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ef	ile G	RAPHIC print	- DO NOT PROCESS As Filed Data -	DLN	: 93492214007297
			Short Form		OMB No 1545-1150
	a	90-EZ	Return of Organization Exempt From Income Ta	ıy	
For	m J	90-LZ			2016
•			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foun	dations)	2010
			▶ Do not enter social security numbers on this form as it may be made public.		Onen to Dublic
Dep	artment	of the Treasury	► Information about Form 990-EZ and its instructions is at		

No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 Nο Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change 34 No on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a Nο b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Νo Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Νo Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Nο 37a Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? 37b Nο 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes 20,000 b If "Yes," complete Schedule L, Part II and enter the total amount involved 🕏 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under , section 4912 🕨 , section 4955 🟲 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 🔧 No 40h Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter 40e No The organization's books are in care of ▶ ANN DALE Telephone no ► (801) 447-8629 Located at ▶ 1891 COMPTON RD FARMINGTON, UT ZIP + 4 ▶ 84025 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a Yes No financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b No If "Yes," enter the name of the foreign country >. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the U S ? 42c Nο If "Yes," enter the name of the foreign country ▶_ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead 44a No of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed 44b No 44c Νo c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an **44**d Nο 45a **45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? Νo 45b 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," Form 990 and Schedule R may need to be completed instead of

