116.669 1,021,041 capital assets (Explain in Part VI) 11 Total support. Add lines 7 93,835,269 through 10 **12** Gross receipts from related activities, etc. (see instructions.) 12 65,593,799 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 98 087 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 98 324 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶□ 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	1 fails to qualify	y under the tes	ts listed below	<u>, piease compie</u>	ete Part .	.1.)	
_Se	ction A. Public Support	T	1	1	1			_
/ a = 6	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)20	15	<b>(f)</b> ⊤otal
(OF 1	iscal year beginning in) ► Gifts, grants, contributions, and							
-	membership fees received (Do							
	not include any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished							
	in any activity that is related to							
	the organization's tax-exempt purpose							
3	Gross receipts from activities							
-	that are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
5	paid to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit							
	to the organization without charge							
6	<b>Total.</b> Add lines 1 through 5							
7a	Amounts included on lines 1, 2,							
	and 3 received from disqualified							
	persons							
b	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that exceed							
	the greater of \$5,000 or 1% of							
	the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
_	from line 6 )							
	ction B. Total Support							
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)20	15	<b>(f)</b> Total
9	iscal year beginning in) ► A mounts from line 6							
10a	Gross income from interest,							
10a	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated							
	business activities not included							
	ın lıne 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of capital assets (Explain in Part							
	VI)							
13	Total support. (Add lines 9, 10c,							
	11, and 12)	ion the commit	l nia fir-t - '	threat formal	64h +a		017.30	
14	First five years.If the Form 990 is f	or the organization	on's first, second	, tnira, fourth, or	ππ tax year as a	section	01(c)(.	· · · · · · · · · · · · · · · · · · ·
	check this box and stop here	lia Cummant D						<u>▶</u>
	ction C. Computation of Pub			4.2 1 (0)				
15	Public support percentage for 2015			13, column (f))		15		
16	Public support percentage from 20:	14 Schedule A, P	art III, line 15			16		
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) dıvıded	by line 13, colur	mn (f))	17		
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line 1	١7		18		
	<b>33 1/3% support tests—2015.</b> If the				t line 15 is more t		3% and	line 17 is not
1 7 a	more than 33 1/3%, check this box	•		•			•	↑ IIIIe 17 is not
h	<b>33 1/3% support tests—2014.</b> If the							•
	18 is not more than 33 1/3%, check	-						
20	<b>Private foundation.</b> If the organization		-	· ·		•	_	<b>▶</b> □

# Part IV Supporting Organizations

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

_	I, complete Sections A and D, and complete Part V )			
Se	ection A. All Supporting Organizations	1	Voc	No.
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	<b>3</b> c		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	1	ı	
	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?			
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
5a	organization was used exclusively for section 170(c)(2)(B) purposes  Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

**11**c

Pai	t IV	Supporting Organizations (continued)			
Se	ction	B. Type I Supporting Organizations			
				Yes	No
1	appoii If "No organi appoir	e directors, trustees, or membership of one or more supported organizations have the power to regularly into or elect at least a majority of the organization's directors or trustees at all times during the tax year? "" describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the zation's activities. If the organization had more than one supported organization, describe how the powers to it and/or remove directors or trustees were allocated among the supported organizations and what conditions or strong, if any, applied to such powers during the tax year.	1		
2	that o If "Ye:	e organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? 5," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that ed, supervised or controlled the supporting organization	2		
Se	ction	C. Type II Supporting Organizations			
				Yes	No
1	truste If "No	a majority of the organization's directors or trustees during the tax year also a majority of the directors or es of each of the organization's supported organization(s)? "" describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons ontrolled or managed the supported organization(s)	1		
Se	ction	D. All Type III Supporting Organizations			
				Yes	No
1	organ tax ye	e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (1) a written notice describing the type and amount of support provided during the prior ear, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of ganization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ <i>If "No</i>	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? "explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the ited organization(s)	2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at uses during the tax year?  5," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
_					
		E. Type III Functionally-Integrated Supporting Organizations			
1 b		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government er instructions)			
2	<u>A ctivi</u>	ties Test Answer (a) and (b) below.		Yes	No
a	s uppo If "Yes furthe	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive?  5," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly is identify those supported organizations and explain how the organization was responsive to those supported organizations, and how the zation determined that these activities constituted substantially all of its activities	2a		
Ŀ	the or If "Yes	e activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in?  5," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have ed in these activities but for the organization's involvement	2b		
3	Paren	t of Supported Organizations Answer (a) and (b) below.			
a		e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b		e organization exercise a substantial degree of direction over the policies, programs and activities of each supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard</i>	3b		

