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· 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the			<u>u.</u>	20	
<u>^</u>		2014 calendar year, or tax year beginning , 2014, and endi applicable C Name of organization The FAWCO Foundation	19	D Employe	, 20 r identification n	umber
ĥ				D Employe		umbç.
H	Address		uto	E Telephon	43-6075073	
뭄	Name ch	- 19°	ine .			
님	Initial retu				847-234-7576	
님				• •	. •	
片	Amended			G Gross red		
Ш	Application	on pending F Name and address of principal officer Michele Hendrikse Du Bols			ubordinates? 🔲 Yes	
		Philipp-Lowenfeld Strasse 17, 80339 Munchen, Germany			included? Yes	
<u> </u>		npt status			list (see instruction	я іѕ)
<u>J</u>	Website:			exemption		
		rganization	tion 1967	M State	of legal domicile	MO
	art I	Summary				
_		Briefly describe the organization's mission or most significant activities: The F				o put
Š		into action FAWCO's stated interest in the global community by specifically alding	haritable, sc	ientific and	d educational	
2	[programs and supporting the rights of women and children throughout the world.				
₹	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed			ts net assets.	
දෙරි	3	Number of voting members of the governing body (Part VI, line 1a)				6
ನ್ನ	4	Number of independent voting members of the governing body (Part VI, line 1b)			0
Zë	5	, , , ,				0
⇉⇟	6	Total number of volunteers (estimate if necessary)		6		100
⋽₹	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a		
<u></u>	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b		
evenue Activities & Governance		RECEIVED	ear	Current Y	ear	
2 0	8	Contributions and grants (Part VIII, line 1h)		169,134		181,859
\$ ₹	9			0		
Revenue	10	investment income (rait vin, column (A), lineso, 4, anggado Z. 1 / (A).		804		221
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,524		34,165
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A); line 12)		179,542		216,245
	13	Grants and similar amounts paid (Part IX, column (A); lines 1=3)		117,394		168,521
	14	Benefits paid to or for members (Part IX, column (A), line 4)			-	
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				
ē	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		36,289		31,038
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		153,683		199,560
	19	Revenue less expenses. Subtract line 18 from line 12	•	28,859		16,685
5	+		Beginning of C		End of Yo	
88	20	Total assets (Part X, line 16)		381,849		422,440
et Assets (21	Total liabilities (Part X, line 26)		301,040		23,890
ž.	22	Net assets or fund balances. Subtract line 21 from line 20		381,849		398,550
	art II	Signature Block		001,0401		
		thes of perjury. I declare that I have examined this return, including accompanying schedules and state	ements and to	the hest of m	ny knowledge, an	d belief it is
tn	e, correct	t, and complete Deglaration of preparer (other than officer) is based on all information of which prepare	er has any know	ledge	/	a bonor, it is
_		1 Kattler Constant		5/14	2/15	
Si	an	Signature of officer		ate		
	ere	Kathken Coughlan				
• • • •		Type or print name and title				
		<u> </u>	Date	Т.	- PTIN	
	aid			Check [self-emp		
	epare		1_		,,,,eu	
U	se Oni			m's EIN ▶		
17	ss Ale = IF	Firm's address >	Ph	one no		- 🗆 -
_		RS discuss this return with the preparer shown above? (see instructions)	<u> </u>			s No
Fo	r Papery	vork Reduction Act Notice, see the separate instructions. Cat.	No 11282Y		Form	990 (2014

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Form **990** (2014

	90 (2014)	Page 2
Part		
1	Check if Schedule O contains a response or note to any line in this Part III	🗸
•	Briefly describe the organization's mission:	
	The FAWCO Foundation was established by the Federation of American Women's Clubs Overseas (FAWCO) in 1967 as an independent not-for-profit that implements philanthropic programs of special interests to FAWCO and FAWCO	
	member clubs.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	☐ Yes ☑ No
_	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?	
		☐ Yes ☑ No
4	If "Yes," describe these changes on Schedule O.	
•	Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocathe total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 30,201 including grants of \$ 28,500) (Revenue \$	26,584)
	Educational Awards	
	The FAWCO Foundation presents educational awards to members of children of International and American Women	s Clubs
	overseas who are, in turn, members of the umbrella organization: FAWCO. Receipients are chosen after completing	
	thorough application process and selected by a committee based on achievements depending on the requirements	
	In question.	
	•	
4b	(Code:) (Expenses \$ 37,777 including grants of \$ 36,000) (Revenue \$	27,770)
	Development Grants	

	The FAWCO Foundation awards Development Grants to projects nominated by FAWCO member clubs. Recipients a	
	chosen after completing a thorough application process and all nominated projects undergo a vigorous review. The	
	recipients are selected based on a vote by the FAWCO member clubs as outlined in The FAWCO Foundation Adminis	strative
	Guidelines.	
4c	(Code:) (Expenses \$ 61,190 including grants of \$ 57,000) (Revenue \$	65,471)
	Target Project:	
		·
	FAWCO, The FAWCO Foundation and its member clubs raise money for a specific target project supporting one of the	e four areas of
	Interest - human rights, environment, health and education.	
	The Assest water medical assessment was afficiently considered divided the year 0000 and asset to 1 the year 1.	
	The target water project campaign was officially completed during the year 2012 and monies received through June : sent to "Wells for Clean Water", Cambodia. This campaign supported the environment.	su, 2013 were
	sent to wens to clean water , camboula. (ins campaigh supported the environment.	
	The new target project will be supporting human rights and a specific project will be selected in 2014. Fund raising f	or this new
	target program began in June 2013. Monies collected are held until the specific project is selected and then will be d	
	And the transfer of the transf	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 50,977 including grants of \$ 46,021) (Revenue \$ 52,034)	
40	Total management company to 100 465	