45b

Nο

							Yes	No
	e organization engage, directly or indirec lates for public office? If "Yes," complete							
Part VI	· · · · · · · · · · · · · · · · · · ·	·				46		No
air VI	Section 501(c)(3) organization All section 501(c)(3) organizations	must answer quest	ions 47-49b and 52,	and complete the	tables	for lın	es 50	and 51
	Check if the organization used Schedule	e O to respond to any q	uestion in this Part VI				Yes	□ No
5			04 (la) al antione de 1850 at	d	, Г	_		
7 Did the If "Yes	e organization engage in lobbying activit s," complete Schedule C, Part II	les or nave a section 50	or the control in effect	during the tax year		47		No
8 Is the	organization a school as described in sec	tion 170(b)(1)(A)(II)?	If "Yes," complete Sche	edule E	[48		No
9a Did the	e organization make any transfers to an	exempt non-charitable	related organization?		[49a		No
b If "Yes	s," was the related organization a section	527 organization? .			[49b		No
	ete this table for the organization's five h				ustees an	nd key	employ	ees)
	ach received more than \$100,000 of com Name and title of each employee	(b) Average	ganization If there is n	one, enter "None " (d) Health bene	afite ((a) Est	ımated	amoun'
(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions to em benefit plans, a deferred compens	nployee o			
ONE			,					
	I number of other employees paid over \$	·			>	+406		
1 Compl	I number of other employees paid over \$ ete this table for the organization's five heresation from the organization. If there is (a) Name and business address of e	nighest compensated ir s none, enter "None "		who each received (b) Type of service		•),000 of	
1 Compl	ete this table for the organization's five here is the state of the result of the state of the s	nighest compensated ir s none, enter "None "				•		
1 Compl	ete this table for the organization's five here is the state of the result of the state of the s	nighest compensated ir s none, enter "None "				•		
1 Compl	ete this table for the organization's five here is the state of the result of the state of the s	nighest compensated ir s none, enter "None "				•		
1 Compl	ete this table for the organization's five here is the state of the result of the state of the s	nighest compensated ir s none, enter "None "				•		
1 Compl	ete this table for the organization's five here is the state of the result of the state of the s	nighest compensated ir s none, enter "None "				•		
1 Compl	ete this table for the organization's five here is the state of the result of the state of the s	nighest compensated ir s none, enter "None "				•		
1 Compl	ete this table for the organization's five here is the state of the result of the state of the s	nighest compensated ir s none, enter "None "				•		
1 Compl	ete this table for the organization's five here is the state of the result of the state of the s	nighest compensated ir s none, enter "None "				•		
ONE	ete this table for the organization's five here is the state of the result of the state of the s	nighest compensated in s none, enter "None " lach independent contr	actor			•		
d Total	ete this table for the organization's five hensation from the organization. If there is (a) Name and business address of e	rs each receiving over	\$100,000	(b) Type of service	(c)	Compe	nsation	
d Total	ete this table for the organization's five hensation from the organization. If there is (a) Name and business address of e	rs each receiving over	\$100,000	(b) Type of service	(c)	Compe	nsation	
d Total complete to the comple	ete this table for the organization's five hensation from the organization. If there is (a) Name and business address of each of the contract of the organization complete Schedule A? In the organization complete Schedule A? In the organization complete Schedule A	rs each receiving over an independent section in the section in th	\$100,000	(b) Type of service	(c)	Compe Ve:	nsation	
d Total 2 Did com-	ete this table for the organization's five hensation from the organization. If there is (a) Name and business address of each of the contract of the organization complete Schedule A? In the organization complete Schedule A? In the organization complete Schedule A	rs each receiving over an independent section in the section in th	\$100,000	(b) Type of service t attach a edules and statements based on all inform	(c)	Compe Ve:	nsation	
d Total 2 Did commoder penalt inowledge a as any knowledge.	ete this table for the organization's five hensation from the organization. If there is (a) Name and business address of each of the contract of the organization complete Schedule A? In the organization complete Schedule A? In the organization complete Schedule A	rs each receiving over an independent section in the section in th	\$100,000	(b) Type of service	(c)	Compe Ve:	nsation	
d Total 2 Did commoder penalt inowledge a as any knowledge.	I number of other independent contractor the organization complete Schedule A? Independent Schedule A? Independent Schedule A? Independent Schedule A	rs each receiving over an independent section in the section in th	\$100,000	st attach a edules and statemer is based on all information by the state of the sta	(c)	Compe Ve:	nsation	
d Total 2 Did com ander penalt lowledge a list any knowledge a list an	I number of other independent contractor the organization complete Schedule A? Independent Schedule A? Independent Schedule A? Independent Schedule A	rs each receiving over an independent section in the section in th	\$100,000	st attach a edules and statemer is based on all information by the state of the sta	ts, and t	Compe Ve:	nsation	
d Total Did composition of the	Inumber of other independent contractor the organization complete Schedule A? In the schedule A in the complete Schedule A industrial to the organization complete Schedule A? In the organization complete Schedule A? In the organization complete Schedule A industrial to the organization complete Schedule A indus	rs each receiving over short. NOTE. All Section 501(\$100,000 c)(3) organizations mu	(b) Type of service st attach a	to (c)	Compe Ve:	nsation	
d Total 2 Did com-	ansation from the organization of there is the constant of the restriction of the organization. If there is the constant of the organization completes and the organization completes of the organization completes of the organization completes of perjury, I declare that I have examined belief, it is true, correct, and complete wheeling of the complete of the comple	rs each receiving over short. NOTE. All Section 501(\$100,000 c)(3) organizations mu	st attach a edules and statemer is based on all information based on al	nts, and tomation of	✓ Yesto the If which	nsation	
d Total 2 Did complete to the	I number of other independent contractor the organization complete Schedule A? Independent Schedule A	rs each receiving over short. NOTE. All Section 501(\$100,000 c)(3) organizations mu	tattach a edules and statemer is based on all inform 2017-08-02 Date Check if self-employed	nts, and tomation of	✓ Yesto the If which	nsation	

Additional Data

(Grants \$ 62,224)

Software ID: 16000303 Software Version: 2016v3.0

EIN: 87-0464961

Name: INTERNATIONAL CULTURAL EXCHANGE FOUNDATI

EXCHANGE FOUNDATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses puired for section 501 (3) and 501(c)(4) panizations; optional for others.)
28 HUMANITARIAN AID-ASSISTANCE TO SCHOOLS AND ORPHANAGES IN UNDERDEVELOPED COUNTRIES (PRINCIPALLY AFRICA)	28a	

If this amount includes foreign grants, check here $\ . \ . \ . \ \blacktriangleright \ \Box$

Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.) 29 29a

Form 990EZ, Part III - Statement of Program Service Accomplishments



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SCI	HED	ULE A	Puhli	ic C	harity Statu	s and Pub	olic Supp	ort	OMB No 1545-0047
(For	m 990			ne org	anization is a secti	ion 501(c)(3) d	organization o		2016
990E	ZZ)				947(a)(1) nonexe ► Attach to Form 9				
		the Treasury	► Information a		Schedule A (Form			ıctions is at	Open to Public Inspection
Nam	e of th	ue Service ne organiza IAL CULTURAL	tion EXCHANGE FOUNDATI		<u></u>	, , , , , , , , , , , , , , , , , , ,		Employer identific	<u> </u>
		NOITADNUC						87-0464961	
	rt I		for Public Charity S a private foundation beca					See instructions.	
1			onvention of churches, o		•	•	•	(A)(i)	
2		•	scribed in section 170((~)(-)-	
3			or a cooperative hospital			·	• • • • • • • • • • • • • • • • • • • •	iii)	
4		•	esearch organization ope		_				nter the hospital's
•	Ш		and state	erateu	The conjunction with	a nospital descri	bed iii section	170(D)(1)(A)(III). L	Titel the hospital's
5			ation operated for the be (iv). (Complete Part II)		of a college or univer	sity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6			tate, or local governmer		overnmental unit de	scribed in sectio	on 170(b)(1)(A	۱)(v).	
7		section 17	ation that normally receives (O(b)(1)(A)(vi).	plete P	art II)			ınıt or from the gener	al public described in
8		A communi	ty trust described in sec	ction 1	l70(b)(1)(A)(vi)	Complete Part I	I)		
9			ural research organization rant college of agricultur						ege or university or a
10	✓	from activit	ation that normally receivites related to its exempt income and unrelated because section 509(a)(2).	t funct ousines	ions—subject to cert is taxable income (le	ain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11		•	ation organized and oper	•		public safety S	ee section 509	(a)(4).	
12		more public	ation organized and oper ly supported organization through 12d that descri	ons de	scribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
а		Type I. A so	supporting organization on the supporting organization on the support of the supp	operate	ed, supervised, or co	ontrolled by its si	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization nt of the supporting organization plete Part IV, Sections	super anızatı	on vested in the san				
С		Type III fo	unctionally integrated organization(s) (see insti	I. A su	pporting organization				ted with, its
d		functionally	on-functionally integrent integrated The organized The Org	zation 🤉	generally must satisf	y a distribution i			
e		Check this	box if the organization re	eceive	d a written determin	ation from the II	RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter		or Type III non-function of supported organization		itegrated supporting	organization			
g			ing information about th		ported organization(:	s)			
(i)N	ame of	f supported o	organization (ii)EIN		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota		Pade -	tion Act Notice, see th		turations for	Cat No 11285	-	Cahadula A (Farrer A	 90 or 990-EZ) 2016

Sch	edule A (Form 990 or 990-EZ) 2016						Page 2
P	art III Support Schedule for (Complete only if you che III. If the organization fa	ecked the box o	n line 5, 7, 8, o	r 9 of Part I or	if the organization	on failed to quali	
	ection A. Public Support	no to quanty un	441 1110 10313 113	tea below, pied	se complete i al		
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f) Total
	(or fiscal year beginning in) ▶	(a)2012	(0)2013	(0)2014	(4)2013	(e)2010	(T)TOtal
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						,
	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
	line 4						
S	ection B. Total Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	. ,	, ,	, ,	 ``	. ,	
8	Gross income from interest,				+		
٠	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
11	(Explain in Part VI) Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ns)			12	
13	First five years. If the Form 990 is for	r the organization	's first, second, th	ird, fourth, or fifth	h tax year as a sec	tion 501(c)(3) org	anızatıon,
	check this box and stop here					▶ [
S	ection C. Computation of Public						
14	Public support percentage for 2016 (lin	e 6, column (f) dı	vided by line 11,	column (f))		14	
15	Public support percentage for 2015 Sch	nedule A, Part II, l	ine 14			15	
16a	33 1/3% support test—2016. If the	organization did r	ot check the box	on line 13, and lir	ne 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qualif						ightharpoons
Ŀ					and line 15 is 33 i	1/3% or more, chec	ck this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ □
17 a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	the "facts-and-circ	cumstances" test	The organization	qualifies as a publ	icly supported	. \square
	organization	2045 1511			12.46.46	47 11	▶ □
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			. 5-	,	. ,	►□
18		n did not check a	box on line 13, 1	6a, 16b, 17a, or 1	L7b, check this box	k and see	
	instructions		,	. ,	·		ightharpoons
					Schadu	le A (Form 990 o	r 990-F7) 2016