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

	heck here if the organization satisfied the Integral Part Test as a qualifying t	rust on N	ov 20,1970 <b>See inst</b>	ructions. All other
Т	ype III non-functionally integrated supporting organizations must complete	Sections	A through E	Г
				(B) Current Year
	Section A - Adjusted Net Income		(A) Prior Year	(optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	A cquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	heck here if the current year is the organization's first as a non-functionally- estructions)	integrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	auıred)		
6 Other distributions (describe in Part VI) See instru			
·	30013		
7 Total annual distributions. Add lines 1 through 6			
<b>8</b> Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
e From 2015			

4.1.4 5.1.1.5	 	,	,		(See mod dedons)	
		Fa	cts And Cir	cumstances T	est	

and 6. Also complete this part for any additional information. (See instructions)

# 990 Schedule A, Supplemental Information Return Reference

Explanation

Conference services revenues are included in other income

Schedule A.

Part II, Line

# Schedule A (Form 990 or 990-EZ) 2015

# DLN: 93493216007447

# **SCHEDULE D**

(Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

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

OMB No 1545-0047

Open to Public Inspection

<b>Na</b> i	me of the organization ter for Cultural & Technical Interchange Btwn East & West			Emplo	yer identification r	umbe	r
					61603		
Pa	rt I Organizations Maintaining Donor Complete if the organization answere			unds o	r Accounts.		
		(a) Donor advised funds	s	<b>(b)</b> F	unds and other acc	ounts	
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 a funds are the organization's property, subject to t			or advise	ed r	'es	┌ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or dor	nor advisor, or for ar	ny other		'es	∏ No
Pa	rt II Conservation Easements. Comple	te if the organization a	answered "Yes" o	n Form	990, Part IV, lin	e 7.	
1	Purpose(s) of conservation easements held by th	,	that apply)				
	Preservation of land for public use (e.g., recreeducation)	eation or	Preservation of ar	n historia	cally important land	l area	
	Protection of natural habitat	į-			historic structure		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conservat	cion contribution in t	he form (	of a conservation		
					Held at the End	of the	Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easeme			2b			
С	Number of conservation easements on a certified		` '	2c			
d -	Number of conservation easements included in (chistoric structure listed in the National Register			2d			
3	Number of conservation easements modified, tran	nsferred, released, extingi	uished, or terminate	d by the	organization during	j the	
	tax year ▶						
4	Number of states where property subject to conse						
5	Does the organization have a written policy regard violations, and enforcement of the conservation e		ing, inspection, hand	lling of	☐ Yes	┌ No	)
6	Staff and volunteer hours devoted to monitoring, i year	nspecting, handling of vic	olations, and enforci	ng conse	ervation easements	durin	g the
	<b>&gt;</b>						
7	A mount of expenses incurred in monitoring, inspe	cting, handling of violatio	ons, and enforcing co	onservat	ion easements duri	ng the	year
	▶ \$ Does each conservation easement reported on lir	20 2(d) about catiof: the	roduiromonto of see	tion 170	(h)(4)		
8	(B)(ı) and section 170(h)(4)(B)(ıı)?				Yes	┌ No	)
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the org sements	anızatıon's fınancıal	stateme	ents that describes		
?ali	<b>t III</b> Organizations Maintaining Collect Complete if the organization answere			or Othe	er Similar Asse	ts.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footr	assets held for public exl	hibition, education, o	or resear	rch in furtherance o		С
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exl	•				С
(	i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		_	
(i	i) Assets included in Form 990, Part X		1				
2	If the organization received or held works of art, h	•				_	
	following amounts required to be reported under S	ras 116 (ASC 958) rela	iting to these items				

