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



Department of the Treasury Internal Revenue Service

ΑΙ	For th	e 2023 calendar year, or tax year beginning and	ending		
B	Check i applica	le: C Name of organization		D Employer identified	cation number
	Addi	ASSOCIATION FOR CULTURAL INTERCHANGE I	NC		
	Nam char			52-60541	24
	Initia		Room/suite		
	 	420 LEYINGTON AVENUE	300	212-297-	
	term			G Gross receipts \$	59,531,746.
	Ame retur	nded NEW YORK NY 10170		H(a) Is this a group re	
	Appl	^{ca-} F Name and address of principal officer: WILLIAM P. ORCHARD		for subordinates	
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	
1	Гах-е	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions
J١	Webs	ite: WWW.CULTURALINTERCHANGE.ORG		H(c) Group exemption	n number
K	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1958 N	State of legal domicile: MD
Pa	art I	Summary			
~	1	Briefly describe the organization's mission or most significant activities: ACI	PROVII	DES A PROGRAM	1 OF
Governance		SUPPORT AND ASSISTANCE TO OTHER NOT-FOR-P	ROFIT	ORGANIZATIO	NS AND
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
ss 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			3
viti	6	Total number of volunteers (estimate if necessary)		6	0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	L t	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		2,572,540.	2,424,437.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,024,030.	990,757.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,857,558.	7,964,629.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,520,167.	-58,885.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,933,961.	11,320,938.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,553,703.	3,348,029.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		506,537.	579,064.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă×	. t	Total fundraising expenses (Part IX, column (D), line 25)	0.		4 480 045
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,727,059.	4,472,315.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,787,299.	8,399,408.
	19	Revenue less expenses. Subtract line 18 from line 12		-853,338.	2,921,530.
Net Assets or				eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		211,426,576.	221,264,243.
et A	21	Total liabilities (Part X, line 26)		147,856.	278,098.
		Net assets or fund balances. Subtract line 21 from line 20		211,278,720.	220,986,145.
	art II	Signature Block			Included and the Ref. 201
	-	alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	non prepare	r nas any knowledge.	

Sign	Signature of officer			Date	
Here	WILLIAM P. ORCHARD, PRESI	DENT			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	ABDELLATIF ELMAGHRABI			it self-employed	P00645962
Preparer	Firm's name ROGOFF & COMPANY,	P.C.		Firm's EIN 13-	-2688836
Use Only	Firm's address 355 LEXINGTON AVE	NUE, 6TH FLOOR			
	NEW YORK, NY 1001	7-6603		Phone no.212	557-5666
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 332001 12-21-23			Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) ASSOCIATION FOR CULTURAL INTERCHANGE INC 52-6054124 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: ACI PROVIDES A PROGRAM OF SUPPORT AND ASSISTANCE TO OTHER
	NOT-FOR-PROFIT ORGANIZATIONS AND EDUCATIONAL AND VOCATIONAL TRAINING
	INSTITUTIONS FROM ELEMENTARY LEVEL THROUGH GRADUATE STUDIES. ACI
	EMPHASIZES THE PROMOTION OF INTERNATIONAL UNDERSTANDING AND THE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,435,897. including grants of \$ 3,348,029.) (Revenue \$ 109,069.)
	MADE EDUCATIONAL AND TRAINING GRANTS TO FOREIGN AND DOMESTIC
	INSTITUTIONS. ALSO MANAGED PROGRAM LOANS TO FOREIGN AND DOMESTIC
	INSTITUTIONS.
4b	(Code:) (Expenses \$949,082. including grants of \$) (Revenue \$)
	DEVELOPED AND MAINTAINED INSTITUTIONAL PROPERTIES IN JERUSALEM AND ROME
	USED BY CHARITABLE, EDUCATIONAL AND TRAINING INSTITUTIONS. PROGRAM
	EXPENSES INCLUDE \$729,880 IN PROPERTY DEPRECIATION.
4c	(Code:) (Expenses \$ 2,921,367. including grants of \$) (Revenue \$ 778,140.)
	SAXUM CENTER CONSISTS OF A CONFERENCE CENTER WHICH OPERATES WORKSHOPS,
	CONFERENCES AND SPIRITUAL RETREATS; AS WELL AS A VISITOR CENTER.
	PROGRAM EXPENSES INCLUDE \$1,854,464 IN PROPERTY DEPRECIATION.
4d	Other program services (Describe on Schedule O.)
<u> </u>	(Expenses \$ 103,548. including grants of \$) (Revenue \$ 103,548.) Total program service expenses 7,409,894.
4e	Total program service expenses 7,409,894. Form 990 (2023)
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ASSOCIATION	FOR	CULTURAL	INTERCHANGE	INC	52-605412
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	990 (2023) ASSOCIATION FOR CULTURAL INTERCHANGE INC 52-6054	124	P	age 3
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)?		v	
•	If "Yes," complete Schedule A	1 2	X X	<u> </u>
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	<u> </u>	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	Х	
h	Part VI			
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X	<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		
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 ASSOCIATION
 FOR
 CULTURAL
 INTERCHANGE
 INC
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 Part IV
 Checklist of Required Schedules (continued)
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			- v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.5%		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		
00		38	х	
Par	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	1 00		
	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	2		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2023) ASSOCIATION FOR CULTURAL INTERCHANGE	INC 52-6054	124	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	Х	
b	If "Yes," enter the name of the foreign country ISRAEL , ITALY				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			v
_			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			х
	to file Form 8282?		7c		~
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.		х
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra-		7f		<u>_</u>
g b	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizational fundational f		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-	8		
9	sponsoring organization have excess business holdings at any time during the year?		o		
э а	Bid the ensurement of the sector makes any tay able distributions upday eaching 10000		9a		
			9b		
10	Section 501(c)(7) organizations. Enter:		50		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:		1		
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
-	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	·			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Section A Governing Body and Management	
Check if Schedule O contains a response or note to any line in this Part VI	

	F ALL AND				Yes	Nc
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	———————————————————————————————————————			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		c			
	Enter the number of voting members included on line 1a, above, who are independent		6			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other				
	officer, director, trustee, or key employee?			2		X
	Did the organization delegate control over management duties customarily performed by or under the	e direct supervisio	n			
			·····	3		X
	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	L	5		X
	Did the organization have members or stockholders?		L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or				
	more members of the governing body?		L	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockholders, or				
	persons other than the governing body?		L	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Re		<u></u>	-		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		- آ	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		····· –	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
					Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before ming the		11a	Δ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		H	l2b	Δ	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,			37	
	on Schedule O how this was done		····· ⊢	12c	X	37
	Did the organization have a written whistleblower policy?			13		X
	Did the organization have a written document retention and destruction policy?		····· –	14		X
15	Did the process for determining compensation of the following persons include a review and approva	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		L	15a	Х	
b	Other officers or key employees of the organization		L	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a				
	taxable entity during the year?		L	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?		·	l6b		
Sect	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990-T (section (nlv) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	(,,, -		
		n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	olicy and fi	nano	ial	
	statements available to the public during the tax year.	ninot of interest p	onoy, and n	nano	iu	
		ke and records				
	State the name, address, and telephone number of the person who possesses the organization's boo WILLIAM P. ORCHARD, PRESIDENT - 212-297-6199	UNS AITU TECOTOS				
	$\mathbf{W} = \mathbf{U} = \mathbf{W} = $					
	420 LEXINGTON AVENUE, SUITE 300, NEW YORK, NY 101	70				

Form 990 (2023)	ASSOCIATION FOF				Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
Employee	s, and Independent Contrac	tors									
Check if Sch	edule O contains a response or note	to any line in this P	art VII								
Section A. Officers, Di	rectors, Trustees, Key Employees,	and Highest Com	pensated Employees								
1a Complete this table for	or all persons required to be listed R	eport compensation	for the calendar year er	nding with or within the organization	n's tax vear						

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week				from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	onal		ploye	ee com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANDREW P. O'MEARA	40.00			0	×	Ξæ	ш			
EXECUTIVE DIRECTOR		1		x				123,667.	0.	0.
(2) WILLIAM P. ORCHARD	40.00									
PRESIDENT/DIREC		Х		Х				109,600.	0.	0.
(3) FEDERICO RIERA-MARSA	4.00									
V.P./TREASURER/DIRECTOR		Х		Х				0.	0.	0.
(4) LUIS E. TELLEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(5) JOHN E. FAGAN	1.00									-
DIRECTOR		Х						0.	0.	0.
(6) BRENDAN F. QUIGLEY	1.00									
SECRETARY/DIRECTOR	1 00	X		Х				0.	0.	0.
(7) TIMOTHY BARRY	1.00								•	0
DIRECTOR	2 00	X						0.	0.	0.
(8) JULIEN NAGORE	2.00	v						0.	0	0
DIRECTOR		Х						0.	0.	0.
		1								
		1								
		1								
		1								
		1								
	1	I		1	I	L	I	I		Gauss 990 (0000)