Casting A D. Lin Castal	
the organization fails to qualify under the tests listed below, please complete Part II.)	
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qual	ıfy under Part II. If

Part III

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

Support Schedule for Organizations Described in Section 509(a)(2)

_Se	ction A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not	126,760	182,957	102,258	50,684	130,677	593,336
2	Include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	126,760	182,957	102,258	50,684	130,677	593,336
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6)						593,336
Se	ection B. Total Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
9	(or fiscal year beginning in) ► Amounts from line 6	126,760	182,957	102,258	50,684	130,677	593,336
10a	Gross income from interest,	,	,	,	,	,	· · · · · · · · · · · · · · · · · · ·
	dividends, payments received on securities loans, rents, royalties and income from similar sources	22	7				29
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	22	7				29
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	17,392	11,736	15,025	24,086	12,878	81,117
13	Total support. (Add lines 9, 10c, 11, and 12)	144,174	194,700	117,283	74,770	143,555	674,482
14	First five years. If the Form 990 is for	the organization	's fırst, second, th	ırd, fourth, or fifth	tax year as a sec	ction 501(c)(3) org	janization,
	check this box and stop here						ightharpoons

check this box and stop here

Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))

15 Public support percentage from 2015 Schedule A, Part III, line 15 16

18

Section D. Computation of Investment Income Percentage Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17

Investment income percentage from 2015 Schedule A, Part III, line 17

07	9/0
86	640

19a 331/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

15

16

17

18

▶□

0 %

0 020 %

- not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶□
 - Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations Yes No

Page 4

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

_	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	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 Part VI when and how the organization made the		

эa	Did the organization have a supported organization described in section 301(c)(4), (5), or (6), it res, 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 Part VI when and how the organization made the				
	determination				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
	Supervised by or in connection with its supported organizations		

	determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
С	supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by	5a	

U	bld the organization have ditinate 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		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	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		

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Рa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has	the organization accepted a gift or contribution from any of the following persons?			
а		erson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gove	erning body of a supported organization?	11a		
b	A fa	mily member of a person described in (a) above?	11b		
С	A 35	5% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
_	ti-	a B. Tuna I Suppositing Ouspainstings			
3	ectio	n B. Type I Supporting Organizations		Yes	No
1	Did	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or		103	110
	elec	t at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part			
		now the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the anization had more than one supported organization, describe how the powers to appoint and/or remove directors or			
	trus	tees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	pow	ers during the tax year	1		
2		the organization operate for the benefit of any supported organization other than the supported organization(s) that			
		rated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit ied out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
		anization	2		
S	ectio	n C. Type II Supporting Organizations		Yes	
1	14/	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		res	No
1		e a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees of f of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supp	porting organization was vested in the same persons that controlled or managed the supported organization(s)			
			1		
					•
S	ectio	n D. All Type III Supporting Organizations			T
	Б			Yes	No
1		the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the			
	Forn	n 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	aoci	uments in effect on the date of notification, to the extent not previously provided?			
,	14/0=	is any of the evaluation's officers directors or twisters of they (i) appointed or elected by the supported or appointed	1		
2	(s) (e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization			
	maii	ntained a close and continuous working relationship with the supported organization(s)			
_	-		2		
3		reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the sinization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
		7 If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
<u> </u>		n E. Type III Functionally-Integrated Supporting Organizations ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	1		
	a \square	The organization satisfied the Activities Test. Complete line 2 below	uns)		
	. 🗀				
	ь 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below			
	с 🗌	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Acti	vities Test Answer (a) and (b) below.		Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
		ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported anizations and explain how these activities directly furthered their exempt purposes, how the organization was			
	resp	nonsive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities	2~		
		the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the	2a		
	orga	anization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the			
		anization's position that its supported organization(s) would have engaged in these activities but for the organization's livement	21		
3			2b		
		ent of Supported Organizations Answer (a) and (b) below. the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
		supported organizations? <i>Provide details in Part VI.</i>	Ja		
		the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supp	ported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		