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	Organizations Maintaining (continued)										
3	Using the organization's acquisition, according to the collection items (check all that apply)	ession, and other re	cords, cl	heck a	ny of th	e following	that ar	e a significan	t use of	fits	
а	Public exhibition		d	Г	Loan	or exchang	e progra	ams			
b	Scholarly research		e	$\Gamma$	Other						
c	Preservation for future generations										
4	Provide a description of the organization	's collections and ex	olain ho	wthev	further	the organi	zation's	exempt purp	osein		
•	Part XIII	3 concedions and ex	cpidiii iio	w ency	rarener	the organi	Zacions	exempt purp	036 111		
5	During the year, did the organization soli assets to be sold to raise funds rather th								Yes	□ No	
Par	Complete if the organization a Part X, line 21.	ingements.						I			
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	stodian or other inte	rmediary	for co	ntribut	ions or oth	er asse		Yes	┌ No	)
b	If "Yes," explain the arrangement in P	art XIII and comple	te the fo	llowing	table				A moun	it	
c	Beginning balance						<b>1</b> c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						<b>1</b> f				
<b>2</b> a	Did the organization include an amount o	n Form 990, Part X,	line 21,	for es	crow or	custodial	account	: liability?	Yes	∏ No	•
b	If "Yes," explain the arrangement in Part	YIII Check here if	the eval	anatio	n hac h	een provid	ed in Da	art VIII			П
	rt V Endowment Funds. Comple									• • •	
	•	(a)Current year		nor year		(c)Two years		<b>d)</b> Three years b		<b>)</b> Four ye	ars back
<b>1</b> a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the	current year end bal	lance (lır	ne 1g,	column	(a)) held a	S				
а	Board designated or quasi-endowment <b>&gt;</b>										
b	Permanent endowment ▶										
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	•									
3a	Are there endowment funds not in the posorganization by	ssession of the orga	nızatıon	that a	re held	and admini	stered	for the		Yes	No
	(i) unrelated organizations								3a(i)	1.33	
	(ii) related organizations								3a(ii)		
	If "Yes" on 3a(II), are the related organiz								3b		
4	Describe in Part XIII the intended uses of tVI Land, Buildings, and Equip		endown	ient iui	nus						
Par				an D	L T\ /	1 11-	See Fo	rm 990 Pa	rt X. lı	ne 10	
Par	Complete if the organization a		Form 9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	art IV,	iine 11a.		71111 330, Tu			•
Par				(a	) her basis	(b	) her basıs	Accumula (c)depreciat	ted		k value
	Complete if the organization a			(a ost or ot	<b>)</b> her basis ment)	(b) Cost or ot	) her basıs	Accumula (c)depreciat	ted		k value
<b>1</b> a	Complete if the organization of Description of property			(a ost or ot	) her basis ment)	Cost or ot (oth	) her basis er) 0	Accumula (c)depreciat	ted ion		k value
1a   b	Complete if the organization of Description of property  Land			(a ost or ot	) her basis ment)	Cost or ot (oth	) her basis er) 0	Accumula (c)depreciat	ted ion	<b>(d)</b> Boo	k value c
1a   b	Complete if the organization of Description of property  Land			(a ost or ot	) her basis ment)	Cost or ot (oth	) her basis er) 0	Accumula (c) depreciat	ted ion	<b>(d)</b> Boo	
1a b c d	Complete if the organization of Description of property  Land			(a ost or ot	) her basis ment)	Cost or ot (oth	) her basis er) 0 0	Accumula (c) depreciate 20,09 2,71	0 4,705	<b>(d)</b> Boo	k value C 0 1,208,549