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Form 990 (2023)

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		ION FOR	CU	ГЛ	UR	AL	ιI	NT	ERCHANGE INC	52-60	5412	24	Pag	je 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)		(F	=)	
	Name and title	Average hours per		not c		more	than c		Reportable	Reportable		Estin		
		week	box, unless person is both an officer and a director/trustee)						compensation from	compensatior from related		amou oth		
		(list any	ctor						the	organizations		compe		on
		hours for	ır dire				ted		organization	(W-2/1099-MIS	C/	from	n the	
		related	stee o	trustee			pensa		(W-2/1099-MISC/	1099-NEC)		organi		
		organizations below	ual tru	ional		ploye	t com /ee		1099-NEC)			and re organiz		
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	Lation	13
						×	<u> </u>							
			1											
			1											
											$ \rightarrow$			
											-+			
											-+			
			1											
1b	Subtotal								233,267.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								233,267.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
	compensation from the organization													2
											_	Ye	es I	No
3	Did the organization list any former officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for s										上	3	_	X
4	For any individual listed on line 1a, is the su	-							-	-				
	and related organizations greater than \$150											4	_	X
5	Did any person listed on line 1a receive or a											-		77
Soc	rendered to the organization? If "Yes," corr tion B. Independent Contractors	plete Schedule	e J fo	or si	ıch ı	oers	on .					5		Х
1	Complete this table for your five highest co	magnested inc	lono	ndo	ot or	ntra	otor	o th	at reacived more than ¢	100 000 of comp	onootio	n from		
•	the organization. Report compensation for	-	-								CIISALIU			
	(A)			, i i dii	ig w				(B)			(C)		
	Name and business	address							Description of s	ervices	Cor	npensa	ation	
PHI	LADELPHIA TRUST COMPAN	IY							INVESTMENT					
176	0 MARKET STREET, PHILA	DELPHIA	,	PA	1	91	03		MANAGEMENT		•	252,	66	5.
VERUS, 800 FIFTH AVENUE SUITE 3900,								-	INVESTMENT					
SEA	TTLE, WA 98104							r	MANAGEMENT			190,	00	0.
ISF	AEL ELECTRIC CORPORATI	ON												
	ALEMED 44, JERUSALEM,		92	58	32	6			ELECTRICITY			134,	24	6.
	HAM FINANCIAL SERVICES								ACCOUNTING AN	ND			_	_
<u>1 M</u>	ANTUR STREET, MODIIN,	ISRAEL						-	FINANCIAL			101,	86	7.
2	Total number of independent contractors (in	•	ot lin	nited	d to		-	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation				4	Ł					orm 99	0 /00	
											FC	orm 33	v v (20	i∠3)

		(2023) ASSOCIATION F	OR CULTUR	RAL INTERCH	HANGE INC	52-6054	124 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line	<u>e in this Part VIII …</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f SAXUM CONFERENCE CENTER PROGRAM LOAN INTEREST SERVICE AGREEMENTS	2,424,437. 55,478. Business Code 624110 522291 561000	2,424,437. 778,140. 109,069. 103,548.	778,140. 109,069. 103,548.		
Progran Rev	d e f g	All other program service revenue Total. Add lines 2a-2f		990,757.			
	3 4 5	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p Royalties	roceeds	4,124,798.			4124798
	b c d	Gross rents 6a Less: rental expenses 6b	(ii) Personal (ii) Other				
r Revenue	c d	Less: cost or other basis and sales expenses7b48,210,808.Gain or (loss)7c3,839,831.Net gain or (loss)		3,839,831.			3839831
Other Re	b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b					
	9 a b	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9b					
	10 a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Nat income or (loss) from soles of inventory					
Miscellaneous Revenue	11 a b		Business Code 523000	-58,885.			-58,885
Misce Rev		All other revenue		-58,885. 11,320,938.	990,757.	0.	7905744
32009	9 12-21		I				Form 990 (202

Form 990 (2023) ASSOCIATION FOR CULTURAL INTERCHANGE INC 52-6054124 Page 10 Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	se or note to any line in t	his Part IX	· · · · ·	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	692,312.	692,312.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	2,655,717.	2,655,717.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	228,667.	171,500.	57,167.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	308,047.	205,809.	102,238.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	19,659.	15,141.	4,518.	
10	Payroll taxes	22,691.	17,475.	5,216.	
11	Fees for services (nonemployees):				
а	Management	424,761.	109,083.	315,678.	
b	Legal	15,426.	7,189.	8,237.	
с	Accounting	26,793.		26,793.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	433,390.		433,390.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	35,026.	31,460.	3,566.	
14	Information technology	21,295.	9,302.	11,993.	
15	Royalties				
16	Occupancy	582,147.	567,578.	14,569.	
17	Travel	12,141.	6,777.	5,364.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	0 504 044			
22	Depreciation, depletion, and amortization	2,584,344.	2,584,344.		
23	Insurance	31,117.	31,117.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	263,405.	263,405.		
b	MARKETING	24,998.	24,998.		
с	BANK AND CREDIT CARD FE	17,472.	16,687.	785.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,399,408.	7,409,894.	989,514.	0 .
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)				

11

Form 990 (2023)

Part X | Balance Sheet

ASSOCIATION FOR CULTURAL INTERCHANGE INC 52-6054124 Page 11

		Check if Schedule O contains a response or note	to an	v line in this	s Part)	(
				<u>,</u>			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing					9,847.	1	10,544.
	2	Savings and temporary cash investments					2,095,830.	2	2,339,497.
	3	Pledges and grants receivable, net						3	
	4	Accounts receivable, net						4	
	5	Loans and other receivables from any current or							
		trustee, key employee, creator or founder, substa	intial c	ontributor,	or 35%	ó			
		controlled entity or family member of any of these	e perso	ons				5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as de	efined				
		under section 4958(f)(1)), and persons described						6	
ŝ	7	Notes and loans receivable, net		7					
Assets	8	Inventories for sale or use		8					
Ąs	9							9	
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	106,4	149,	222.			
	b	Less: accumulated depreciation	10b	47,5	507,	189.	62,878,720.	10c	58,942,033.
	11	Investments - publicly traded securities					119,006,655.	11	106,246,846.
	12	Investments - other securities. See Part IV, line 1-	I				17,887,432.	12	45,521,860.
	13	Investments - program-related. See Part IV, line 1	9,265,903.	13	7,646,020.				
	14	Intangible assets			14				
	15	Other assets. See Part IV, line 11		282,189.	15	557,443.			
	16	Total assets. Add lines 1 through 15 (must equa					211,426,576.	16	221,264,243.
	17	Accounts payable and accrued expenses		147,856.	17	154,767.			
	18	Grants payable		18	123,331.				
	19	Deferred revenue						19	
	20	Tax-exempt bond liabilities						20	
	21	Escrow or custodial account liability. Complete P						21	
es	22	Loans and other payables to any current or forme							
oiliti		trustee, key employee, creator or founder, substa							
Liabilities		controlled entity or family member of any of these						22	
_	23	Secured mortgages and notes payable to unrelat						23	
	24	Unsecured notes and loans payable to unrelated						24	
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines							
			-	-				25	
	26	of Schedule D Total liabilities. Add lines 17 through 25					147,856.	25 26	278,098.
	20	Organizations that follow FASB ASC 958, check	k her	e X			11//0301	20	27070301
Se		and complete lines 27, 28, 32, and 33.							
ŭ	27						168,925,244.	27	174,597,610.
Bala	28	Net assets with donor restrictions					42,353,476.	28	46,388,535.
ЪС		Organizations that do not follow FASB ASC 95			·····	7	,,		
Ъ		and complete lines 29 through 33.				_			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds						29	
sets	30	Paid-in or capital surplus, or land, building, or equ						30	
Ass	31	Retained earnings, endowment, accumulated inc						31	
let	32	Total net assets or fund balances					211,278,720.	32	220,986,145.
<u> </u>	33	Total liabilities and net assets/fund balances					211,426,576.	33	221,264,243.