Part	V Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1_	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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	1	
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	"	•	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
c	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		√
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12a 12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	1
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	1	
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	1	
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		1
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		√
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	1	-
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		-	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part I	Checklist of Required Schedules (continued)			,
04	Diddle the state of the state o		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
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	1	
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		1
	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		1
С	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27	!	1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		1
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		1
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		1
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	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ŀ	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	37	ļ	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		E	QQ(1/201 4

Part				
	Check if Schedule O contains a response or note to any line in this Part V		· ·	
12	Enter the number reported in Poy 2 of Form 1006. Enter 10 if and applicable		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	. 1	.	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			I
_	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 0	. 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		.	İ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ı l	,
_	account)?	4a		-
b	If "Yes," enter the name of the foreign country:			l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	$oxed{oxed}$	✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			l
	and services provided to the payor?	7a		✓_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		_
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	ٔ ا		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	✓
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	-
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	1		
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	ĺ '	
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			ĺ
	against amounts due or received from them)	1		İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	 	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	├	
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1	}	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	i-	<u> </u>
		Fon	m 99 0	(2014)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		163	
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6	✓	√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	√	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		√
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	√	
14 15	Did the organization have a written document retention and destruction policy?	14	V	
a b	The organization's CEO, Executive Director, or top management official	15a 15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b 	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	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 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501((c)(3)s	only)
19	✓ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of international statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶	
	Kathleen Coughlan, 433 S Ridge Rd, Lake Forest, II 60045			

Form	മഹ	/201	41

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

☑ Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
(A) Name and Trtle	(B) Average hours per week (list any	box,	unles er and	Pos neck ss pe d a d	rson	than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Michele Hendrikse Du Bols	35	1		1				0	0	
(2) Cynthia Ayed-Smith	20	1		1				0	0	Q
(3) Suzanne Wheeler	25	/		/				,		
(4) Nan de Laubadere	15	,		/				0		
(5) Margaret Hilditch	15	1		/				0		0
(6) Kathleen Coughlan	30	,		1						
(7)	<u> </u>	İ								
(8)										
(9)	-					-				
(10)										
(11)	<u> </u>	 				-	-			<u> </u>
(12)		-		-	\vdash	-				
(13)		-	 		\vdash	-	-	 		
(14)	<u> </u>	 					-			

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office or directo	ot ch unles	s pe	tion more	than the both or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportabl compensation related organizatio (W-2/1099-M	from ns	Estir amo ot compe fror organ and r	mated unt of her ensation in the dization related dizations	
(15)			-	Ť			8.							
(46)												· · · ·		
(17)						 	_							
											_			
								-						
(21)								_						
						-								
(25)														
1b c d 2	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organi	VII, Sectio	n A 	•		 		▶ ▶ e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of	•	tor c	or tr	uste		kev (emr	Novee or bigh	est compe	neated		Yes	No
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	indi	vid	ıal					3		✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	000	? /:	f "Ye	s,"		edule J fo		4		√
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co								zation or inc	dividual	5		<u> </u>
	on B. Independent Contractors													<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.													ıх
	(A) Name and business add	iress							(B) Description of s	ervices	С	(C) ompens	ation	
	Table number of independent of					· · · · ·								
2	Total number of independent contractor received more than \$100,000 of compensations.							o tr	ose listed ab	ove) who				

Part	VIII	Statement of Revenue						
		Check if Schedule O contains	a res	ponse or note to	any line in this (A) Total revenue	Part VIII (B) Related or	(C) Unrelated	(D) Revenue
					Total revenue	exempt function revenue	business revenue	excluded from tax under sections 512-514
ats ts	1a	Federated campaigns	1a					
Gra	b	Membership dues	1b		İ		1	
ts, C	С	Fundraising events	1c	5,449				
Grf	d	Related organizations	1d	63,595				
Sim	e f	Government grants (contributions) All other contributions, gifts, grants,	1e					
utic her	•	and similar amounts not included above	1f	110 015				
Q타	a	Noncash contributions included in lines 1a		112,815 17,705				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a–1f			181,859			
				Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ven	2a							
e 78	b							
Ş	С							<u> </u>
Program Service Revenue	d			-				
	e 4	All other program congo rayon					<u> </u>	
Proc	f g	All other program service revenue Total. Add lines 2a-2f		•	· · ·	 	<u> </u>	
	3	Investment income (including						T
		and other similar amounts)		▶	221			
	4	Income from investment of tax-exe	mpt b	ond proceeds► [
	5	Royalties						
		(i) Rea		(II) Personal				
	6a	Gross rents Less. rental expenses		+				
	b	Rental income or (loss)		 				
	d	Net rental income or (loss) .		•				
	7a	Gross amount from sales of (i) Securi	ies	(II) Other				
	ļ	assets other than inventory					İ	
	b	Less: cost or other basis						
	}	and sales expenses .		ļi				
	C	Gain or (loss)						
	d	Net gain or (loss)						-
Revenue	8a	Gross income from fundraising events (not including \$ 5.4						
ě		events (not including \$ 5.4 of contributions reported on line 1						
		See Part IV, line 18		27,348			1	
Other	Ь	Less: direct expenses						
O		Net income or (loss) from fundra			19,843			
	9a	Gross income from gaming activ	ities.			_		
		See Part IV, line 19 .	_	7,1.49			ļ]
		Less: direct expenses						
	102	Net income or (loss) from gamir Gross sales of inventory,	-	ivities ►	7,745		-	
	IUa	returns and allowances		26,303				
	Ь	Less: cost of goods sold	_	20,000				
	c	Net income or (loss) from sales			5,617		1	
		Miscellaneous Revenue		Business Code				
	11a	Application Fees			875			
	b	Shipping, net			85		ļ <u>.</u>	
	C	All abbot to to to					 	
	d	All other revenue	•		960		-	
	12	Total revenue. See instructions			216.245	· · · · · · · · · · · · · · · · · · ·	<u> </u>	

