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Form 990-EZ

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)

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

OMB No. 1545-1150 2012

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

For the 2012 calendar year, or tax year beginning 2012, and ending , 20 C Name of organization B Check if applicable D Employer identification number Address change Friends of the Dominican Republic 54-1910233 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Instal return 703-354-9225 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending Alexandria, VA 22312-1431 Other (specify) ▶ H Check ► ☐ if the organization is **not** Website: ► http://www.fotdr.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 527 f the organization is not a section 509(a)(3) supporting organization or a section 527 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! . . . \square Contributions, gifts, grants, and similar amounts received 38920 2 Program service revenue including government fees and contracts 2 26561 3 3 2323 4 4 6816 5a Gross amount from sale of assets other than inventory 5a 5b c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract **6d** 0 7a Gross sales of inventory, less returns and allowances . . . 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 74620 10 Grants and similar amounts paid (list in Schedule O) ĤΟ 13796 11 Benefits paid to or for members Ø 11 12 Salaries, other compensation, and employee benefits . . . 12 0 13 Professional fees and other payments to independent contractors. 13 0 14 14 0 15 15 2689 16 16 66723 17 Total expenses. Add lines 10 through 16 17 83208 18 18 (8588)19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 270101 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 21778

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

For Paperwork Reduction Act Notice, see the separate Instructions.

21

Cat. No. 106421

283291

Pai	t II Balance Sheets (see the instructions t	for Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[270101	22	283291
23	Land and buildings		[23	0
24	Other assets (describe in Schedule O)		[24	0
25	Total assets			270101	25	283291
26	Total liabilities (describe in Schedule O)		[26	-
27	Net assets or fund balances (line 27 of column			270101	27	283291
Par		- · · · · · · · · · · · · · · · · · · ·		•		Expenses
	Check if the organization used Schedule		 		(Rec	uired for section
What	is the organization's primary exempt purpose?	Support Peace Corp	s in the Dominican F	Republic		(c)(3) and 501(c)(4) Inizations and section
as m perso	inbe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the ach program title.	services provide	d, the number of	494	7(a)(1) trusts; optional others.)
28	We put on a major conference in Santo Domingo to c					
	to the Dominican Republic. Over 200 former Volunte					
	100 current Volunteers. This was our major accompl					
00		includes foreign gra			28a	58055
29	Provided funding for six small-scale infrastructure pr					
	Projects built 24 family latrines; 37 fuel efficient woo					
	which greatly enhance family health. Total beneficial (Grants \$ 13663) If this amount				20-	
30					29a	13663
30	Provided electronic newsletters to over 2500 former program activities of interest to our community. Wet					
	descriptions of our programs, opportunities to donat					
		includes foreign gra			30a	636
31	Other program services (describe in Schedule O)	molados foreign gra	into, check here .	· · · · - <u></u>	- CO	030
	•	includes foreign gra	ints, check here	▶ □	31a	
32	Total program service expenses (add lines 28a				32	72354
Par						
	Check if the organization used Schedule	•		•		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0-)		1	Estimated amount of other compensation
Kathr	yn Hanowell					
Presi	dent	15-20	-0	- 4	0-	-0-
Kim I	lerman					
Vice-	President	15-20	-0	- 4	D-	-0-
John	Evans				ı	
Treas	· · · · · · · · · · · · · · · · · · ·	15-20	-0		0-	-0-
	Dietrich				İ	
Secre		3 🛱	-0		D-	-0-
	e Jorgensen				1	
	pership, Database Manager	15-20	-0	-	D-	-0-
	r Weiss			1		
	President, Webmaster	15-20	-0		<u> </u>	-0-
Neil F		_				
	ding President	5 #	-0	•	D-	-0-
	Epler	<u> </u>			_ 1	_
	VP, CCF Manager	5	-0		0- -	-0-
	y Adams, NPCA Liaison	 	_			=
	hrefler, Former Newsletter Editor	5	-0	-	<u> </u>	-0-
	Deutsch, Mentoring Coord. Burke, Trainee Match Coord.	-	_] .		_
	n Ramsey, Newsletter Editor	5 5-7	-0	4	0-	-0-
	Johnson, CCF Committee					_
	nn Wolf, Web Content	5 5-7	-0	-	0-	-0-
	Region DP Committee Chair	\	_			