Form 990 (2023)

Form	ASSOCIATION FOR CULTURAL INTERCHANGE INC	52-	60541	24	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 32(
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,	, 399),4	08.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	921	L,5	<u>30.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	211,			
5	Net unrealized gains (losses) on investments	5	8,	<u>, 322</u>	2,6	48.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	,	,536	5,7	<u>53.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	220,	.986	5,1	<u>45.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		Ш
				_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		····· -	2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		······	2c	X	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O	·			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		····· -	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		L

Form **990** (2023)

SCHE	DULE A								OMB No. 1545-0047			
(Form 9	90)			ublic Charity Status and Public Support plete if the organization is a section 501(c)(3) organization or a section								
-	-	Co		ization is a section 501 47(a)(1) nonexempt cha			or a section		Ζυζυ			
	of the Treasury			ttach to Form 990 or Fo					Open to Public			
Internal Reve			Go to www.irs.gov/	Form990 for instructior	is and the	latest inf	ormation.		Inspection			
Name of	the organization								identification number			
Daut	Deserve		OCIATION FOR CULTURAL INTERCHANGE INC 52-6054124 Charity Status. (All organizations must complete this part.) See instructions.									
Part I							ee instruction	IS.				
- m	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) I A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2				Attach Schedule E (Form								
3		•	· · ·	anization described in se								
4		-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,			
-	city, and state	-	with a banafit of a cal	llaga ar university ouroad	0× 000×0t		verementel	nit describe				
5				llege or university owned	or operat	ed by a go	vernmental u	nit describe	a in			
c 🗔			Complete Part II.)	a antal constant and an accident at the		70/1->/4>/4>	()					
6 🗔 7 X			•	nental unit described in			. ,		u de lie, ele e cuite e el im			
7 <u>X</u>	-		-	ntial part of its support fr	om a gove	ernmental	unit or from tr	ie general p	Dudiic described in			
• 🗆	-		omplete Part II.)	(1)(A)();) (Complete Day								
8 🛄 9 🗍				(1)(A)(vi). (Complete Partice, 170 (b)(1)(A)(,	od in ooniu	notion with a	land grant				
9	-	-	-	in section 170(b)(1)(A)(-		-	-			
	university:		grant college of agrici	ulture (see instructions).		name, city	, and state of	the college				
10		on that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from			
				t to certain exceptions; a								
				(less section 511 tax) fro	. ,			•••	•			
			mplete Part III.)			loop acqui		Janization a				
11				vely to test for public sat	etv. See	section 50)9(a)(4).					
12	-	•	-	vely for the benefit of, to	•			rrv out the	purposes of one or			
	-	•	-	d in section 509(a)(1) o				•				
			-	f supporting organizatior								
a	-	•	• •	upervised, or controlled		-		-	giving			
			-	gularly appoint or elect a	• • • •	-						
	organizatio	n. You must c	complete Part IV, Se	ections A and B.								
b	Type II. A s	supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ring			
	control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported			
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.								
с 🗌	Type III fur	nctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,			
	its supporte	ed organizatio	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.					
d 🗌	Type III no	n-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)			
	that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	I an attentiv	veness			
	requiremen	t (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .					
e	Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III				
	functionally	integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.			· · · · · · · · · · · · · · · · · · ·			
	er the number		•									
	vide the followi (i) Name of suppo		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) is the oro:	anization listed	(v) Amount o	fmonetany	(vi) Amount of other			
	organization			(described on lines 1-10	in your governi	ing document?	support (see ir		support (see instructions)			
	above (above (see instructions))	Yes	No						

Total

Schedule A (Form 990) 2023 ASSOCIATION FOR CULTURAL INTERCHANGE INC 52-6054124 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	4550906.	1643354.	2678367.	2572540.	2424437.	13869604.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	4550906.	1643354.	2678367.	2572540.	2424437.	13869604.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						1305333.			
6	Public support. Subtract line 5 from line 4.						12564271.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4	4550906.	1643354.	2678367.	2572540.	2424437.	13869604.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	1927933.	1345710.	1391540.	2249183.	4124798.	11039164.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	842,810.	441,257.	1612065.	-1520167.	-58,885.	1317080.			
11	Total support. Add lines 7 through 10						26225848.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 3	,516,356.			
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)				
	organization, check this box and stop	here								
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2023 (li	ine 6, column (f), d	ivided by line 11, c	column (f))		14	<u>47.91 %</u>			
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	56.96 %			
16a	33 1/3% support test - 2023. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo				
	stop here. The organization qualifies									
b	33 1/3% support test - 2022. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	nd 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 te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization					
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets th									
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation				
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s			
						Schedule A	(Form 990) 2023			

Schedule A (Form 990) 2023 ASSOCIATION FOR CULTURAL INTERCHANGE INC 52-6054124 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) Page 3

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

Sec	ction A. Public Support	<u>, prodoc comp</u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 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.)	L					
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) orga	nization,
	ction C. Computation of Publi		•				
15	Public support percentage for 2023 (I			column (f))		15	%
<u>16</u>	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from						%
198	33 1/3% support tests - 2023. If the						
,	more than 33 1/3%, check this box ar						
D	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che			•		•	
	Private foundation. If the organization	п ана пот спеск а	50x on line 14, 19	a, UL 190, CHECK t	THE DUX AND SEE INS		dule A (Form 990) 2023
JJ202	23 12-21-23		16			Sche	ane A (FUIII 990) 2023

Schedule A (Form 990) 2023

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2023 ASSOCIATION FOR CULTURAL INTERCHANGE INC 52-6054124 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	rganization operate for the benefit of any supported organization other than the supported tion(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in ow providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	
	tion O. Turne II Currenting Organizations		

Section C. Type in Supporting Organizations								
			Yes	No				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors							
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control							
	or management of the supporting organization was vested in the same persons that controlled or managed							

Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year (see instructions).
--	--

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** 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 governmental entity (see instructions	s).
---	--	---	---	-----

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s)

- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

15521113 759535 9027

18

	dule A (Form 990) 2023 ASSOCIATION FOR CULTURA			2-6054124 Page 6		
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orgar	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions					
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	Г		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion 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):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
C	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

ASSOCIATION FOR CULTURAL INTERCHANGE INC 52-6054124 Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	<u>ed)</u>	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	8	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	5	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

323171 04-01-23

Identification of Excess Contributions Included on Part II, Line 5

52-6054124

2023

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
SAXUM INTERNATIONAL FOUNDATION	1,163,130.	638,613.
KOMIVES, CLAIRE F.	839,788.	315,271.
REGINA INTERNATIONAL C.V.	800,000.	275,483.
GLOBAL VOLUNTARY SERVICE	600,000.	75,483.
TORRAS, IGNACIO & MARIA ISABEL [LOMBANA]	525,000.	483.
Total Excess Contributions to Schedule A, Part II, Line 5		1,305,333.

Schedule B (Form 990)

Department of the Treasury

Or

Fil

Fo

Fo

Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

52-6054124

ganization type (check o	ne):
ers of:	Section:
rm 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
rm 990-PF	501(c)(3) exempt private foundation

ASSOCIATION FOR CULTURAL INTERCHANGE INC

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless to the set of the parts unless to the set of the set of the set of the parts unless to the set of the set

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

323453 12-26-23

2023.05000 ASSOCIATION FOR CULTURAL

9027___1

Employer identification number

52-6054124

ASSOCIATION FOR CULTURAL INTERCHANGE INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	51 SHARES OF CATH GLOBAL X SP500 CATHOLIC VALUES ETF 55.478	-	
-		\$\$55,478.	12/18/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
-		- \$	

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Name of organization

Page 3

-	B (Form 990) (2023) rganization			Employer identifi	Page 4
	ganzaton			Employer dentil	
	IATION FOR CULTURAL INTE			52-60541	
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	through (e) and the following line haritable, etc., contributions of \$1,000	e entry. For organiz	ations	,000 for the year
(a) No. from Part I	(b) Purpose of gift (c) Use of			(d) Description of how gift	is held
		(e) Transfer o	 f gift		
·	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transfer	ee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
		f gift			
	Transferee's name, address, a	nd ZIP + 4		onship of transferor to transfer	ee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
		(e) Transfer o	f gift		
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transfer	ee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
Part I					
		(e) Transfer o	[
	Transferee's name, address, a			onship of transferor to transfer	ee
323454 12-26	3-23			Schedule R	3 (Form 990) (2023)

(Form	990)
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Supplemental Financial Statements