roini 98	0 (2014)				Page IU
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , 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	102,371	102,371		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	27,000	27,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	39,150	39,150		
4 5	Benefits paid to or for members				
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 8	Other salaries and wages				
9	Other employee benefits		·		
10	Payroll taxes				
11	Fees for services (non-employees):			ł	
a	Management				
b	Legal	1,222	1,162	60	
d	Lobbying	1,222	1,102		
e	Professional fundraising services See Part IV, line 17				· - · · · · · · · · · · · · · · · · · ·
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	625	312		313
13	Office expenses			-	
14	Information technology	1,105	553		552
15 16	Royalties				
17 18	Travel				
19	Conferences, conventions, and meetings .	2 520	1.000		4.000
20	Interest	2,532	1,266		1,266
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization	-			
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	·			
	line 24e amount exceeds 10% of line 25, column	:			
	(A) amount, list line 24e expenses on Schedule O.)				
a	Board expenses not reimbursed	16,205	8,102	i 	8,103
b	Donated Expenses Bank Fees	1,500 551	275		1,500
c d	Foundation expenses	7,325	2/5		276
e e	All other expenses exchange gain and other	-26	-26		7,325
25	Total functional expenses. Add lines 1 through 24e	199,560	180,165	60	19,335
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)				

Р	art X				
		Check if Schedule O contains a response or note to any line in this Par		• • •	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	509
	2	Savings and temporary cash investments	381,849	2	420,620
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	30
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	1,281
	10a	Land, buildings, and equipment: cost or			1,201
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	381,949	16	422,440
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	20,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
ia		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	3,890
	26	Total liabilities. Add lines 17 through 25		26	23,890
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	056 474	27	005 007
aga	28	Temporarily restricted net assets	256,171 125,678		265,367
8	29	Permanently restricted net assets	120,076	29	133,173
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.		23	
S	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>e</u>	33	Total net assets or fund balances	381,849		398,550
~	34	Total liabilities and net assets/fund balances	381.849		422,440

	0 (2014)			Г.	age IZ
Part	XI Reconciliation of Net Assets		-		
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			16,245
2		2			99,560
3		3			16,685
4	5 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4		38	31,849
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			15
9		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10		39	8,549
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain	aın ın			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	1	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed 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		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ant?	2c		1
	If the organization changed either its oversight process or selection process during the tax year, explain	ain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in			
	the Single Audit Act and OMB Circular A-133?		За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not underg	o the			† ·
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	lıts.	3b		
			Form	990	(2014)

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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Inspection

Name of the organization Employer identification number The FAWCO Foundation 43-6075073 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). 2 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: 5 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.) 8 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.) 10 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing other support (see support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	<u> </u>						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the					ļ	
-	organization's benefit and either paid		1				
	to or expended on its behalf		1	Ì			
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3				<u> </u>		
5	The portion of total contributions by				,		
	each person (other than a]	1		
	governmental unit or publicly				j	}	
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)					ļ	
6	Public support. Subtract line 5 from line 4.				 		
	on B. Total Support	•					<u> </u>
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,		}	}			
	payments received on securities loans,				ļ		
	rents, royalties and income from similar sources						
9	Net income from unrelated business			-			
9	activities, whether or not the business						
	is regularly carried on		ļ			ļ	
10	Other income. Do not include gain or		 				
	loss from the sale of capital assets		1				
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
<u> </u>	organization, check this box and stop he				<u> </u>	· · · · · ·	· · · P 📋
<u>Secti</u>	on C. Computation of Public Suppor Public support percentage for 2014 (line 6			11 solumn (f)		14	%
15	Public support percentage from 2013 Sch					15	//
16a	331/3% support test—2014. If the organization						
	box and stop here. The organization qua						
b	331/3% support test-2013. If the organ	nzation did no	ot check a bo	x on line 13 o	r 16a, and line	15 is 331/3%	
	check this box and stop here. The organi	izatıon qualifie	es as a publicly	supported or	ganization .		🕨 🗀
17a	10%-facts-and-circumstances test -20	14. If the orga	anization did n	ot check a box	x on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "f	acts-and-circ	umstances" te	st. The organiz	ation qualifies	as a publicly s	upported
	organization						▶ □
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization m						-
	Explain in Part VI how the organization m supported organization				ne organizatio	-	
18	Private foundation. If the organization di						
.0	instructions	iot orioon a	23X STITLE TO	, , , , , , , , , , , , , , , , , , , ,	۵, ۵، ۱۰۵, ۵،۱۵۵	ii iio box ai iu	▶ □

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.)

Secti	on A. Public Support	drider the tee	its listed belo	w, picase co	inpiete rait i	1.)	
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(-),	
	received. (Do not include any "unusual grants.")	96,768	192,539	174,035	173,995	181,859	819,196
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	2,031	2,549	2,897	3,838	33,205	44,520
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either 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 [98,799	195,088	176,932	177,833	215,064	863,716
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support (Subtract line 7c from						
	line 6.)						863,716
	on B. Total Support	1 2010			(, , , , , , , , , , , , , , , , , , ,		
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	98,799	195,088	176,932	177,833	215,064	863,716
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,358	1,211	815	884	221	5,489
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	2,000	1,2.17	010	304	22.1	3,403
С	Add lines 10a and 10b	2,358	1,211	815	884	221	5,489
11	Net income from unrelated business activities not included in 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.)	775	950	525	825	960	4,035
13	Total support. (Add lines 9, 10c, 11, and 12.)	101.932	197,249	178,272	179,542	216,245	873.240
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second	d, third, fourth,	or fifth tax ye	ear as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage	•			• •	
15	Public support percentage for 2014 (line 8	3, column (f) div	rided by line 1	3, column (f))		15	99 %
16	Public support percentage from 2013 Sch	edule A, Part I	II, line 15 .			16	98 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2014 (I					17	1 %
18	Investment income percentage from 2013					18	1 %
19a	331/3% support tests—2014. If the organi			•			•
_	17 is not more than 331/3%, check this box		_			-	
b	331/3% support tests—2013. If the organiz line 18 is not more than 331/3%, check this b						
20_	Private foundation. If the organization die	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instru	ctions 🕨 🔲

