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Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150 201**0**

Open to Public Inspection

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning 2010, and ending 20 C Name of organization B Check if applicable D Employer identification number Friends of the Dominican Republic 54-1910233 Address change Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 4512 Park Road 703-354-9225 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Alexandria, VA 22312-1431 Number ▶ Application pending G Accounting Method: Other (specify) ▶ H Check ► fthe organization is not Website: ► http://www.fotdr.org required to attach Schedule B T 527 (Form 990, 990-EZ, or 990-PF). f the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I . . . Contributions, gifts, grants, and similar amounts received 19131 1 2 2 O Program service revenue including government fees and contracts 3 3 2715 4 Investment income 4744 5a 5a Gross amount from sale of assets other than inventory - 13 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5¢ 6 Gaming and fundraising events 15 p) Gross income from gaming (attach Schedule G if greater than 6a gir. Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the GE 4 sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a اور ما دو مارس Less: cost of goods sold 7h Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) ¢ 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 26590 10 Grants and similar amounts paid (list in Schedule O) 10 14787 Benefits paid to or for members 11 3759 11 12 Salaries, other compensation, and employee benefits . 12 0 13 Professional fees and other payments to independent contractor 13 720 14 Occupancy, rent, utilities, and maintenance . . . 14 0 15 Printing, publications, postage, and shipping . 15 1556 16 Other expenses (describe in Schedule O) 16 17 Total expenses, Add lines 10 through 16 . 17 20822 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 5768 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

For Paperwork Reduction Act Notice, see the separate instructions.

end-of-year figure reported on prior year's return)

Net assets or fund balances at end of year. Combine lines 18 through 20

Other changes in net assets or fund balances (explain in Schedule O) . . .

Cat No 106421

Form **990-EZ** (2010)

194794

13066

213628

19

20

Par	Check if the organization used Schedule		stion in this Part	li.			
	Oncome and organization control of	o to toops in to any quot		ginning of year		(B) End of year	
22	Cash, savings, and investments			194794		213628	
23	Land and buildings				23		
24	Other assets (describe in Schedule O)				24		
25	Total assets			194794		213628	
26	Total liabilities (describe in Schedule O)				26		
27	Net assets or fund balances (line 27 of column	(B) must agree with line 21	n' : :	194794		213628	
Part						Expenses	
	Check if the organization used Schedule				(Regi	uired for section	
What		Support Peace Corps in the			501(0)(3) and 501(c)(4)	
Descr	be what was achieved in carrying out the organization					nizations and section (a)(1) trusts; optional	
the se	ervices provided, the number of persons benefited, and o	other relevant information for e	each program title.			hers.)	
28	Provided funding to Peace Corps Partnerships for si	x small-scale infrastructure	projects in very		 	ſ	
	low income Dominican communities. The projects w			and			
	sanitation. Donated GPS, pipe-threading equipment				ĺ		
		includes foreign grants, ch		▶ [7]	28a		
29	Provided an electronic newsletter approximately bi-r			<u> </u>			
	staff listed in our database. Newsletter provides info				1		
	current events and items of interest to the communit						
		includes foreign grants, ch		. • □	29a	378	
30	Benefits provided to/for members include web hosti						
	printed newsletter, transfer dues payments to NPCA						
	on-going liaison with NPCA and Peace Corps, and a						
		includes foreign grants, ch		. ▶ □	30a	5315	
31	Other program services (describe in Schedule O)				-		
-		includes foreign grants, ch	eck here	▶ □	31a		
32	Total program service expenses (add lines 28a t	through 31a)		▶	32	5693	
Part				ated. (see the i	nstruc		
	Check if the organization used Schedule					🗂	
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution		(e) Expense account and	
	(a) Name and address	devoted to position	enter -0)	deferred comper	nsation	other allowances	
John	Epler	Intonia Casaidant Cha		1			
2615	Mount St. Helen's PI S, Seattle, WA 98144	Interim President 8 hrs	C		0	o	
Roge	er Weiss	Past President, 12 hrs					
1137	N. Cascade Ct., Lynden, WA 98264	rast Flesident, 12 lifs	C	o	0	o	
John	Evans	Tractimer 10 hrs					
4512	Park Rd., Alexandria, VA 22312	Treasurer, 10 hrs	C	•	0	0	
Janic	ce Jorgensen	Membership, 8 hrs		1			
150 F	River Drive, Hadley, MA 01035	Membership, 61115					
Kath	ryn Hanowell	Secretary, 4 hrs]			
3850	Gilmore Road, Everson, WA 98247	Secretary, 4 ms			0	0	
Neil	Ross	Founding President, 8 hrs					
138 V	White Horn Drive, Kingston, RI 02881	Todalding Fresident, 61113	C)	0	0	
	es Shrefler	Editor, 2 hrs					
1219	W Dixon St, Durant, OK 74701	Editor, E rii 3		<u> </u>	0	0	
Marie	ellen Jewers	Director, 2 hrs					
1211	Connecticut Ave., NW, Washington, DC 20036	Director, 2 sirg			0	0	
Rach	nel Sanders	Director, 2 hrs					
	Lanier PI NW, Washington, DC 20009)	0	0	
	ence Deutsch	Director, 2 hrs					
512 F	Fairview Rd, Penn Valley, PA 19072	30001, & 1113			0	0	
	hen Johnson	Director, 2 hrs					
	NW 25th Terrace, Gainesville, FL, 32605	J. 10007, & 1113)	0	0	
	Baehr	Director, 2 hrs					
Lupe	ron, Dominican Republic		(<u>)</u>	0	0	
Erin	Burke	Director, 2 hrs					
304 \	/allevview Avenue #14. Selah, Washington		l (al l	0	n	

Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	.1.9	17	.`.
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a	4	7
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			7 7 4
а	Initiation fees and capital contributions included on line 9] .		,
þ	Gross receipts, included on line 9, for public use of club facilities	100		, "
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	3	-7	م مان مان
	section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	- Je		1
b	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<i>✓</i>
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	10 mg		100 to 2/2 m
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		, 22 1	, "
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	140	
41	List the states with which a copy of this return is filed. ▶		•	
42a	•	703-35		
	Located at ► 4512 Park Road, Alexandria, VA ZIP + 4 ►	22312	-1431	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	103	'''
	If "Yes," enter the name of the foreign country: ▶	£, ,		-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	2 1. A	神が	5 ; 3°
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	► □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			·	N.
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	- 3. - 1	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		~ ;
С	Did the organization receive any payments for indoor tanning services during the year?	440 44c		7
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	ىدىــ ئا	

Form 996	0-EZ (20	010)						P	age 4
								Yes	No
		related organization a controlled entity	-		_		45		1
а		e organization receive any payment from					1	٠,	
		ing of section 512(b)(13)? If "Yes," For 990-EZ (see instructions)	m 990 and Schedule H may		to be comp	leted instead of	450	~~~	لزسا
46		e organization engage, directly or indire			on behalf of	or in appasition	45a		<u> </u>
		ndidates for public office? If "Yes," com					46		
Part \		Section 501(c)(3) organizations an 501(c)(3) organizations and section 4 and 52, and complete the tables for Charles for the section 4 and 52	1947(a)(1) nonexempt chari lines 50 and 51.	table	trusts must	answer question	di sec ons 4	tion 7–491	b
		Check if the organization used Schedu	tie O to respond to any ques	SHOTT	n this Part v	<u> </u>	• •	Yes	No
47	Did th	ne organization engage in lobbying activi	ties? If "Ves " complete Schei	dula C	: Part II		47	168	NO
48		organization a school as described in sec				• • • • • • • • • •	48		-
49a		ne organization make any transfers to an					49a		-
b		s," was the related organization a sectio		_			49b		
50		plete this table for the organization's five							
	emplo	byees) who each received more than \$10	<u></u>	,	ganization. If				
	(a) Na	me and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(6)		(d) Contributions to employee benefit plans 8 deferred compensation	ac	Expen count a allowa	and
NONE									
				ــــــ			<u> </u>		
	-						ļ		
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				1			ł		
				 		······································	<u> </u>		
							ŀ		
				<u> </u>					
f 51	Comp	number of other employees paid over \$ plete this table for the organization's five	e highest compensated inde	pende	ont contracto	rs who each rec	eıved	more	than
	\$100,	000 of compensation from the organiza (a) Name and address of each independent contract		one."	(b) Typ	e of service	(c) Co	mpensa	ation
NONE		(a) Name and address of each independent contract	nor paid more than \$100,000		(0) 170	or service	(0) 00	препас	
						ł			
								•	
	 -					1			
					 				