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

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

ASSOCIATION FOR CULTURAL INTERCHANGE INC



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 52-6054124

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sed funds
-	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		ľ – –
Pa	t II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic str		
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year		5
4	Number of states where property subject to conservation eas	sement is located	
4 5	Number of states where property subject to conservation eason Does the organization have a written policy regarding the per		-
	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements in	riodic monitoring, inspection, handling of t holds?	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of t holds?	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing cor	Servation easements during the year
5 6	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements in	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing cor	Servation easements during the year
5 6	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing cor dling of violations, and enforcing conserve	Yes No
5 6 7	Does the organization have a written policy regarding the perviolations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing cor dling of violations, and enforcing conserva e satisfy the requirements of section 170(Yes Normalized No
5 6 7	Does the organization have a written policy regarding the perviolations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,Amount of expenses incurred in monitoring, inspecting, hand	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing cor dling of violations, and enforcing conserv e satisfy the requirements of section 170(Yes No servation easements during the year ation easements during the year h)(4)(B)(i) Yes No
5 6 7 8	Does the organization have a written policy regarding the perviolations, and enforcement of the conservation easements if Staff and volunteer hours devoted to monitoring, inspecting,Amount of expenses incurred in monitoring, inspecting, handDoes each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing cor dling of violations, and enforcing conserv e satisfy the requirements of section 170(Yes No nservation easements during the year ation easements during the year h)(4)(B)(i) Yes No e statement and
5 6 7 8	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing cor dling of violations, and enforcing conserv e satisfy the requirements of section 170(Yes No nservation easements during the year ation easements during the year h)(4)(B)(i) Yes No e statement and
5 6 7 8 9	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati balance sheet, and include, if applicable, the text of the footr	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing con- dling of violations, and enforcing conserve e satisfy the requirements of section 170(ion easements in its revenue and expense note to the organization's financial statem	Yes No nservation easements during the year ation easements during the year h)(4)(B)(i) Yes No e statement and nents that describes the
5 6 7 8 9	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing con- dling of violations, and enforcing conserve e satisfy the requirements of section 170(non easements in its revenue and expense note to the organization's financial statem f Art, Historical Treasures, or O	Yes No nservation easements during the year ation easements during the year h)(4)(B)(i) Yes No e statement and nents that describes the
5 6 7 8 9 Pa	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. 1111 Organizations Maintaining Collections of	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing cor dling of violations, and enforcing conserve e satisfy the requirements of section 170(ion easements in its revenue and expense note to the organization's financial statem f Art, Historical Treasures, or O n 990, Part IV, line 8.	Yes No nservation easements during the year ation easements during the year h)(4)(B)(i) Yes No e statement and nents that describes the ther Similar Assets.
5 6 7 8 9 Pa	Does the organization have a written policy regarding the perviolations, and enforcement of the conservation easements if Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing con- dling of violations, and enforcing conserv- e satisfy the requirements of section 170(on easements in its revenue and expense note to the organization's financial staten f Art, Historical Treasures, or O n 990, Part IV, line 8. 58, not to report in its revenue statement	Yes No nservation easements during the year ation easements during the year h)(4)(B)(i) Yes No e statement and nents that describes the ther Similar Assets. and balance sheet works
5 6 7 8 9 Pa	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements if Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing con- dling of violations, and enforcing conserv- e satisfy the requirements of section 170(ion easements in its revenue and expense note to the organization's financial statem f Art, Historical Treasures, or O n 990, Part IV, line 8. 58, not to report in its revenue statement blic exhibition, education, or research in f	Yes Normalized Normal
5 6 7 8 9 Pa i	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. 1111 Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing con- dling of violations, and enforcing conserve e satisfy the requirements of section 170(ion easements in its revenue and expense note to the organization's financial statem f Art, Historical Treasures, or O n 990, Part IV, line 8. 58, not to report in its revenue statement blic exhibition, education, or research in f nicial statements that describes these iter	Yes Normalized No
5 6 7 8 9 Pa i	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footro organization's accounting for conservation easements. 1111 Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finan	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing con- conservations and enforcing conserva- e satisfy the requirements of section 170(for easements in its revenue and expense note to the organization's financial statem f Art, Historical Treasures, or O n 990, Part IV, line 8. 58, not to report in its revenue statement blic exhibition, education, or research in f ncial statements that describes these iter 58, to report in its revenue statement and	Yes Normalized No
5 6 7 8 9 Pa i	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. 1111 Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing con- conservations and enforcing conserva- e satisfy the requirements of section 170(for easements in its revenue and expense note to the organization's financial statem f Art, Historical Treasures, or O n 990, Part IV, line 8. 58, not to report in its revenue statement blic exhibition, education, or research in f ncial statements that describes these iter 58, to report in its revenue statement and	Yes Normalized No
5 6 7 8 9 Pa i	Does the organization have a written policy regarding the perviolations, and enforcement of the conservation easements if Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footror organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items.	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing con- dling of violations, and enforcing conserve e satisfy the requirements of section 170(ion easements in its revenue and expense note to the organization's financial statem f Art, Historical Treasures, or O n 990, Part IV, line 8. 58, not to report in its revenue statement blic exhibition, education, or research in fin ncial statements that describes these iter 58, to report in its revenue statement and c exhibition, education, or research in further	Yes Normalized No
5 6 7 8 9 Pa i	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. 1111 Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing con- dling of violations, and enforcing conserve e satisfy the requirements of section 170(ion easements in its revenue and expense note to the organization's financial statem f Art, Historical Treasures, or O n 990, Part IV, line 8. 58, not to report in its revenue statement blic exhibition, education, or research in fin ncial statements that describes these iter 58, to report in its revenue statement and c exhibition, education, or research in further	Yes Normalized Normal
5 6 7 8 9 Pa i	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. 1111 Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing cor dling of violations, and enforcing conserv- e satisfy the requirements of section 170(ion easements in its revenue and expense note to the organization's financial statem f Art, Historical Treasures, or O n 990, Part IV, line 8. 58, not to report in its revenue statement blic exhibition, education, or research in fin ncial statements that describes these iter 58, to report in its revenue statement and c exhibition, education, or research in furt	Yes Normalized Normal
5 7 8 9 Par 1a b	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing con- dling of violations, and enforcing conserve e satisfy the requirements of section 170(ion easements in its revenue and expense note to the organization's financial statem f Art, Historical Treasures, or O n 990, Part IV, line 8. 58, not to report in its revenue statement blic exhibition, education, or research in fin ncial statements that describes these iter 58, to report in its revenue statement and c exhibition, education, or research in fun- casures, or other similar assets for financial easures, or other similar assets for financial	Yes Normalized Normal
5 6 7 8 9 Pai 1a b	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footro organization's accounting for conservation easements. 1111 Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea- tre the following amounts required to be reported under FASB ASC	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing con- dling of violations, and enforcing conserve e satisfy the requirements of section 170(ion easements in its revenue and expense note to the organization's financial statem f Art, Historical Treasures, or O n 990, Part IV, line 8. 58, not to report in its revenue statement blic exhibition, education, or research in fin nicial statements that describes these iter 58, to report in its revenue statement and c exhibition, education, or research in fun- casures, or other similar assets for financial NSC 958 relating to these items:	Yes Normalized No
5 6 7 8 9 Pa 1a b 2 2	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing con- conservation of violations, and enforcing conserva- e satisfy the requirements of section 170(for easements in its revenue and expense note to the organization's financial statement of Art, Historical Treasures, or O n 990, Part IV, line 8. 58, not to report in its revenue statement blic exhibition, education, or research in fin ncial statements that describes these iter 58, to report in its revenue statement and c exhibition, education, or research in fun- casures, or other similar assets for financial NSC 958 relating to these items:	Yes Normalized No
5 6 7 8 9 Pa 1 1 a b 2 2 a b	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part VIII, line 1 the organization received or held works of art, historical tree the following amounts required to be reported under FASB ASC 95 AREVENUE included on Form 990, Part VIII, line 1	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing con- conservations of violations, and enforcing conserva- e satisfy the requirements of section 170(for easements in its revenue and expense note to the organization's financial statement of Art, Historical Treasures, or O n 990, Part IV, line 8. 58, not to report in its revenue statement blic exhibition, education, or research in fin ncial statements that describes these iter 58, to report in its revenue statement and c exhibition, education, or research in fur- easures, or other similar assets for financial NSC 958 relating to these items:	Yes Normalized No