Part IV		anizations

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

J Cu	on A. An Supporting Organizations			
_			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	101		

Part I	V Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	·		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the 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		
Section	on C. Type II Supporting Organizations			
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 the supported organization(s)	1	Yes	No
Section	on 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 in (2), 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	on E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s):
a b c	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) 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.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> . 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? <i>Provide details in Part VI</i> .	3a		
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.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functional	lly-ın	tegrated Type III suppor	ting organization (see
instructions).	•	_ ,,	- - ·

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			·
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.		··· · ···	
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive	
	(provide details in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1	an an	
Se	ection E - Distribution Allocations (see instructions)	(ī) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
<u>b</u>				
<u> </u>				
<u>d</u>	r 0040			
<u>e</u>	From 2013			
f_	Total of lines 3a through e			
<u>g</u> h	Applied to underdistributions of prior years Applied to 2014 distributable amount			
<u></u>	Carryover from 2009 not applied (see instructions)			· · · · · · · · · · · · · · · · · · ·
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			·
4	Distributions for 2014 from Section			
4	D, line 7: \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2014 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
e	Excess from 2014			

Schedule A (F	Form 990 or 990-EZ) 2014	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12. Also complete this part for any additional information. (See instructions.)	
···		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

2014

Department of the Treasury Internal Revenue Service ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

Open to Public Inspection

OMB No 1545-0047

	AWCO Foundation		43-6075073
Par			ds or Accounts.
	Complete if the organization answered ")		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	17	1
2	Aggregate value of contributions to (during year)	125,396	0
3	Aggregate value of grants from (during year)	166,372	7,000
4	Aggregate value at end of year	141,024	7,000
5	Did the organization inform all donors and donor a funds are the organization's property, subject to the	organization's exclusive legal contro	ol? 🗌 Yes 🗹 No
6	Did the organization inform all grantees, donors, an only for charitable purposes and not for the benefit conferring impermissible private benefit?	t of the donor or donor advisor, or for	or any other purpose
Par	t II Conservation Easements.		
	Complete if the organization answered "		
2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreation of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	on or education)	f a certified historic structure
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			
þ	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified his	` · ·	
d	Number of conservation easements included in (c		, i
_	-		
3	Number of conservation easements modified, transf tax year ▶	rerred, released, extinguished, or terr	minated by the organization during the
4	Number of states where property subject to conserv	vation easement is located ►	
5	Does the organization have a written policy regardions, and enforcement of the conservation easi	arding the periodic monitoring, ins	
6	Staff and volunteer hours devoted to monitoring, ins	specting, and enforcing conservation	
7	Amount of expenses incurred in monitoring, inspect \$\$\$	ing, and enforcing conservation ease	ements during the year
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports containing sheet, and include, if applicable, the text of organization's accounting for conservation easemer	the footnote to the organization's finits.	nancial statements that describes the
Par	Organizations Maintaining Collections Complete if the organization answered "		Other Similar Assets.
1a	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar a public service, provide, in Part XIII, the text of the fo	assets held for public exhibition, ed	ducation, or research in furtherance of
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar apublic service, provide the following amounts relating	assets held for public exhibition, ed	
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, following amounts required to be reported under SF		i assets for illiancial gain, provide the
a	Revenue included in Form 990, Part VIII, line 1 .		> \$