d	Total	number of other independent contracto	rs each receiving over \$100,00	. 00	,▶	0			
52	Did th	ne organization complete Schedule A? N	lote: All section 501(c)(3) orga	nızatıc	ons and 4947	'(a)(1)			
	none	kempt chantable trusts must attach a co	mpleted Schedule A	<u> </u>		🕨 🛭	Yes	<u></u>	No
Under p	enalties rrect, an	of perjury, I declare that I have examined this return d complete Declaration of preparer (other than office	 i, including accompanying schedules a cer) is based on all information of which 	and stat h prepa	ements, and to t rer has any knov	he best of my knowled vledge	dge and	d belief	, it is
	John D. Evour 5-12								
Sign		Signature of officer	·		<u> </u>	ate	·	•	
Here		John D. Evans. Treasurer			·				
		Type or print name and title	eparer's signature	 ,	Date		PTIN		
Paid		Print/Type preparer's name	-p o organization	ļ	34.0	Check f			
Prep		arer							
Use	Oniy	Firm's address ▶				hone no.			
May th	ne IRS	discuss this return with the preparer sho	own above? See instructions				PAY [No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2010

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

	of the organization									
	ds of the Dominica									10233
Par			rity Status (All orga						nstructio	ns.
The 6 1 2 3 4	A church, condition A school descord A hospital or a A medical rese	vention of churcl ribed in section a cooperative hos	tion because it is: (Fones, or association of 170(b)(1)(A)(ii). (Attacspital service organization operated in conjuncts:	churches ch Schedu ation desc	describe ule E.) cribed in s	ed in sec section 1	tion 170(170(b)(1)((b)(1)(A)(i (A)(iii).		(iil). Enter the
5		on operated for the composition of the composition	the benefit of a collection	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit described in
6 7	An organization	n that normally	nment or government receives a substantia (A)(vi). (Complete Par	l part of					nt or from	n the general public
8	A community t	trust described ii	n section 170(b)(1)(A))(vi). (Con	nplete Pa	ırt II.)				
9	receipts from support from	activities related gross investme	receives: (1) more that I to its exempt funct int income and unrel fter June 30, 1975. Se	ions—sul lated bus	oject to d siness tax	ertain ex kable ind	ceptions	s, and (2) ss section	no more	than 331/3% of its
10 11 9 f	☐ An organization purposes of co 509(a)(3). Che a ☐ Type ☐ By checking the other than four or section 509 If the organization, consider the organization, consider the organization organi	on organized and one or more publick the box that of the box, I certify indation manage (a)(2), attion received a check this box. 17, 2006, has thons? Who directly or in the governing be ember of a persontrolled entity of	operated exclusively of operated exclusively of operated exclusively dicity supported organ describes the type of a that the organization are and other than one organization acceptation described in (i) about the supported on described in (i) about the supported in on about the supported in on about the supported in on about the supported in a person described in (ii) about the supported in about the supported in about the supported in a	ely for the hizations as supporting a suppor	the benefit described by organizate III—Fundatrolled described by publicly the IRS to contract or togettion?	t of, to point section and ctionally directly or supported that it is contribution ther with	perform to the complete comple	the funct a)(1) or set te lines 1 d y by one izations c i. Type I iny of the described	ions of, of ection 50% 1e throug or more of described I, or Typ	P(a)(2). See section the 11h. Type III-Other disqualified persons in section 509(a)(1) III supporting
Ø	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	rganization sted in your document?	the organ col (i)	ou notify nization in of your port?			(vii) Amount of support
<u> </u>				163	140	165	110	165	NO	
(A)										
(B)			*							
(C)										
(D)										
(E)										
Tota	ł	は一般の					Part Control			