15521113 759535 9027

	dule D (Form 990) 2023 ASSOCIA	TION FOR CU				NC r Simila	<u>52-6</u> r Asse	05412 ts _{(conti}	4 Pa nued)	age 2
3	Using the organization's acquisition, accession								1404)	
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange progra	ım					
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	n's exer	mpt purpo	se in Pa	rt XIII.		
5	During the year, did the organization solicit or	r receive donations of	f art, historical treas	sures, or othe	er similar	assets	_			_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organizatior	n answered "N	Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia						Г			٦
	on Form 990, Part X?						L	Yes		No
d	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:					Amour	+	
•	Paginning balance					10		Amour		
	Additions during the year									
	Additions during the year									
f	Ending balance									
	Did the organization include an amount on Fo						Γ	Yes		No
	If "Yes," explain the arrangement in Part XIII.						······ –			1
Par						0.				
		(a) Current year	(b) Prior year	(c) Two year		(d) Three y	years bac	k (e) Fou	r years	back
1a	Beginning of year balance	38,230,642.	41,961,359.	38,683	054.	35,3	63,535	. 31	,253,	417.
	Contributions									
	Net investment earnings, gains, and losses	4,252,425.	-2,922,617.	4,411	,503.	4,2	82,338	. 4	,582,	334.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	525,900.	808,100.	1,133	8,198.	9	62,819		472,	216.
f	Administrative expenses									
g	End of year balance	41,957,167.	38,230,642.	41,961	.,359.	38,6	83,054	. 35	,363,	535.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с		%								
•	The percentages on lines 2a, 2b, and 2c should be the second seco	•								
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	id administer	ea tor tr	ie			Yes	No
	organization by:							20(1)	103	X
	(i) Unrelated organizations?(ii) Related organizations?									X
h	If "Yes" on line 3a(ii), are the related organization of the second seco									
4	Describe in Part XIII the intended uses of the									
_	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or ot basis (investm		or other (other)	. ,	ccumulate		(d) Boo	ok value	e
1 a	Land	· · ·	,	3,724.				7,28	3,72	24.
	Buildings			2,148.	46,	636,0	83.	50,95		
	Leasehold improvements									
	Equipment		1,57	3,350.		871,1	06.	70	2,24	44.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	, line 10c, column	(B))				58,94	2,03	33.
							Cabad	D (For	- 000	2022

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 ASSOCIATION	FOR CULTURAL	INTERCHANGE INC	52-6054124 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) SELECT EQT INFRASTR FUNDS	1,094,493.	END-OF-YEAR MAR	
(B) ZILKHA PTRS SPEC OPPORT	5,763,774.	END-OF-YEAR MAR	KET VALUE
(C) BRIDGEPORT CREDIT	0.406.440		
(D) OPPORTUNITIES III FD	2,436,440.	END-OF-YEAR MAR	KET VALUE
(E) OAKTREE GLOBAL CREDIT	6 0 6 0 1 0 1		
(F) FUND	6,863,124.	END-OF-YEAR MAR	KET VALUE
(G) PRINCIPAL DIVERSIFIED	0 010 000		
(H) REAL ASSET FUND	8,010,892.	END-OF-YEAR MAR	KET VALUE
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	45,521,860.		
Complete if the organization answered "Yes"	on Form 000 Dart IV line :	110 Soo Form 000 Port V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
	(b) BOOK value	(c) Method of Valuation. Cos	or end-or-year market value
(1)(2)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
(9)			
Total (Col (h) must equal Form 990 Part X line 13 col (B))			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Part IX Other Assets	on Form 990, Part IV, line ⁻	11d. See Form 990, Part X, line 15	
Part IX Other Assets Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻ Description	11d. See Form 990, Part X, line 15	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15	
Part IX Other Assets Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15	
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15	
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15	
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		I1d. See Form 990, Part X, line 15	
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15	
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15	
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15	
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15	
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (a) (2) (a) (3) (a) (4) (b) (5) (c) (6) (c) (7) (a) (9) Total. (Column (b) must equal Form 990, Part X, line 15, conditional condite conditite conditional conditiona condite conditite conditiona c	Description		
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	Description		(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes"	Description		(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	Description		(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (c) must equal Form 990, Part X, line 15, column (c) must equal Form 990, Part X, line 15, column (c) must equal Form 990, Part X, line 15, column (c) Part X Other Liabilities Complete if the organization answered "Yes"	Description		(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability	Description		(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description		(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description		(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description		(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (a) (1) (a) (2) (a) (3) (a) (4) (b) (5) (c) (6) (c) (7) (a) (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (4)	Description		(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (1) (a) (2) (a) (3) (b) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (c) Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (c) must equal Form 990, Part X, line 15, column (c) must equal Form 990, Part X, line 15, column (c) must equal Form 990, Part X, line 15, column (c) (6) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	Description		(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (c) Yes 1. (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (8)	Description	I 1e or 11f. See Form 990, Part X,	(b) Book value (b) Book value (b) Book value (b) Book value (c) (b) Book value (c) (c) Book value (c) (c) Book value (c)
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Description	I 1e or 11f. See Form 990, Part X,	(b) Book value (b) Book value (b) Book value (b) Book value (c) (b) Book value (c) (c) Book value (c)

Schedule D (Form 990) 2023

Sche	edule D (Form 990) 2023 ASSOCIATION FOR CULTURAL INTERCHAI			6054124 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Re	evenue per Ret	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	19,210,196.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a 8	3,322,648.		
b	Donated services and use of facilities 2b			
с				
d				
е	Add lines 2a through 2d		2e	8,322,648.
3	Subtract line 2e from line 1		3	10,887,548.
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	433,390.		
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b		4c	433,390.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	11,320,938.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With E	Expenses per R	etur	n
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Expenses per R	etur	n
Pa		Expenses per R	etur 1	n 7,966,018.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Expenses per R		
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	Expenses per R		
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	Expenses per R		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	Expenses per R		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	Expenses per R		
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b 2c Other losses 0 Other (Describe in Part XIII.)	Expenses per R		7,966,018.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	Expenses per R	1	7,966,018.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b 2c Other losses 0 Other (Describe in Part XIII.)	Expenses per R	1 2e	7,966,018.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b 2c Other losses 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Expenses per R	1 2e	7,966,018.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	Expenses per R	1 2e	7,966,018. 0. 7,966,018.
1 2 b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b 2c Other losses 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	Expenses per R	1 2e	7,966,018.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Other (Describe in Part XIII.) 4a	Expenses per R	1 2e 3	7,966,018. 0. 7,966,018.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part 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 provide any additional information.

PART V, LINE 4:

ONGOING SUPPORT OF SAXUM CENTER.

PART X, LINE 2:

ACI IS A TAX-EXEMPT CHARITABLE ORGANIZATION UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE, AND IS NOT A PRIVATE FOUNDATION UNDER THE CODE.

MANAGEMENT OF ACI BELIEVES IT HAS ADEQUATE SUPPORT FOR POSITIONS TAKEN ON

ITS INFORMATION RETURN OF EXEMPT ORGANIZATION (FORM 990) AND, ACCORDINGLY,

BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD AFFECT ITS

TAX-EXEMPT STATUS. MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF

LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW, NEW

AUTHORITATIVE RULINGS AND ITS OPERATING CHARACTERISTICS TO COMPLY WITH ITS 332054 09-28-23 Schedule D (Form 990) 2023

15521113 759535 9027

32

 Schedule D (Form 990) 2023
 ASSOCIATION FOR CULTURAL INTERCHANGE INC 52-6054124 Page 5

 Part XIII
 Supplemental Information (continued)

STATUS AS A TAX-EXEMPT CHARITABLE ORGANIZATION.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FOREIGN EXCHANGE LOSS

Schedule D (Form 990) 2023

332055 09-28-23

Part XIII Supplemental Information (continued)		
Part VII Investments - Other Securities. See Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
CADIAN ALL COUNTRY WORLD EX US FUND	19,572,557.	EOY MARKET VALU
AUDAX PRIVATE EQUITY FUND VII	422,546.	EOY MARKET VALU
GRIDIRON CAPITAL FUND	1,358,034.	EOY MARKET VALU

15521113 759535 9027

b Total from continuation

and 3b)