See Form 990, Part X, line 12.  (a) Description of security or catego	r) /	(b)Rook value	(c)Mothod of valuation
(including name of security)	гу	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>		
Part VIII Investments—Program Related.	ad 'Vas' on Form 900. I	Part IV June 11c -	
Complete if the organization answer  (a) Description of investment	ed tes on Form 990, i	(b) Book value	e Form 990, Part X, line 13. (c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>		
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' on For	m 990, Part IV, line 1	
<b>(a)</b> Des	scription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the or  See Form 990, Part X, line 25.			▶ Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.			▶ Part IV, line 11e or 11f.
See Form 990, Part X, line 25.  1. (a) Description of liability	rganization answered '\		▶ Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ganization answered '\ (b) Book value	-	▶ Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Accrued Vacation	(b) Book value	-	▶ Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Accrued Vacation	ganization answered '\ (b) Book value	-	▶ Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Accrued Vacation  Due to East-West Center Foundation	(b) Book value	-	▶ Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Accrued Vacation  Due to East-West Center Foundation	(b) Book value	-	Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Accrued Vacation  Due to East-West Center Foundation	(b) Book value	-	▶ Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Accrued Vacation	(b) Book value	-	▶ Part IV, line 11e or 11f.
See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Accrued Vacation  Due to East-West Center Foundation	(b) Book value	-	Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Accrued Vacation  Due to East-West Center Foundation	(b) Book value	-	▶ Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Accrued Vacation  Due to East-West Center Foundation	(b) Book value	-	Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Accrued Vacation  Due to East-West Center Foundation	(b) Book value		Part IV, line 11e or 11f.

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	er F	Return
1	Total revenue, gains, and other support per audited financial statements	1	38,898,993
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments   2a   1,145,116		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,145,116
3	Subtract line <b>2e</b> from line <b>1</b>	3	37,753,877
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-1,760,257
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	35,993,620
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	35,530,901
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	35,530,901
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIII ) 4b 0		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	35,530,901
	t XIII Supplemental Information		
Part	vide the descriptions required for Part II, lines 3,5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2t : V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to rmation		ide any additional
	Return Reference Explanation		
See A	additional Data Table		
		_	

Page <b>5</b>		hedule D (Form 990) 2015	chedule D (F
	ormation (continued)	art XIII Supplemental Infor	Part XIII
	Explanation	Return Reference	Ret

# **Additional Data**

Name: Center for Cultural & Technical Interchange Btwn East

Return Reference

Part X, Line 2

Explanation

The Center has not identified any uncertain tax positions in filed returns that require disclosure in the audited Schedule D,

**Supplemental Information** 

financial statements

& West

Software Version: v1.00 **EIN:** 99-0161603

**Software ID:** 15000352

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line	Change in net interest in other related 501(c)(3) - East-West Center Foundation, \$1,760,257

4b

efile GRAPHIC print -	DO NOT PROCESS	As Filed Dat	a -	DLN:	93493216007447		
SCHEDULE F Form 990)	Statement of	Activities O	outside the Unit	ed States	OMB No 1545-0047		
Department of the Treasury	·	<ul> <li>Complete if the organization answered "Yes" to Form 990,</li> <li>Part IV, line 14b, 15, or 16.</li> <li>► Attach to Form 990.</li> <li>Attach to Form 990 and its instructions is at www.irs.gov/form990.</li> </ul>					
lame of the organization				Employer iden	Inspection tification number		
enter for Cultural & Technic	al Interchange Btwn Eas	st & West		99-0161603			
	ermation on Activiti ne organization answe			14b.			
_	oes the organization r e, the grantees' eligibi			<del>-</del>			
used to award the gr		, g.a			✓ Yes No		
assistance outside th	escribe in Part V the one United States The following Part I, line				its and other		
Activités per Région (	The following Part 1, fine	3 table call be du	plicated if additional spa	ice is fleeded ;			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a <b>(f)</b> Total expenditures for and investments in region		
(1) See Add'l Data							
(2)							
(3)							
(4)							
(5)							
3a Sub-total b Total from continuation to Part I c Totals (add lines 3a an)		0 0			1,973,397		
For Paperwork Reduction Act N	· · · · · · · · · · · · · · · · · · ·	1	Cat	No 50082W Sched	1,973,397   lule F (Form 990) 2015		