Pari 3	e D (Form 990) 2014	O-H41 - 11	a 10.1 · · -			Page 2
	Organizations Maintaining Using the organization's acquisition, a	Collections of A	art, Historical T	reasures, or Of	ther Similar Ass	ets (continued)
9	collection items (check all that apply):		er records, chec	K any of the follow	wing that are a sig	Initicant use of its
а	☐ Public exhibition		d □ Loan	or exchange prog	rams	
b	☐ Scholarly research		e 🔲 Other			
C	☐ Preservation for future generations					
4	Provide a description of the organizat	tion's collections ar	nd explain how th	hey further the org	ganization's exemp	ot purpose in Par
_	XIII.					
5	During the year, did the organization assets to be sold to raise funds rather					
Part			led as part of the	s organization s co	ollection?	☐ Yes ☐ No
a i	Complete if the organization 990, Part X, line 21.		to Form 990, P	art IV, line 9, or	reported an amo	unt on Form
1a	Is the organization an agent, trustee,	custodian or othe	r intermediary fo	or contributions of	r other assets not	
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and complet	e the following to	able:		
					Am	ount
C	Beginning balance					
d	······································			<u>10</u>		
е	Distributions during the year			16		
f	Ending balance			<u>[11</u>	<u> </u>	
	Did the organization include an amour	nt on Form 990, Par	rt X. line 21. for e	scrow or custodia	il account liability?	I Voc i No
2a	If five it as a late that among a second to De	VIII Ob I. b			•	
b	If "Yes," explain the arrangement in Pa	art XIII. Check here			•	
	V Endowment Funds.		if the explanation	n has been provid	•	
b	· · · · · · · · · · · · · · · · · · ·		if the explanation	n has been provid	•	
b	Endowment Funds. Complete if the organization	answered "Yes"	to Form 990, P (b) Pnor year	art IV, line 10.	ed in Part XIII .	(e) Four years back
b Par	Endowment Funds. Complete if the organization	answered "Yes"	if the explanation to Form 990, P	n has been providerart IV, line 10.	ed in Part XIII . (d) Three years back 124,459	(e) Four years back 96,495
b Par 1a	Complete if the organization Beginning of year balance	answered "Yes" (a) Current year 125,678	to Form 990, P (b) Pnor year 125,645	rart IV, line 10. (c) Two years back 125,479	ed in Part XIII . (d) Three years back 124,459	(e) Four years back
b Par 1a b	Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and	answered "Yes" (a) Current year 125,678	to Form 990, P (b) Pnor year 125,645	rart IV, line 10. (c) Two years back 125,479	ed in Part XIII . (d) Three years back 124,459	(e) Four years back 96,495
b Par 1a b	Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses	answered "Yes" (a) Current year 125,678	to Form 990, P (b) Pnor year 125,645	rart IV, line 10. (c) Two years back 125,479	ed in Part XIII . (d) Three years back 124,459	(e) Four years back 96,495
b Par 1a b c	Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships	answered "Yes" (a) Current year 125,678	to Form 990, P (b) Pnor year 125,645	rart IV, line 10. (c) Two years back 125,479	ed in Part XIII . (d) Three years back 124,459	(e) Four years back 96,495
b Par 1a b c	Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and	answered "Yes" (a) Current year 125,678	to Form 990, P (b) Pnor year 125,645	rart IV, line 10. (c) Two years back 125,479	ed in Part XIII . (d) Three years back 124,459	(e) Four years back 96,495
b Par 1a b c	Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	answered "Yes" (a) Current year 125,678 7,500	to Form 990, P (b) Pnor year 125,645 33	h has been provider to the has been provided to the has been provided t	(d) Three years back 124,459 1,011	(e) Four years back 96,495
b Par 1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of t	answered "Yes" (a) Current year 125,678 7,500 133,178 the current year end	to Form 990, P (b) Pnor year 125,645 33 125,678 I balance (line 1g	h has been provider to the has been provided to the has been provided t	(d) Three years back 124,459 1,011	(e) Four years back 96,495 27,946
b Par 1a b c d e	Beginning of year balance	answered "Yes" (a) Current year 125,678 7,500 133,178 the current year end	to Form 990, P (b) Pnor year 125,645 33 125,678 I balance (line 1g	h has been provider to the has been provided to the has been provided t	(d) Three years back 124,459 1,011	(e) Four years back 96,495 27,946
Par 1a b c d e f g	Beginning of year balance	answered "Yes" (a) Current year 125,678 7,500 133,178 the current year end nt ▶ 93 7%	to Form 990, P (b) Pnor year 125,645 33 125,678 I balance (line 1g	h has been provider to the has been provided to the has been provided t	(d) Three years back 124,459 1,011	(e) Four years back 96,495 27,946
b Par 1a b c d e f g 2 a	Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of t Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment ■	133,178 the current year encount > 93 7%	to Form 990, P (b) Pnor year 125,645 33 125,678 I balance (line 1g	h has been provider to the has been provided to the has been provided t	(d) Three years back 124,459 1,011	(e) Four years back 96,495 27,946
b Par 1a b c d e f g 2 a b c	Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of t Board designated or quasi-endowmer Permanent endowment ▶ Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2	answered "Yes" (a) Current year 125,678 7,500 133,178 the current year end nt ▶ 93 7% 2c should equal 100	to Form 990, P (b) Pnor year 125,645 33 125,678 I balance (line 1g)%	n has been provid Part IV, line 10. (c) Two years back 125,479 175 125,645 1, column (a)) held	(d) Three years back 124,459 1,011 125,459 as:	(e) Four years back 96,495 27,946
1a b c d e f g 2 a b	Beginning of year balance	133,178 133,178 133,178 14	to Form 990, Post 125,645 125,678 1 balance (line 1g)%	n has been provid Part IV, line 10. (c) Two years back 125,479 175 125,645 In, column (a)) held	(d) Three years back 124,459 1,011 125,459 as:	(e) Four years back 96,495 27,946
b labc de f g a bc	Beginning of year balance	133,178 133,178 14	to Form 990, Post 125,645 125,678 1 balance (line 1g)%	n has been provid Part IV, line 10. (c) Two years back 125,479 175 125,645 (c) column (a)) held at are held and accommodate.	(d) Three years back 124,459 1,011 125,459 as:	(e) Four years back 96,495 27,946 124,459 Yes No
b Par 1a b c d e f g 2 a b c	Beginning of year balance	133,178 133,178 14	to Form 990, Post 125,645 125,678 1 balance (line 1g)%	h has been provided and IV, line 10. (c) Two years back 125,479 175 125,645 In, column (a)) held and accommodate are held and accommodate.	(d) Three years back 124,459 1,011 125,459 as:	(e) Four years back 96,495 27,946 124,459 Yes No 3a(i) 3a(ii)
b Par 1a b c d e f g 2 a b c	Beginning of year balance	answered "Yes" (a) Current year 125,678 7,500 133,178 the current year end the current year end year 2c should equal 100 e possession of the year end	to Form 990, P (b) Pnor year 125,645 33 125,678 I balance (line 1g %	h has been provided and IV, line 10. (c) Two years back 125,479 175 125,645 , column (a)) held at are held and account are held and account and account are held are held and account are held are held and account are held are held and account are held are held and account are held are held are held are held are held are held and account are held are	(d) Three years back 124,459 1,011 125,459 as:	(e) Four years back 96,495 27,946 124,459 Yes No

Par	VI Land, Buildings, and Equipmen	nt.			· · · · ·				
	Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a	Land								
b	Buildings								
C	Leasehold improvements				_				
d	Equipment								
е	Other								

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

Part VII	Investments—Other Securities Complete if the organization ans		m 990 Part IV li	ne 11h. See Form	990 Part X line 12
	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D) (E)				,	
(F)			· · · · · · · · · · · · · · · · · · ·		
(G)					
(H)					·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶				
Part VIII	Investments—Program Related Complete if the organization ans		m 990, Part IV, lii	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		thod of valuation -of-year market value
(1)					
(2)					
_(3)					
_(4)				 	
(5)				<u> </u>	
(6)					
<u>(7)</u> (8)					
(9)				······	
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization ans		m 990, Part IV, lii	ne 11d. See Form	
	(6	i) Description			(b) Book value
(1)					·
(2)					
(3)					.
(5)				· · · · · · · · · · · · · · · · · · ·	
(6)			.		
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		.	
Part X	Other Liabilities. Complete if the organization ansiline 25.	wered "Yes" to For	m 990, Part IV, liı	ne 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	h) must oqual Form 000. Post V. col. (P) line 25 \				
	b) must equal Form 990, Part X, col. (B) line 25) ▶ r uncertain tax positions. In Part XIII, provi	de the text of the facts	ote to the organizate	on's financial stateme	ante that reporte the
	s liability for uncertain tax positions under				

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Other (Describe in Part XIII.)