LHA 332071 11-29-23

sheets to Part I c Totals (add lines 3a

35 2023.05000 ASSOCIATION FOR CULTURAL 9027 1

AUSTRIA, BELGIUM 0 0 AND NON-CASH GRANTS CENTERS. 1,629,574. MIDDLE EAST AND NORTH AFRICA -SUPPORT OF EDUCATIONAL. ALGERIA, BAHRAIN, OPERATING AND CONSTRUCTION TRAINING AND STUDY DJIBOUTI, EGYPT 0 0 GRANTS TENTERS 147,901. SOUTH AMERICA -ARGENTINA, BOLIVIA, SUPPORT OF EDUCATIONAL, BRAZIL, CHILE, OPERATING AND CONSTRUCTION TRAINING AND STUDY GRANTS CENTERS. COLUMBIA, ECUADOR 0 ٥ 483,364. SUB-SAHARAN AFRICA -ANGOLA, BENIN, SUPPORT OF EDUCATIONAL, BOTSWANA, BURKINA OPERATING, CONSTRUCTION, TRAINING AND STUDY CENTERS. FASO 0 0 AND NON-CASH GRANTS 263,430. EAST ASIA AND THE PACIFIC - AUSTRALIA, SUPPORT OF EDUCATIONAL, BRUNEI, BURMA, TRAINING AND STUDY OPERATING AND CONSTRUCTION CAMBODIA 0 0 GRANTS CENTERS. 10,500. SOUTH ASIA AFGHANISTAN, SUPPORT OF EDUCATIONAL. BANGLADESH, BHUTAN, OPERATING AND CONSTRUCTION TRAINING AND STUDY INDIA, MALDIVES 0 0 GRANTS CENTERS. 70,947. CENTRAL AMERICA AND THE CARIBBEAN -SUPPORT OF EDUCATIONAL ANTIGUA & BARBUDA. TRAINING AND STUDY CENTERS. ARUBA, BAHAMAS, 0 0 1,078,867. PROGRAM LOANS 0 0 3,734,583. 3 a Subtotal

Name of the organization А

Ρ mplete if the organization answered "Yes" on

Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

rocedures for monitoring the use of its grants and other assistance outside the

NON-CASH REDUCTION OF LOAN

OPERATING, CONSTRUCTION,

be duplicated if additional space is needed.)

0

BALANCE

ssoci	ATION	FOR	CULTURAL	INTERCHANGE	INC	
Part I	Genera	l Infor	mation on Act	tivities Outside the	United States.	Cor
	Earm 000	Dort IV	line 1/h			

0

1

1

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

7

SCHEDULE F	Statement of Activities Outside the United States
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Department of the Treasury	Attach to Form 990.

Internal Revenue Service

THE CARIBBEAN -

ARUBA, BAHAMAS

ANTIGUA & BARBUDA,

EUROPE (INCLUDING ICELAND & GREENLAND)

- ALBANIA, ANDORRA,

OMB No. 1545-0047 Open to Public

No

(f) Total

expenditures

for and

investments

in the region

50,000.

65,773,538.

69,508,121.

Schedule F (Form 990) 2023

Employer identification number

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

52-6054124

(e) If activity listed in (d)

is a program service,

describe specific type

of service(s) in the region

SUPPORT OF EDUCATIONAL.

SUPPORT OF EDUCATIONAL.

TRAINING AND STUDY

TRAINING AND STUDY

CENTERS.

2	For grantmakers. Desc United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of it
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	In be duplicated if additional space is r
	(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)
CENT	TRAL AMERICA AND			

			CULTURAL INTERCHANG		4 Page 1
(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 & GREENLAND)				SUPPORT OF EDUCATIONAL,	
- ALBANIA, ANDORRA,				TRAINING AND STUDY	
AUSTRIA, BELGIUM	0	0	PROGRAM LOANS	CENTERS.	1,415,373.
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,				SUPPORT OF EDUCATIONAL,	
BRAZIL, CHILE,				TRAINING AND STUDY	
COLUMBIA, ECUADOR,	0	0	PROGRAM LOANS	CENTERS.	1,899,448.
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,				SUPPORT OF EDUCATIONAL,	
BOTSWANA, BURKINA				TRAINING AND STUDY	
FASO,	0	0	PROGRAM LOANS	CENTERS.	1,723,252.
CENTRAL AMERICA AND					
THE CARIBBEAN -				SUPPORT OF EDUCATIONAL,	
ANTIGUA & BARBUDA,				TRAINING AND STUDY	
ARUBA, BAHAMAS,	0	0	OPERATING EXPENDITURES	CENTERS.	63,820.
EUROPE (INCLUDING					
ICELAND & GREENLAND)				SUPPORT OF EDUCATIONAL,	
- ALBANIA, ANDORRA,				TRAINING AND STUDY	
AUSTRIA, BELGIUM	0	0	OPERATING EXPENDITURES	CENTERS.	27,238.
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,				HOLY LAND CONFERENCE AND	
DJIBOUTI, EGYPT,	1	7	OPERATING EXPENDITURES	VISITOR CENTER	1,288,992.
EUROPE (INCLUDING				PROGRAM-RELATED REAL	
ICELAND & GREENLAND)				ESTATE MADE AVAILABLE	
- ALBANIA, ANDORRA,				FREE TO EDUCATIONAL	
AUSTRIA, BELGIUM	0	0	CAPITAL INVESTMENT	NON-PROFIT ORGS	1,369,334.
MIDDLE EAST AND				PROGRAM-RELATED REAL	
NORTH AFRICA -				ESTATE MADE AVAILABLE	
ALGERIA, BAHRAIN,				FREE TO EDUCATIONAL	
DJIBOUTI, EGYPT,	0	0	CAPITAL INVESTMENT	NON-PROFIT ORGS	11,379,322.
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,				HOLY LAND CONFERENCE AND	
DJIBOUTI, EGYPT,	0	0	CAPITAL INVESTMENT	VISITOR CENTER	46,606,759.
Totals	1	7			65,773,538.

332181 04-01-23

52-6054124

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING	OPERATING SUPPORT FOR					
		ICELAND &	EDUCATIONAL					
		GREENLAND)	FACILITIES	1141985.	WIRE TRANSFER	0.		BOOK VALUE
		EUROPE (INCLUDING	OPERATING SUPPORT FOR					
		ICELAND &	EDUCATIONAL					
		GREENLAND)	FACILITIES	0.	NOTICE	487,590.	LOAN FORGIVENESS	BOOK VALUE
			OPERATING SUPPORT FOR					
		MIDDLE EAST AND	EDUCATIONAL					
		NORTH AFRICA	FACILITIES	147,901.	WIRE TRANSFER	0.		BOOK VALUE
			OPERATING SUPPORT FOR					
			EDUCATIONAL					
		SOUTH AMERICA	FACILITIES	483,364.	WIRE TRANSFER	0.		BOOK VALUE
			OPERATING SUPPORT FOR					
		SUB-SAHARAN	EDUCATIONAL					
		AFRICA	FACILITIES	30,000.	WIRE TRANSFER	0.		BOOK VALUE
			OPERATING SUPPORT FOR					
		SUB-SAHARAN	EDUCATIONAL					
		AFRICA	FACILITIES	0.	NOTICE	233,430.	LOAN FORGIVENESS	BOOK VALUE
			OPERATING SUPPORT FOR					
		CENTRAL AMERICA	EDUCATIONAL				REDUCTION OF LOAN	
		AND THE CARIBBEAN	FACILITIES	0.	NOTICE	50,000.	BALANCE	BOOK VALUE
			OPERATING SUPPORT FOR					
		EAST ASIA AND THE	EDUCATIONAL					
		PACIFIC	FACILITIES	10,500.	WIRE TRANSFER	0.		BOOK VALUE

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

 $\frac{15}{0}$

3 Enter total number of other organizations or entities

Schedule F (Form 990)	ASSOC	IATION FOR C	ULTURAL INTERCHA	ANGE INC	52-60	54124		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			OPERATING SUPPORT FOR EDUCATIONAL FACILITIES	70,947.	WIRE TRANSFER	0.		BOOK VALUE

ASSOCIATION FOR CULTURAL INTERCHANGE INC Schedule F (Form 990) 2023

52-6054124

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 ASSOCIATION FOR CULTURAL INTERCHANGE INC 52-6054124 Page 4 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"								
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign								
	Corporation (see the Instructions for Form 926)	Yes	X No						
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may								
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and								
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a								
	U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No						
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"								
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to								
	Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No						
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a								
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,								
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing								
	Fund (see the Instructions for Form 8621)	Yes	X No						
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"								
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain								
	Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No						
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If								
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see								
	the Instructions for Form 5713; don't file with Form 990)	Yes	X No						

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 ASSOCIATION FOR CULTURAL INTERCHANGE INC 52-6054124 Page 5 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

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

RECORDKEEPING: THE GRANTEE AGREES TO MAINTAIN ITS BOOKS AND RECORDS IN A MANNER WHICH SATISFIES SEC. 53.4945-5(C)(3) OF THE INTERNAL REVENUE CODE AND IN SUCH A WAY THAT FUNDS FROM ACI WILL BE SHOWN SEPARATELY ON THE GRANTEE'S BOOKS. EXPENDITURES MADE BY THE GRANTEE IN FURTHERANCE OF THE PURPOSES SPECIFIED IN THE GRANT AGREEMENT MUST BE CHARGED AGAINST THE GRANT. THE GRANTEE WILL MAINTAIN RECORDS OF SUCH EXPENDITURES ADEQUATE TO IDENTIFY THE USE OF THE FUNDS FOR THE SPECIFIED PURPOSES.