Schedule F (Form 990) 2015

	and EIN (if applicable)	<b>5</b>	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

Page 2

Schedule F (Form 990) 2015 Page **3** Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of assistance recipients cash grant disbursement of non-cash valuation non-cash assistance assistance (book, FMV, appraisal, other) (1) Educational East Asia and the 87 190,722 Check 0 scholarships and grants Pacific (2) Educational 51.390 Check South Asia 16

scholarships and grants	South Asia	16	51,390	Check	0	
(3) Educational scholarships and grants	Europe (including Iceland and Greenland)	9	9,001		0	
(4) Educational scholarships and grants	Russia and the newly independent States	2	7,000	Check	0	
(5) Educational scholarships and grants	Middle East and North Africa	2	6,257	Check		
(6) Educational scholarships and grants	North America	3	1,137	Check	0	
(7)						
(8)						
(9)						
( 10)						
(11)						
( 12)						
( 13)						
( 14)						
( 15)						
( 16)						
(17)						
( 18)						

method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2	Scholarships and fellow ships in the USA (and outside the USA) are paid directly to the ind invidual. Payments are made on a monthly payment schedule. Most benefits including housing, tuition, and transportation benefits are paid directly to the vendor by this organization. Monitoring is performed monthly and benefits to the individual are continued based upon satisfactory performance by the individual.

#### **Additional Data**

**Software ID:** 15000352

**Software Version:** v1.00

EIN: 99-0161603

Name: Center for Cultural & Technical Interchange Btwn East

& West

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (including Iceland and Greenland)	0	0	1 -	See Form 990, Part III, Line 4	875,626
East Asia and the Pacific	0	0	'	See Form 990, Part III, Line 4	643,799
South Asia	0	0	Program Services	See Form 990, Part III, Line 4	105,938

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services, grants to recipients (s) in region located in the region) See Form 990, Part III, 52,023 Services lLine 4 30.504 lSee Form 990, Part III.

Grantmaking

Line 4

190,722

IN/A

Sub-Saharan Africa	0	0	Program Services	
North America (including	0	0	Program Services	

Canada and Mexico, but not

the United States) East Asia and the Pacific

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

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, (s) in region grants to recipients located in the region) IN/A 51,390 kına IN/A 9.001 kına

Grantmaking

IN/A

7,000

South Asia	0	0	Grantmak
Europe (including Iceland	0	0	Grantmak

and Greenland) Russia and the newly

independent States

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services, grants to recipients (s) in region 6,257

Grantmakınd

ln/a

1.137

			located in the region)		
Middle East and North Africa	0	0	Grantmakıng	N/A	

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

North America (including Canada and Mexico, but not

the United States)

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organization
Department of the
Treasury
Internal Revenue Service

Information about Schedule

# 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 <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493216007447

**2015** 

Open to Public Inspection

Employer identification number

value of the organization						Employer identification	on number
Center for Cultural & Technical Interch	nange Btwn East & V	Vest				99-0161603	
Part I General Information	n on Grants and	l Assistance					
<ul> <li>Does the organization maintain returned the selection criteria used to awa</li> <li>Describe in Part IV the organization</li> </ul>	ard the grants or as	sistance?				tance, and	√ Yes  N
Part III Grants and Other Assistanthat received more than \$				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
<ul><li>2 Enter total number of section 50</li><li>3 Enter total number of other organ</li></ul>	,	-					

and benefits to the individual are continued based upon satisfactory performance by the individual

DLN: 93493216007447

OMB No 1545-0047

## Schedule J

### **Compensation Information**

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

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

Open to Public

Employer identification number

Department of the Name of the organization

(Form 990)