Part				_
	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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	✓
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
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	4		
39	Section 501(c)(7) organizations. Enter:]	
8	Initiation fees and capital contributions included on line 9	-		
ь 40а	Gross receipts, included on line 9, for public use of club facilities	-		[
404	section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0			ľ
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
•	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		✓
41	List the states with which a copy of this return is filed ▶			
42a		703-35	4-922	5
_	Located at ► 4512 Park Rd, Alexandria, VA 22312 ZIP + 4 ►	22312	2-1431	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	401	Yes	
	If "Yes," enter the name of the foreign country: ▶	42b		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
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		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	140
_	completed instead of Form 990-EZ	44a		1
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	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		7	
	explanation in Schedule O	44d	igsqcup	<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	\sqcup	✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instructions)			
	Form 990-EZ (see instructions)	45b	1 !	. ✓

									Yes	No
46	Did to	ne organization engage, directly or in ndidates for public office? If "Yes," c	directly, in political complete Schedule C	ampaign activities o , Part I	on behalf o	f or in opposr	tion [46		
Part \		Section 501(c)(3) organizations								_ <u>_</u> _
		All section 501(c)(3) organizations		stions 47-49b and	d 52, and	complete th	e tabl	es fo	or line	:S
		50 and 51		14	44.1 D 1					<u></u>
		Check if the organization used Sch	neaule O to respond	to any question in	this Part	<u>vi</u>	<u> </u>		· · ·	<u> </u>
47	Did #	he organization engage in lobbying	activation or have a	naction EO1/h) cleati	ion in o # o	at alumna tha	. [Yes	No
41		If "Yes," complete Schedule C, Part						47		✓
48		organization a school as described in						48		√
49a	Did the organization make any transfers to an exempt non-charitable related organization?									√
 b If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, 						. [49b			
50	Comple	olete this table for the organization's byees) who each received more than	five highest compen \$100,000 of comper	sated employees (of asation from the organic	ther than of anization.	officers, direct If there is non	ors, tr e. ente	ustee er "N	s and	i key
			(b) Average	1		Health benefits,				
	(a)	Name and title of each employee paid more than \$100,000	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	benefit pla	ons to employee ins, and deferred opensation			d amour pensatio	
MONE			· · · · · · · · · · · · · · · · · · ·			iperisation				
NONE				[
					+					
					 					
				<u> </u>						
		number of other employees paid over								
51	\$100.	plete this table for the organization's 000 of compensation from the organ	s five highest compe nization. If there is no	ensated independen one, enter "None."	nt contract	ors who each	ı recei	ved	more	thar
(a)		nd address of each independent contractor pai		(b) Type of se	rvice	(c)	Compe	nsatio	'n	
NONE										
										