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

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332075 11-29-23

Schedule F	(Form 990) 2023	ASSOCIATION	FOR	CULTURAL	INTERCHANGE	INC	52-6054124	Page 5		
Part V	Supplementa	I Information								
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of									
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)									
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.										

AVAILABILITY OF GRANTEE'S RECORDS: THE GRANTEE WILL MAINTAIN ITS RECORDS

OF EXPENDITURES FROM THE GRANT, AS WELL AS COPIES OF THE REPORTS

SUBMITTED BY IT TO ACI WITH RESPECT TO SUCH GRANT, FOR AT LEAST FOUR (4)

YEARS AFTER COMPLETION OF THE USE OF THE GRANT FUNDS. IT WILL MAKE BOOKS

AND RECORDS AVAILABLE TO ACI AT REASONABLE TIMES DURING SUCH PERIOD.

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· · · · · · · · · · · · · · · · · · ·									
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to recipient that received more than 3	ocedures for monite Domestic Organiz	oring the use of grant ations and Domestic	funds in the United Covernments. C	States. complete if the org					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
ASVEPROE LLC 8875 NW 99 AVENUE DORAL, FL 33178	36-4973279		613,000.	0.			GRANT FOR ASOCIACION VENEZOLANA DE PROM. EDUCATIVA (AVPE)		
ASAC USA INCORPORATED 6823 NW 113TH PLACE DORAL, FL 33178	86-3139616	501(C)(3)	50,000.	0.			GRANT FOR ASOCIACION DE ARTE Y CIENCIA (ASAC)		
CLOVER FOUNDATION 420 LEXINGTON AVENUE NEW YORK, NY 10170	74-2390003	501(C)(3)	29,312.	0.			GRANT FOR COPPER RIDGE		
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 							-		

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

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

Schedule | (Form 990) 2023 ASSOCIATION FOR CULTURAL INTERCHANGE INC

52-6054124

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Complete if the or	rganizations answered "Ye	s" on Form 99	0, Part IV, line	s 29 or 30.
	Attach to Fo	rm 990.		

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

Name of the organization

ASSOCIATION FOR CULTURAL INTERCHANGE INC

Employer identification number

52-6054124 **Types of Property** Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g items contributed Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 1 55,478.FMV Х 9 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy _____ 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other () Other 26 () 27 Other () 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions _____29 for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash х contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M	(Form 990) 2023	ASSOCIATION	I FOR	CULTURAL	INTERC	HANGE	INC	52-6054124	Page 2
Part II	Supplemental	I Information. Prov t I, column (b), the num dditional information.	vide the in Iber of co	nformation require ontributions, the nu	d by Part I, lin umber of items	es 30b, 32 s received,	b, and 33, or a combi	and whether the organi ination of both. Also cor	zation nplete
332142 09-11-2	23							Schedule M (For	m 990) 2023

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SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Name of the organization ASSOCIATION FOR CULTURAL INTERCHANGE INC

52-6054124

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

EDUCATIONAL AND VOCATIONAL TRAINING INSTITUTIONS FROM ELEMENTARY LEVEL

THROUGH GRADUATE STUDIES. ACI EMPHASIZES THE PROMOTION OF INTERNATIONAL

UNDERSTANDING AND THE INTERCHANGE OF IDEAS AND CULTURAL ACTIVITIES

AMONG PEOPLE OF DIFFERENT NATIONS. ACI'S PROGRAM IS CARRIED OUT IN THE

UNITED STATES AND FOREIGN COUNTRIES.

ACI ACHIEVES THIS BY PROVIDING GRANTS AND PROGRAM LOANS, AS WELL AS THE USE OF PHYSICAL FACILITIES, TO ORGANIZATIONS IN THE UNITED STATES AND OTHER COUNTRIES THAT OPERATE IN FURTHERANCE OF ACI'S MISSION. ACI ALSO OWNS AND OPERATES THE SAXUM CENTER ("SAXUM") IN ABU GOSH, ISRAEL. SAXUM CONSISTS OF A CONFERENCE CENTER WHICH OPERATES WORKSHOPS, CONFERENCES AND SPIRITUAL RETREATS; AND A VISITOR CENTER PROVIDING ORIENTATION AND INFORMATION RESOURCES FOR INDIVIDUALS AND GROUPS VISITING THE HOLY LAND.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTERCHANGE OF IDEAS AND CULTURAL ACTIVITIES AMONG PEOPLE OF DIFFERENT NATIONS. ACI'S PROGRAM IS CARRIED OUT IN THE UNITED STATES AND FOREIGN COUNTRIES. ACI ACHIEVES THIS BY PROVIDING GRANTS AND LOANS THAT ARE INTEREST-FREE OR BEAR BELOW-MARKET INTEREST RATES TO ORGANIZATIONS THAT FOSTER AND FACILITATE CHARITABLE AND EDUCATIONAL PROGRAMS. ACI ALSO OWNS AND MAINTAINS REAL PROPERTY FACILITIES IN ITALY AND ISRAEL. THOSE FACILITIES ARE MADE AVAILABLE RENT-FREE TO EDUCATIONAL AND CULTURAL INSTITUTIONS OPERATED BY NOT-FOR-PROFIT ORGANIZATIONS. ACI ALSO OWNS AND OPERATES THE SAXUM CENTER IN ISRAEL WHICH OFFER WORKSHOPS, For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. DATE: Section 2000 Section 2000 Section 2000 Section 2000 Section 2000 AND 2000 Section 2000 Secti

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15521113 759535 9027
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PROVIDING ORIENTATION FOR PILGIRMS TO THE HOLY LAND.

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

SERVICE AGREEMENTS WITH OTHER 501(C)(3) ORGANIZATIONS.

EXPENSES \$ 103,548. INCLUDING GRANTS OF \$ 0. REVENUE \$ 103,548.

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

THE FORM 990 IS CIRCULATED TO BOARD MEMBERS FOR REVIEW AND COMMENT BEFORE FILING.

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

TWO OFFICERS AND AN INDEPENDENT DIRECTOR REVIEW TRANSACTIONS IN DETAIL ON A MONTHLY BASIS TO MONITOR FOR POTENTIAL CONFLICTS OF INTEREST.

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

THE BOARD REVIEWS COMPENSATION OF ALL EMPLOYEES ANNUALLY AND DOCUMENTS

COMPENSATION IN THE MINUTES. COMPARABILITY DATA INCLUDES INFORMATION FROM

PUBLICLY-AVAILABLE FORM 990 FILINGS OF SIMILAR ORGANIZATIONS AND OTHER

PUBLICLY AVAILABLE SOURCES.

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

THE ORGANIZATION MAKES DOCUMENTS PUBLIC IN THE MANNER PRESCRIBED BY THE

48

INTERNAL REVENUE CODE AND STATE CHARITIES LAWS.

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

CURRENCY ADJUSTMENT - CONSOLIDATED NET ASSETS OF ISRAELI

SUBSIDIARY

-1,485,384.

332212 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization ASSOCIATION FOR CULTURAL INTERCHANGE INC	Employer identification number 52-6054124
OTHER GAINS (LOSSES)	-51,369.
TOTAL TO FORM 990, PART XI, LINE 9	-1,536,753.
332212 11-14-23	Schedule O (Form 990) 2023

SCH	IEDULE R
<i>(</i> —	

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

23 **Open to Public** Inspection

Employer identification number

52-6054124

Department of the Treasury Internal Revenue Service

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

Name of the organization

ASSOCIATION FOR CULTURAL INTERCHANGE INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SAXUM LTD (CC) - 98-0608393					
P.O. BOX 31218	HOLY LAND CONFERENCE AND				
JERUSALEM, ISRAEL 9131101	VISITOR CENTER	ISRAEL			NONE

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

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

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 ASSOCIATION FOR CULTURAL INTERCHANGE INC

52-6054124 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule	Gene	eral or	Percentage ownership
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	allocations?		amount in box)X managin partner		ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes		
				,						1		
												1
	-											1
	-											l i
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												l I
												1
	1											1
												1
										-		l
	-											l I
												1
												l i
												1
	1											l
	1											1
	4											l i

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if 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) Primary activity	(C) Legal domicile (state or foreign	(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?	
		country)				400010		Yes	No
	-								

Schedule R (Form 990) 2023 ASSOCIATION FOR CULTURAL INTERCHANGE INC

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		<u> </u>
s	Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2023 ASSOCIATION FOR CULTURAL INTERCHANGE INC

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.