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

Inspection

Cent	ter for Cultural & Technical Interchange Btwn East & West		99-0161603			
Pai	rt I Questions Regarding Compensation		99-0101003			
					Yes	No
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p					
	First-class or charter travel	<b>√</b>	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence	İ	j i	ĺ
	Tax idemnification and gross-up payments	<b>~</b>	Health or social club dues or initiation fees	İ	j j	ĺ
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)	İ		
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr			1b	Yes	
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executive		· · · · · · · · · · · · · · · · · · ·	2	Yes	
3	Indicate which, if any, of the following the filing organizar organization's CEO/Executive Director Check all that a used by a related organization to establish compensation	apply	Do not check any boxes for methods			
	Compensation committee	<b>~</b>	Written employment contract			
	Independent compensation consultant	$\Gamma$	Compensation survey or study			
	Form 990 of other organizations	<b>✓</b>	Approval by the board or compensation committee		 	
4	During the year, did any person listed on Form 990, Par or a related organization	t V I i	I, Section A, line $1  extstyle{a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	men	t?	4a		No
b	Participate in, or receive payment from, a supplemental	non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based	d cor	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provid	le th	e applicable amounts for each item in Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization. For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," on line 5a or 5b, describe in Part III					
5	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1a	i, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," desc			7		No
В	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Rein Part III			8		No
9	If "Yes" on line 8, did the organization also follow the re section 53 4958-6(c)?	butt	able presumption procedure described in Regulations	9		110

Selledales (Form 550) 2015					r age 🕳					
Part III Officers, Directors,	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.									
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual										
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in					

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
	B	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

	Tage <del>-</del>										
Part III Supplemental Information											
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information											
Return Reference	Explanation										
	The Center provides a discretionary spending account for representation purposes, housing allowance, and membership in the Pacific Club to the President Membership in the Pacific Club provides a place outside of the East-West Center to host meetings and functions. Because the Pacific Club										

Page 3

Schedule J (Form 990) 2015

Schedule 1 (Form 990) 2015

**Software ID:** 15000352 **Software Version:** v1.00

**EIN:** 99-0161603

Name: Center for Cultural & Technical Interchange Btwn East & West

Form 990, Schedule J,	Part	II - Officers, Dire	ctors, Trustees, K	ey Employees, an	d Highest Compens			
(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation (iii)	(C) Retirement and other deferred	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation in column (B)
		Base Compensation	Bonus & Incentive compensation	Other reportable compensation	compensation			reported as deferred on prior Form 990
1Dr Charles E Mornson President	(1)	199,175	0	9,020	29,947	10,817	248,959	С
	(11)	0	0	0	0			C
1Mr Ricky KubotaTreasurer	(1)	140,226	0	295	21,077	5,658	167,256	C
	(11)	0	0	0	0			C
2Ms Carol Fox Program Director	(1)	198,789	0	848	29,629	4,910	234,176	C
	(11)	0	0	0	0		-	c
3Dr Nancy Lewis Program Director	(1)	196,032	0	869	29,629	11,866	238,396	C
-	(11)	0	0	0	0		-	C
4Dr Satu Limaye Program Director	(1)	174,042	0	187	28,959	12,102	215,290	C
	(11)	0	0	0	0			C
<b>5</b> Ms Karen Knudsen Program Director	(1)	152,176	0	1,261	22,484	507	176,428	C
•	(11)	0	0	0	0			C
<b>6</b> Dr Allen ClarkResearcher	(1)	163,892	0	622	25,446	11,809	201,769	C
	(11)	0	0	0	0	-	- 0	C
<b>7</b> Dr Timothy Brown Researcher	(1)	161,597	0	650	24,141	5,008	191,396	С
	(11)	0	0	0	0	- 0	- 0	C
<b>8</b> Dr Jefferson FoxResearcher	(1)	160,127	0	672	24,304	5,724	190,827	С
	(11)	o	0	0	0	-	-	c
9Mr Randall Tanaka IUCN Conference Director	(1)	159,282	0	359	23,488	529	183,658	C
	(11)	0	0	0	0	- - 0	_ _	C
10Dr G Shabbir Cheema Researcher	(1)	150,155	0	395	22,183	390	173,123	C
	(11)	0	0	0	0			c
		l	<u> </u>			0	<u> </u>	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493216007447 OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990 or 2015 Complete to provide information for responses to specific questions on 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public ► Attach to Form 990 or 990-EZ. Department of the Inspection ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Treasury www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number Center for Cultural & Technical Interchange Btwn East & West 99-0161603 990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part The organization was established as an educational nonprofit public corporation by Act 82, VI. Section A. Sessions Laws of Haw all 1975, by the legislature of the State of Haw all pursuant to autho Line 7a rizing legislation Public Law 86-472, Chapter VII, enacted by the United States Congress The legislation provided that the Board of Governors (Board) will consist of 18 members 1 7 voting and 1 non-voting member It also provided that the Governor of Haw aii and the Uni ted States Assistant Secretary of State shall be ex-officio members of the Board and that they each may appoint 5 members to the Board. The remaining 5 members are elected by the m embers of the Board