						}				
					 			·		
	7-1-1									
		number of other independent contra	ctors each receiving		. >					
d 52	Did th	number of other independent contra	ctors each receiving	01(c)(3) organization				Van		
52	Did the	number of other independent contra ne organization complete Schedule A kempt charitable trusts must attach a	ctors each receiving ? Note : All section 5	01(c)(3) organization e A	<u></u>		▶ ☑			
52 Under pe	Did the none of th	number of other independent contra	ctors each receiving ? Note: All section 5 a completed Schedul	01(c)(3) organization e A	nents, and to	the best of my kr				
52 Under pe	Did the none of th	number of other independent contra ne organization complete Schedule A kempt charitable trusts must attach a of penury, I declare that I have examined this re	ctors each receiving ? Note: All section 5 a completed Schedul	01(c)(3) organization e A	nents, and to	the best of my kr				
52 Under pe	Did the none of th	number of other independent contra ne organization complete Schedule A kempt charitable trusts must attach a of penury, I declare that I have examined this re	ctors each receiving ? Note: All section 5 a completed Schedul	01(c)(3) organization e A	ments, and to r has any kno	the best of my kr				
52 Under pe	Did the none of th	number of other independent contraine organization complete Schedule A cempt charitable trusts must attach a of perjury, I declare that I have examined this rediction of preparer (other than Signature of officer John D. Evans, Treasurer	ctors each receiving ? Note: All section 5 a completed Schedul	01(c)(3) organization e A	ments, and to r has any kno	the best of my kr wledge.				
Under petrue, com	Did the none of th	number of other independent contraine organization complete Schedule A kempt charitable trusts must attach a of perury, I declare that I have examined this redicomplete. Declaration of preparer (other than Signature of officer John D. Evans, Treasurer Type or print name and title	ctors each receiving ? Note: All section 5 a completed Schedul atum, including accompan officer) is based on all info	01(c)(3) organization e A ying schedules and staten rmation of which preparer	nents, and to r has any kno	the best of my kr wledge.	nowledge 	and		
Under petrue, com	Did tr none) enalties rect, and	number of other independent contraine organization complete Schedule Alternation that I have examined this redicomplete. Declaration of preparer (other than Signature of officer John D. Evans, Treasurer Type or print name and title	ctors each receiving ? Note: All section 5 a completed Schedul	01(c)(3) organization e A ying schedules and staten rmation of which preparer	ments, and to r has any kno	the best of my kr wledge.	if P			
Under period, con Sign Here Paid Prepa	Did tr none) enalties rect, and	number of other independent contra- ne organization complete Schedule A- kempt charitable trusts must attach a of penury, I declare that I have examined this re d complete. Declaration of preparer (other than Signature of officer John D. Evans, Treasurer Type or print name and title Print/Type preparer's name NONE	ctors each receiving ? Note: All section 5 a completed Schedul atum, including accompan officer) is based on all info	01(c)(3) organization e A ying schedules and staten rmation of which preparer	nents, and to	the best of my kr wledge. 5 - / Date Check self-emplo	if P	and		
Under petrue, com	Did tr none) enalties rect, and	number of other independent contraine organization complete Schedule Alternation that I have examined this redicomplete. Declaration of preparer (other than Signature of officer John D. Evans, Treasurer Type or print name and title	ctors each receiving ? Note: All section 5 a completed Schedul atum, including accompan officer) is based on all info	01(c)(3) organization e A ying schedules and staten rmation of which preparer	nents, and to	the best of my kr wledge.	if P	and		

Form 990-EZ (2012)

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.

2012

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** Friends of the Dominican Republic Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated d Type III-Non-functionally integrated e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 119(11) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(III) Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vii) Amount of monetary (vi) is the the organization in organization (described on lines 1-9 in col. (i) listed in your organization in col. support governing document? col (I) of your above or IRC section (i) organized in the support? U S.7 (see instructions)) Yes Yes No No No Yes (A) (B) (C)

(D)

(E)

Total

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	ri)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	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.						
	ion B. Total Support					·	·
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4		<u></u>				
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.	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he			d, third, fourth	•		
Secti	on C. Computation of Public Suppor						
14 15 16a	Public support percentage for 2012 (line 6 Public support percentage from 2011 Sch 331/3% support test—2012. If the organization	nedule A, Part	II, line 14 .			14 15 /3% or more, o	% % check this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			🕨 📋
b	331/3% support test—2011. If the organ check this box and stop here. The organ					9 15 is 33¹⁄3% 	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization med Part IV how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta ımstances" tes	nces" test, che st. The organiz	eck this box ar ation qualifies	nd stop here. I as a publicly s	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	tion meets the leets the "facts	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the organization	nis box and st on qualifies as	i, and line t op here . a publicly
18	Private foundation. If the organization di						