5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		

2

4

Schedule A (Form 990 or 990-FZ) 2016

Enter 85% of line 1

Enter greater of line 2 or line 3

Minimum asset amount for prior year (from Section B, line 8, Column A)

b Excess from 2013.

d Excess from 2015.

e Excess from 2016. . . .

c Excess from 2014.



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Schedule L (Form 990 or 990	D-EZ)		► Comple rm 990, Pa	ete if the orga rt IV, lines 25	with Interested Persons the organization answered f, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, EZ, Part V, line 38a or 40b.					OMB No 1545-0047		
Department of the Tre Internal Revenue Serv	asurv	Information abo	► Attacl out Schedu	h to Form 990	or Form 99 0 or 990-EZ	O-EZ.	uctions	is at		Open		ıblic
Name of the org INTERNATIONAL C EXCHANGE FOUND	ianization ULTURAL EXCHAN	GE FOUNDATI						l oyer ic 464961	lentific			
		ransactions (s)		
1 (a) Name of disqu	ualified person	(b) F	Relationship be o	tween disqual rganization	lified person ar	nd (c)	Descrip transac	ption of tion	<u>`</u>	i) Cori 'es	No
Part II Lo	ans to and/onplete if the orgorted an amour	or From Intereganization answer to on Form 990, Pip (c) Purpose on of loan	ested Personal Personal Types on Part X, line 5	sons. Form 990-EZ, , 6, or 22			00, Part I (g) Ir default	P Appr	(h) oved by ard or		ganıza i) Writ	ten
			То	From	-		Yes N		_	Yes	ı	No
(1) ANN M DALE	OFFICER	WORKING	Х		20,000	20,000	N	o Yes		Yes		
Total Part III Gra	ints or Assis	tance Benefiti	ing Intere		* \$ 15.	20,000						
	nplete If the o	rganization ans	between n and the		90, Part IV,	(d) Type o	of assista	nce	(e) Pu	ırpose	of assi	stance
For Paperwork Red	fuction Act Notic	e see the Instruc	tions for For	m 990 or 990-F	7 . Ca	nt No 50056A		Schedule	L (Form	n 000 c	r 000-	EZ) 201

	organización			Tevenic				
				Yes	No			
Part V Supplemental Information								

Explanation

Schedule L (Form 990 or 990-EZ) 2016

Short term temporary loan for the times between purchasing and collecting the Smiths gift cards

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Schedule L, Part V Supplemental

Information

efile GRAPH	IIC prin	t - DO NOT PROCESS As Filed Data -	DLN	i: 93492214007297
SCHEDIII	ΕO	Supplemental Information to Form 99	90 or 990-F7	OMB No 1545-0047
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional in Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and www.irs.gov/form990.	ific questions on nformation.	2016 Open to Public Inspection
Internal Revenue Service			' '	tification number
990 Schedule	e O, Su	pplemental Information		
Return Reference		Explanation		
Other Revenue 1	FUNDE	RAISER-GIFT CARD SALE \$358997		

990 Schedule O, Supplemental Information Return Explanation Reference

Other FUNDRAISER-COSTS OF CARDS \$-346119
Revenue 2

990 Schedule O, Supplemental Information Return Explanation Reference Cash Amount Given \$93058 Grants and Sımılar Amounts Paid In Excess of \$5,000 1