990 Schedule O. Supplemental Information Return Explanation Reference Form 990. Part Accounting prepares and reviews the tax return. The Treasurer reviews the return and a cer VI. Section B. tified public accounting firm performs the final review. A portal has been established to Line 11b enable all board members to review the organization's tax return prior to it being filed w

ith the IRS

990 Schedule O. Supplemental Information Return Explanation Reference Form 990. Part An annual survey is sent to officers, board members, and key employees requesting disclosu VI. Section B. re of interests with the organization that could give rise to conflicts of interests. All Line 12c employees are provided with a handbook and are annually reminded of the conflict of intere st policy via electronic mail

990 Schedule O. Supplemental Information Return Explanation Reference Form 990, Part Compensation for all employees including officers and key and highly compensated employees

follows the federal Office of Personnel Management classifications and pay scales to the extent possible. The President's compensation is determined by the Board of Governors.

VI. Section B.

Line 15

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part | The items are available upon request and on other public websites VI, Section C,

Line 19

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SCHEDULE R | Related Or.

**DLN: 93493216007447**OMB No 1545-0047

# **Related Organizations and Unrelated Partnerships**

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at  $\underline{www.irs.qov/form990}$ .

Name of the organization Center for Cultural & Technical Interchange Btwn East & West				<b>Employer iden</b> 99-0161603	tification number		
Part I Identification of Disregarded Entities Compl	ete if the organization	answered "Yes" o	n Form 990, Part :	-			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) I-of-year assets	<b>(f)</b> Direct controlling entity			
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during t		L the organization an	swered "Yes" on I	orm 990, Part I	V, line 34 because it	had on	e
(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 statu (if section 501(c)(3		Section (13) co eni	g) 512(b) ontrolled tity?
(1)East-West Center Foundation 1601 East-West Road Honolulu, HI 96848	Support related 501(c) (3)	HI	501(c)(3)	9	N/A	Yes	No No
99-0218752							

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	line 34
	because it had one or more related organizations treated as a partnership during the tax year.			

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	r entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	<b>(k)</b> Percentage ownership
				] 3117			Yes	No	1	Yes	No	
											$\vdash$	
Part TV Identification of Polated Organizations Tayable					I.		<u> </u>					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?		
								Yes	No	

Part V Transactions With Related Organizations Complete if the organization a			,,		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					res	INC
L During the tax year, did the orgranization engage in any of the following transactions with one or r	•			<u> </u>		L
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		No
<b>c</b> Gift, grant, or capital contribution from related organization(s)				<b>1</b> c	Yes	L.
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				<b>1</b> f		No
g Sale of assets to related organization(s)				<b>1</b> g		No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
• Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	Yes	
r Other transfer of cash or property to related organization(s)				1r	Yes	$\vdash$
<b>s</b> Other transfer of cash or property from related organization(s)				<b>1</b> s		No
If the answer to any of the above is "Yes," see the instructions for information on who must co	mplete this line, including c	overed relationships	and transaction thresholds	5		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining ai	mount II	nvolved	j
						_
	1	1				

#### Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization See instructions															
<b>(a)</b> Name, address, and EIN of entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(c)(3) Income				ear allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No			
												1 I			
													<u> </u>		