Add lines 4a and 4b

Part XIII Supplemental Information.

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.

4c

Schedule D (For	m 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	

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		*

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

2014

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

► Attach to Form 990.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Inspection

Open to Public Inspection

Name of the organization Employer identification number The FAWCO Foundation 43-6075073 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ✓ Yes □ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of offices in the region (c) Number of (d) Activities conducted in (a) Region (e) If activity listed in (d) is (f) Total expenditures for and investments region (by type) (e.g., fundraising, program services, investments, grants to recipients a program service, describe specific type of service(s) in region employees, agents, and independent in region ın region located in the region) (1) Europe 0 Fundralsing (2) Europe 0 0 **Education Award** 1,500 (3) Europe 0 0 **Development Grants** 27,000 (4) Middle East and North Africa 0 G **Development Grants** 4,500 (5) Sub-Saharan Africa n 0 **Development Grants** 4,500 (6) Europe Ð Conference Charity 1,650 (7) (8) (9) (10)(11) (12) (13)(14) (15) (16)(17)Sub-total 39,150 Total from continuation sheets to Part I

c Totals (add lines 3a and 3b)

39,150

Page 2

Schedule F (Form 990) 2014

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. Part II

ant organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt grantee or counsel has provided a section 501(c)(3) equivalency letter	-	(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	(a) Memod of valuation (book, FMV, appraisal, other)
2 3 3 4 4 5 5 6 6 7 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	<u> </u>									
1) 1) 2) 5) 6) 6) 7) 7) 8) 9) 9) 1) 1) 1) 1) 2) 6) 6) 6) 6) 6) 6) 6) 6) 7) 6) 6) 7) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8)	<u> </u>									
1) 1) 2) 2) 2) 3) 4) 4) 4) 5) 5) 6) 6) 6) 7) 7) 8) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9)	<u> </u>									
1) 1) 1) 1) 1) 1) 1) 1) 2) Enter total number of recipient organizations listed above that are recognized as charties by the foreign country, recognized as tax-exempt by the RS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 2) Enter total number of organizations or entities 4) Enter total number of organizations or entities	9									
1) 2) 3) 4) 5) 6) Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the files, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 5) Enter total number of entires 6) Enter total number of entire grantee or counsel has provided a section 501(c)(3) equivalency letter 7) Enter total number of entires 8) Enter total number of entires 9)	(2)									
1) 1) 2) 3) 4) 5) 6) 6) 6) 7) 7) 7) 8) 8) 8) 8) 8) 8) 8	9									
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the first, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	6									
Enter total number of recipent organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	<u> </u>									
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the RS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	<u> </u>						Ì			
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	5									
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	E									
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	12									
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	<u> </u>									
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	4									
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	(15)									
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Finantial number of other organizations or entities	(16)									
Enter total number of other organizations or entitles	8	Enter total n	umber of recipie	ent organizations lis grantee or counsel	sted above that are re has provided a sectic	cognized as chariti on 501(c)(3) equivale	es by the foreign couency letter	intry, recognized as	tax-exempt ▶	-
	~		imber of other	organizations or en	tities	•			A	0

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

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.

Part III can be duplic	Part III can be duplicated if additional space is needed.	e 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Education Award	Europe	-	1,500	1,500 check			
(2)							
<u> </u>							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2014

Page	4

Schedule F	(Form	990)	2014
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Part	V 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 Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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 Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	☑ 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 Instructions for Form 5471)	Yes	☑ 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 Instructions for Form 8621).	☐ Yes	☑ 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 Instructions for Form 8865)	☐ Yes	☑ 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	☑ No

Schedule F (I	Form 990) 2014 Page \$
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 1, line	2
Developme	ent Grants (including NEEED and Conference Charity) are vetted and must have had a working relationship
with one o	f the FAWCO's members clubs before being included for consideration. Each organization is vetted to make sure they meet the
eligibility r	equirements. A formal contract is signed between the Foundation and the grantee. Reports documenting the use of the grant
money are	required. Education Award recipients are members or children of FAWCO member clubs and the application was approved
by the mer	mber club. Education Award recipients must show proof of enrollment in the program to receive their award. One program is
administer	red by the FAWCO member club who provide support for their decision. Development Grants are decided by a vote by
the member	er clubs. Education awards are decided by a committee made up of individual volunteers from member clubs. Development
grant recip	plents must provide written reports after the grant is made to them.

. SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury	► Attach to Form 990 or Form 990-EZ.		Open to Pu
Internal Revenue Service	► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.go	v/form990.	Inspection
Name of the organization	E	Employer identif	ication number

he F	AWCO Foundation						6075073
Par	Fundraising Activities				vered "Yes" to F	orm 990, Part IV,	ine 17.
	Form 990-EZ filers are						
1	Indicate whether the organizati	on raised funds	through any	y of the follo	owing activities. C	heck all that apply.	
а	☐ Mail solicitations		е [ion of non-govern		
b	Internet and email solicitation	ons	f [☐ Solicitat	ion of government	grants	
C	☐ Phone solicitations	•	g G	Special 1	fundraising events	1	
d	In-person solicitations						
2a	Did the organization have a wri						
	or key employees listed in Forn	n 990, Part VII) o	r entity in c	onnection v	with professional f	undraising services	Yes 🗹 No
b	If "Yes," list the ten highest pai compensated at least \$5,000 b			idraisers) p	ursuant to agreem	ents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		·	Yes	No	 		
1				1			
2			 				
3		<u> </u>					
4							
5		 	 	-	-		
			<u> </u>	 -			
6				<u> </u>			
7							Ì
8							
9							
10							
Total				•			
3	List all states in which the org registration or licensing.	anization is regi	stered or lie	censed to s	solicit contribution	s or has been notifi	ed it is exempt from
	······································						
			- 				
							•••

Sche	edule G	(Form 990 or 990-EZ) 2014				Page 2
_	irt II	<u>`</u>	g event contributions			18, or reported more
•			(a) Event #1 Gata Night (event type)	(b) Event #2 Norwegian Cruise (event type)	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	34,048	6,494		40,542
œ	2 3	Less. Contributions Gross income (line 1 minus line 2)	1,749 32,299	3,700 2,794		<u>5,449</u> 35,093
	4	Cash prizes	02,200	2,:04		00,000
	5	Noncash prizes		i		
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses .	7,505			7,505
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		7,505 27,588
Pá	irt III	Gaming. Complete if the than \$15,000 on Form 99		rea "Yes" to Form 99	υ, Paπ IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
æ	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	,
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)	•	

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)		
9	Enter the state(s) in which the organization conducts gaming activities:		
a b	Is the organization licensed to conduct gaming activities in each of these states?	☐ Yes	□ No
10a b	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain:	☐ Yes	□ No
_		 	

Schedul	ule G (Form 990 or 990-EZ) 2014		Page 3
11		Yes [No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming?	Yes [] No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.	·	
	Name ►		
	Address►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes 「] No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes [] No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informationstructions).		
			
			

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury	► Infor	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	lule I (Form 990) an	d its instructions is	at www.irs.gov/for	i	Inspection
Name of the organization							Employer identification number
S							43-00/30/3
Part I General Information on Grants and Assi	on Grants and	Assistance		1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	thistory and	or the grants or assistance	o and
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees eligibility for tire grants or assistance? The selection criteria used to award the grants or assistance?	ain records to substants	stantiate the amou or assistance?	nt of the grants or	assistance, the gi	antees eligioliity i	or the giains of assistant	Yes No
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nization's procedur	es for monitoring t	he use of grant fur	nds in the United	States.		
	ssistance to Do	mestic Organiz	ations and Dom	iestic Governm Il can be duplica	ents. Complete Ited if additional	If the organization ansv space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Bart II can be duplicated if additional space is needed.
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Free the Girls 8200 S Quebec St. #A3-137	27-2454072		57,000		0 FMV	Used Bras	Infrastructure support
(2) Centennial, Co 80112							
(3) Friends of Burkina Faso	52-2070442		42,537	0			education
(4) Chester, Ca 96020							
(5)							
(9)							
ω							
(8)							
(6)							
(10)							
(11)							
(12)	-						
	on 501(c)(3) and go	vernment organiza	tions listed in the	line 1 table			2
3 Enter total number of other organizations listed in the line 1 table	organizations liste	d in the line 1 table					Schedule I (Form 990) (2014)
For Paperwork Reduction Act Notice, see the Instructions for	e, see the Instruction	ns for Form 990.		3	at No Soussin		