Part							
	(Complete only if you checked the						alify under
Socti	Part III. If the organization fails to on A. Public Support	o quality unde	er the tests iis	stea below, p	lease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1		(a) 2000	(6) 2007	(0) 2000	(u) 2009	(6) 2010	(i) iotai
•	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	}					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						·
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						·····
Secti	on B. Total Support			******			
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.		ons)			12	504()(0)
13	First five years. If the Form 990 is for the organization, check this box and stop he						
Secti	on C. Computation of Public Support	rt Percenten	<u></u>	· · · · ·	· · · · ·	· · · · ·	• • • []
14	Public support percentage for 2010 (line			1. column (fi)		14	%
15	Public support percentage from 2009 Sci		•			15	%
16a	331/2% support test - 2010. If the organibox and stop here. The organization qua	zation did not	check the box	on line 13, and			
b	331/x3% support test-2009. If the organ check this box and stop here. The organ					15 is 33½% 	or more, . ► □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "torganization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	xplain in
b	10%-facts-and-circumstances test—2015 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets the neets the "facts	facts-and-ci	rcumstances" tances" test. T	test, check th	ns box and ste	op here.
18	Private foundation. If the organization dustructions	ıd not check a	box on line 13	, 16a, 16b, 17a			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2000	(5) 2007	(0) 2000	(4) 2000	(6) 2010	(i) Total
•	received. (Do not include any "unusual grants.")	39280	49552	22537	30922	21846	164137
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	0	o	-167	0.	o	-167
	furnished in any activity that is related to the organization's tax-exempt purpose	, and the second	ĺ	-10,	•	J	-107
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
-	organization's benefit and either paid	o	o	o	o	o	0
	to or expended on its behalf		آ ا		ا		Ū
5	The value of services or facilities						
•	furnished by a governmental unit to the	o	o	o	o	ol	0
	organization without charge				_]	J
6	Total. Add lines 1 through 5	39280	49552	22370	30922	21846	163970
7a	Amounts included on lines 1, 2, and 3				4000		
	received from disqualified persons .	20830	21495	1650	4850	3845	52470
b	Amounts included on lines 2 and 3						
	received from other than disqualified	0	o	0	0	ا	
	persons that exceed the greater of \$5,000	•	,	١	U I	0	0
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	20830	21495	1650	4650	3845	52470
8	• • •						111500
	line 6.)		A. A. W	1717 月本代表語	Reference to	"以激怒"的	
~	on B. Total Support	(-) 0000	6.0007	(-) 0000	(5.0000	(1) 6640	- 10 T
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	39280	49552	22370	30922	21846	163970
10a	Gross income from interest, dividends, payments received on securities loans, rents,	2817	7360	6140	4722	4744	25702
	royalties and income from similar sources .	2017	/300	6140	4/22	4/44	25783
b	Unrelated business taxable income (less	 					
	section 511 taxes) from businesses	ه	٥	o	o	o	0
	acquired after June 30, 1975				ŭ		Ū
С	Add lines 10a and 10b	2718	7360	6140	4722	4744	25783
11	Net income from unrelated business	· · · · · · · · · · · · · · · · · · ·					
	activities not included in line 10b, whether	o	o	0	0	o	0
	or not the business is regularly carried on					1	
12	Other income. Do not include gain or					-	
	loss from the sale of capital assets	0	0	0	0	0	0
	(Explain in Part IV.)					i	
13	Total support. (Add lines 9, 10c, 11,	42097	56912	28510	25644	20500	100752
	and 12.)				35644	26590	189753
14	First five years. If the Form 990 is for the	-			•		
	organization, check this box and stop he						· · > 🗆
	on C. Computation of Public Suppor						
15	Public support percentage for 2010 (line					15	58.76 %
16	Public support percentage from 2009 Sci				<u></u>	16	81.07 %
	on D. Computation of Investment In			v line 10 - adir-	nn (f))	1421	42 EA 0/
17	Investment income percentage for 2010 (Investment income percentage from 2009)			-		17	13.59 % 11.26 %
18 19a	331/3% support tests—2010. If the organ						
: 54	17 is not more than 331/3%, check this box						
b	331/3% support tests—2009. If the organiz						
D	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		_			_	_

SCHEDULE O (Form 990 or 990-EZ)

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.

2010 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Friends of the Dominican Republic

▶ Attach to Form 990 or 990-EZ.

Inspection Employer identification number

54-1910233

Part I, Line 10, Grants and similar amounts paid \$14,787
Please refer to Part III, Line 28. Friends of the Dominican Republic is a small, all-volunteer organization comprised of former Peace Corps
Volunteers and staff who served in the Dominican Republic. We raise funds to support the mission of the Peace Corps and the work of the
Volunteers in their communities. Our money is technically donated to the US Peace Corps' Partnership Programs, although the funds are
ultimately transferred to the local office in Santo Domingo via the State Department/US Embassy financial system. In 2010 we provided
\$13,215 to fund six small-scale projects in Dominican communities. In addition, we provided \$1,572 for pipe-threading equipment, a
hand-held GPS and six Abney levels to assist Volunteers in designing, measuring and building fresh water supply systems.
Part I, Line 20, Other changes in net assets or fund balances
Friends of the Dominican Republic has a project reserve account consisting of mutual funds and cash. We use the earnings
from the account, interest and dividends, to fund community development projects described above in Part I, Line 10. After
several years of poor performance, the market improved in 2010 and the Net Asset Value of our shares increased by \$13,086. This
amount is computed simply by adding our 2009 Year-end total (\$194,794) to our 2010 donations/dues/investment earnings (\$26,590)
and then subtracting all 2010 expenses (\$20,822). The resulting difference between the result (\$200,562) and the actual value of
our 2010 Year-end total (\$213,628) is explained by an increase in Net Asset Value.