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.)

	it the organization fails to quality	under the tes	its listed beig	w, piease co	mpiete Part i	1.)	
	on A. Public Support	· · · · · · · · · · · · · · · · · · ·					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	Ì]		
_	received. (Do not include any "unusual grants.")	22537	30922	21846	35907	36243	147455
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	i			ļ		
	organization's tax-exempt purpose	-167	o	o	44482	26561	70876
3	Gross receipts from activities that are not an				77702	2000.	70070
_	unrelated trade or business under section 513	اه	o	اه	o	o	
4	Tax revenues levied for the				-	·	0
7	organization's benefit and either paid	1		1	ŀ		
	to or expended on its behalf	_ [_	_	_{_}		_
_	· · · · · · · · · · · · · · · · · · ·	0	0	0	0	0	0
5	The value of services or facilities	1	j		1		
	furnished by a governmental unit to the			İ			
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	22370	30922	21846	80389	62804	218331
7a	Amounts included on lines 1, 2, and 3]			İ		
	received from disqualified persons .	1650	4650	3845	14581	14846	39572
b	Amounts included on lines 2 and 3						
	received from other than disqualified	İ					
	persons that exceed the greater of \$5,000		Ì	ł	•		
	or 1% of the amount on line 13 for the year	o	ol	o	o	o	0
C	Add lines 7a and 7b	1650	4650	3845	14581	14846	39572
8	Public support (Subtract line 7c from						
	line 6.)	1	}				178759
Section	on B. Total Support	·				. 	175765
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	22370	30922	21846	80389	62804	218331
10a	Gross income from interest, dividends,				55555	02004	2.0001
	payments received on securities loans, rents,	İ		1			
	royalties and income from similar sources .	6140	4722	4744	4711	6816	27133
h	Unrelated business taxable income (less	0140	4722	4/44	4/11	0010	2/133
~	section 511 taxes) from businesses			i			
	acquired after June 30, 1975	ام					_
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	6140	4722	4744	4711	6816	27133
	activities not included in line 10b, whether	1		l			
	or not the business is regularly carried on			_	_	_	_
40	- ·	0	0		0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets	1				1	
	/ 4 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1			_ [
13	Total support. (Add lines 9, 10c, 11,	0	0		0	0	0
13		1		İ	:		
4.4	·	28510	35644	26590	85100	69620	245464
14	First five years. If the Form 990 is for the	-			-		
C4:	organization, check this box and stop her			· · · · ·		· · · · · ·	· · • [
	on C. Computation of Public Suppor					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2012 (line 8			3, column (f))		15	72.82 %
16 Saati	Public support percentage from 2011 Sch				<u> </u>	16	68.25 %
	on D. Computation of Investment Inc				 	- 	
17	Investment income percentage for 2012 (I					17	11.05 %
18	Investment income percentage from 2011					18	11.89 %
19a	331/3% support tests—2012. If the organi						
_	17 is not more than 331,5%, check this box						
þ							
_	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization die	d not check a b	oox on line 14,	19a, or 19b, cl	heck this box a	and see instruc	tions 🕨 🔲

Schedule A (F	-orm 990 or 990-E2) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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SCHEDULE 0 ' (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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

Employer Identification number

Friends of the Dominican Republic	34-1310233
Line 16 Other Expenses	66 723
Program service expense related to Line 2 Program services revenue. In 2012 our organization put on	a major conference in Santo Domingo
to celebrate 50 years of Peace Corps service to the Dominican Reublic.	58,055
Funds transferred to sister organizations, e.g., dues received on behalf of the National Peace Corps As	sociation; primarily shared revenue
from the 50th anniversary celebration, and donations received for sister orgs.	7790
Administrative expenses, e.g., bank fees, web hosting, email service, etc.	878