(a) Name, address, and EIN	(b) Primary activity	(c)	(d)	(e Are partner 501(c orgs	e) all s sec.	(f) Share of total	(g) Share of	Dispi	h) ropor- nate	(i) Code V-UBI amount in box 20	(j) General o managin	(k) Percentage
of entity		(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs Yes	.? No	income	end-of-year assets	alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner? Yes No	ownersnip
												

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 ASSOCIATION FOR CULTURAL INTERCHANGE INC 52-6054124 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

SAXUM LTD (CC)

EIN: 98-0608393

P.O. BOX 31218

JERUSALEM, ISRAEL 9131101

PRIMARY ACTIVITY: HOLY LAND CONFERENCE AND VISITOR CENTER

DIRECT CONTROLLING ENTITY: NONE

Schedule R (Form 990) 2023

332165 09-28-23

Form 8858	Information Return of Disregarded Entitie	nd Foreign Branc	OMB No. 1545-1910					
(Rev. September 2021)	►Go to www.irs.gov/Forma Information furnished for the FD							
Department of the Treasury Internal Revenue Service	beginning JAN 1 ,202		and ending DEC 3		23	Attachment Sequence No. 140		
Name of person filing this re	əturn				Filer's iden	tifying number		
	R CULTURAL INTERCHAN				52-60	54124		
Number, street, and room c 420 LEXINGTON	or suite no. (or P.O. box number if mail is AVENUE , 300	s not deliver	ed to street address)	1				
City or town, state, and ZIP NEW YORK, NY	code 10170							
Filer's tax year beginning	JAN 1 , 20 23 , and ending	DEC 3	, 20 23					
	able lines and schedules. All information ess otherwise indicated.	must be in	English. All amounts	must be state	d in			
	of a U.S. person FDE of a c		reign corporation (CF	·		olled foreign partnership lled foreign partnership		
	I Form 8858 Final Form 88							
1a Name and address of FE SAXUM LTD (CC)	DE or FB			b(1) U.S. ide 98-060		ber, if any		
P.O. BOX 31218								
JERUSALEM ISRAEL 9131101				b(2) Referen	ce ID numbe	r (see instructions)		
	- der whose laws organized and entity ty	pe under loc	al tax law	d Date(s) of a	proanization	e Effective date as FDE		
ISRAEL			E COMPANY	03 29				
						01/01/09		
	ax treaty were claimed with respect to 8, enter the treaty and article number		n which principal activity is conducted	h Principal b activity	usiness	i Functional currency		
				CONFERE	NCE &			
		ISRAEL	I	VISITOR	CTR.	ILS		
2 Provide the following in	formation for the FDE's or FB's account	ting period s	stated above.					
 a Name, address, and ide in the United States 	entifying number of branch office or age	ent (if any)	b Name and address (in custody of the books records, if different CHEN MORDE SHOHAM FIN MODI'IN ISRAEL 717	and records of the CHAI, C • ADV•	FDE or FB, and the PA	Vicable) of person(s) with ne location of such books and		
3 For the tax owner of th	ne FDE or FB (if different from the filer), p	provide the f	ollowing (see instruc	tions):				
a Name and address			b Annual account	ing period cov	ered by the r	eturn (see instructions)		
			c(1) U.S. identifyin	ig number, if a	ny			
			c(2) Reference ID number (see instructions)					
			d Country under whose laws organized e Functional currency					
4 For the direct owner o	f the FDE or FB (if different from the tax	owner), pro	vide the following (se	ee instructions):			
a Name and address			b Country under v	whose laws org	ganized			
			c U.S. identifying	number, if any	d Fund	ctional currency		
	hat identifies the name, placement, percentage of own er and the FDE or FB, and the chain of ownership bet instructions					f		

For Paperwork Reduction Act Notice, see the separate instructions.

ASSOCIATION FOR CULTURAL INTERCHANGE INC

Page 2

Form 8858 (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM). If you are using the average exchange rate (determined under section 989(b)), check the following box

			Functional Currency	U.S. D	ollars
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7	2,791,741.		4,041.
8	Foreign currency gain (loss)	8	-79,297.		1,986.
9	Other income	9	129,989.		6,041.
10	Total income (add lines 3 through 9)	10	2,842,433.		8,096.
11	Total deductions (exclude income tax expense)	11	11,393,871.	3,15	9,076.
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14	-8,551,438.	-2,37	0,980.
Sch	edule C-1 Section 987 Gain or Loss Information				
	Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	(t) Amount functional of rec	stated in currency
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				

5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	441,469.	390,590.
2	Other assets	2	49,564,002.	46,216,169.
3	Total assets	3	50,005,471.	46,606,759.
	Liabilities and Owner's Equity			
4	Liabilities	4	121,315.	108,880.
5	Owner's equity		49,884,156.	46,497,879.
6			50,005,471.	46,606,759.
Sch	edule G Other Information			

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		Х
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		x
3	Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		x
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		
		00 = 0	

ASSOCIATION FOR CULTURAL INTERCHANGE INC

Form 8	858 (Rev. 9-2021)		Page 3
Sch	edule G Other Information (continued)		F
		Yes	No
6	Is the FDE or FB a qualified business unit as defined in section 989(a)?		
	Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of		
_	FBs and FDEs.		
7a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b		
h	and 7c		
b	Enter the total amount of the base erosion payments \$ Enter the total amount of the base erosion tax benefit \$		
с 8а	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
Ua	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c		
b	Enter the total amount of the base erosion payments \$		
c	Enter the total amount of the base erosion tax benefit \$		
9	Answer only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between		
-	the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB		
	acted as a manufacturing, selling, or purchasing branch?		
	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	is a U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is		
	treated as a U.S. corporation solely for purposes of these questions.		
10a	If the FB or the interest in the FDE is a separate unit under Regulations section		
	1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		
	does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		N/A
b	If "Yes," enter the amount of the dual consolidated loss		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined)		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S.		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If (
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
с	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
~	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	("cumulative register") as of the beginning of the tax year \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
104	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
	part of a combined separate unit, in any prior tax years?		
b	If "Yes," enter the total amount of recapture		
	edule H Current Earnings and Profits or Taxable Income (see instructions)		I
Impor	ant: Enter the amounts on lines 1 through 6 in functional currency.		
1	Current year net income (loss) per foreign books of account		
2	Total net additions	1	
3	Total net subtractions3		
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	1	
5	DASTM gain (loss) (if applicable) 5	1	
6	Combine lines 4 and 56		
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average	1	
	exchange rate determined under section 989(b) and the related regulations (see instructions))		
8	Enter exchange rate used for line 7		

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Totals

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Schedule I Transferred Loss Amount (see instructions)											
Importar	nt: See in	structions	for who has to comp	lete this sectio	n.						
									Yes	s No	
1 V	Vere any	assets of a	an FB (including an F	B that is an Fl	DE) transferred to a f	oreign corporatio	on? If "No,"				
s	stop here. If "Yes," go to line 2										
2 V	2 Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including										
a	an FB tha	t is an FDE) to a specified 10%	-owned foreigr	corporation? If "No	," stop here. If "\	'es," go to				
li											
3 I			e transfer, was the d				t to the				
t	ransferee	e foreign co	prporation? If "No," s	top here. If "Y	es," go to line 4	······			.		
4 E	Enter the	transferred	l loss amount includ	ed in gross inc	ome as required und	der section 91. S	ee				
i	nstructio	ns			•			. 4	.		
Sched	lule J	Incor	ne Taxes Paid o	or Accrued	(see instructions	s)					
	Foreign Income Taxes				Fo	reign Tax Credit S	Separat	e Categor	ries		
(a) Country Possessi		(b) on Tax Year Y-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	G	(h) eneral	(i) Other	
	<u> </u>	<u></u>		1.010						1	

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