S Skills Enhancement 1 4,000 Award 2 3,500 Award 1 4,000 Award 1 4,000 Award 1 3,500 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. 1	ment 1 5,000 2 3,500 1 3,500 1 4,000 1 3,500 1 3,500 1 3,500 1 3,500 1 3,500 1 3,500 1 3,500 1 3,500 1 3,500 1 3,500 1 1 3,500 1 1 3,500 1 1 3,500 1 1 3,500 1 1 1, line 2, Part III, column (b), and any other additional information. 1	Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. It is approved by their member clubs, the applications are then betted by committee and the awardees must complete a letter of agreement which their program as indicated on their application. At the end of the fiscal year of the award, they must submit a report of how the award has helped	ormation. Provide the interpretation transfer as indicated on the program as indicated on the interpretation transfer and the interpretation transfer and the interpretation to	2 Member's Skills Enhancement 3 Hallock Award		5,000			(f) Lescription of non-cash assistance
1 3,500 1 1 3,500 1 1 1 1,000 1 1 1 1,000 1 1 1 1	1 3,500 1 1 2,500 1 2,500 1 2,500 1 2,500 1 3,500 1 3,500 1 3,500 1 3,500 1 3,500 1 3,500 1 5,	1 3,500 1 and any other additional information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Information. At the applications are then betted by committee and the awardees must complete a letter of agreement which their application. At the end of the fiscal year of the award, they must submit a report of how the award has helped	1 3,500 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			3,500			
1 4,000 1 3,500 1 3,500 1 3,500 1 Bat I, line 2, Part III, column (b), and any other additional information.	Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. First approved by their member clubs, the applications are then bested by committee and the awardees must complete a letter of agreement which their program as indicated on their application. At the end of the fiscal year of the award, they must submit a report of how the award has helped	1 4,000 1 3,500 Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Information. At the applications are then betted by committee and the awardees must complete a letter of agreement which their program as indicated on their application. At the end of the fiscal year of the award, they must submit a report of how the award has helped	1 3,500 1 3,500 1 3,500 1 3,500 1 3,500 1 1 3,500 1 1 3,500 1 1 1, line 2, Part III, column (b), and any other additional information. First approved by their member clubs, the applications are then betted by committee and the awardees must complete a letter of agreement which their program as indicated on their application. At the end of the fiscal year of the award, they must submit a report of how the award has helped		2	2 500			
1 3,500 1 Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. First approved by their member clubs, the applications are then betted by committee and the awardees must complete a letter of agreement which their program as indicated on their application. At the end of the fiscal year of the award, they must submit a report of how the award has helped	Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Information. Provide the information.	1 3.500 Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. The information is applications are then betted by committee and the awardees must complete a letter of agreement which their program as indicated on their application. At the end of the fiscal year of the award, they must submit a report of how the award has helped			מאינים			
I Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. e first approved by their member clubs, the applications are then betted by committee and the awardees must complete a letter of agreement which their program as indicated on their application. At the end of the fiscal year of the award, they must submit a report of how the award has helped	Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Information. Provide the information are then betted by committee and the awardees must complete a letter of agreement which their program as indicated on their application. At the end of the fiscal year of the award, they must submit a report of how the award has helped	Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Fe first approved by their member clubs, the applications are then betted by committee and the awardees must complete a letter of agreement which in their program as indicated on their application. At the end of the fiscal year of the award, they must submit a report of how the award has helped		-	4,000			
I Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. The second particle is appropriately the applications are then betted by committee and the awardees must complete a letter of agreement which	Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. re first approved by their member clubs, the applications are then betted by committee and the awardees must complete a letter of agreement which their program as indicated on their application. At the end of the fiscal year of the award, they must submit a report of how the award has helped	Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. e first approved by their member clubs, the applications are then betted by committee and the awardees must complete a letter of agreement which their program as indicated on their application. At the end of the fiscal year of the award, they must submit a report of how the award has helped	Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. re first approved by their member clubs, the applications are then betted by committee and the awardees must complete a letter of agreement which their program as indicated on their application. At the end of the fiscal year of the award, they must submit a report of how the award has helped		-	3,500			
ing first ancroyed by their member slinks the applications are then betted by sometime and the awardees milet complete a letter of eareament which	re first approved by their member clubs, the applications are then betted by committee and the awardees must complete a letter of agreement which their program as indicated on their application. At the end of the fiscal year of the award, they must submit a report of how the award has helped	e first approved by their member clubs, the applications are then befted by committee and the awardees must complete a letter of agreement which their program as indicated on their application. At the end of the fiscal year of the award, they must submit a report of how the award has helped	re first approved by their member clubs, the applications are then betted by committee and the awardees must complete a letter of agreement which their program as indicated on their application. At the end of the fiscal year of the award, they must submit a report of how the award has helped	I Information. Provide the info	formation re	equired in Part I, lin	e 2, Part III, columr	n (b), and any other addit	onal information.
					1 1 1 1 1 1 1 1 1 1				
					ļ				
									Schedule I (Form 990) (2014)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
The FAWCO Foundation	43-6075073
Part 111 4d	
1. The FAWCO Foundation has a program to further support young women in Burkina Faso who wish	to pursue studies after high
school. We work with the Friends of Burkina Faso and NEEED (Nimbus, Environnnement, Education e	t Development, a local non-
profit organization in Northern Burkina Faso) to create a fund for young women in at least three fields	of study, one which is an
academic university studies program. The fund is generated through donations. The candidates are	selected by the Friends of
Burking Eaco and their progress is manitored on the foundation's website	
Burkina Faso and their progress is monitored on the foundation's website.	
Part IV Section A9	-
Officers	***************************************
Michele Hendrikese Du Bols, Phillipp-Lowenfeld Strasse 17, 80339 Munchen, Germany	
Cynthia Ayed-Smith, Villa Habi, 1 Rue du Syrte Ain Diab, Casblanca, 20050 Morocco	
Suzanne Wheeler, 2 Place Saint Michel 75006 Paris, France	
Nan du Laubadere, 9930 West Broadview Drive, Bay Harbor Islands, Florida 33154 USA	
Margaret Hilditch, Saarstrasse 7 85354 Freising Bavaria Germany	
Kathleen Coughlan, 433 S Ridge Rd, Lake Forest, II 60045 ISA	
Part VI Section B 11A	
The Form 000 and its schedules are offered for review to all beard members	
The Form 990 and its schedules are offered for review to all board members	
Part VI Section B 12C	
Conflict of Interest - It is in our by-laws and administrative guidelines that we review each year. In add	lition, when a program is submitted
a check is made to ensure there is no conflict of interest.	
Part VI Section C 19	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
The governing documents, conflict of interest policy and financial statements are available at our wet	osite.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE R (Form 990)

Oss mao-

Department of the Treasury Internal Revenue Service Name of the organization The FAWCO Foundation

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.

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OMB No 1545-0047

2014

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

43-6075073

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity Ŷ 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 organizations during the tax year. Yes (f)
Direct controlling
entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501 (c) 3 (c) Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) Switzerland (b) Primary activity **Umbrella Organization** educating Americans (b) Primary activity living aboard (1) The Federation of American Women's Clubs Overseas (FAWCO) (a) Name, address, and EIN (if applicable) of disregarded entity Routes des Piets, 10 CH1172 Bougy-Villars, Switaerland (a) Name, address, and EIN of related organization (2) EIN 96-0058485 Part I Part II 9 ල ଷ ල € 0 €

Schedule R (Form 990) 2014

Cat No 50135Y

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

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Schedule R (Form 990) 2014 (i) Section 512(b)(13) controlled entity? (k) Percentage ownership Yes No 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. 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. (i) General or managing partner? ŝ (h) Percentage ownership Yes (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? Yes No (f) Share of total income (g) Share of end-of- L year assets (e)
Type of entity
(C corp. S corp., or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign country) (d)
Direct controlling
entity (b) Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part IV (6) Part III E ଷ 9 € <u>8</u> 3 9 6 뒥 € 9 ପ୍ର €

Schedule R (Form 990) 2014

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S 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?	is with one or more related orga	inizations listed in Parts]-IV?			1 1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				<u>a</u>	<u>></u>	
b Gift. grant, or capital contribution to related organization(s)	•			Q	>	1
of 15th areas or registal contribution from related consumption(s)				٤	\	1
				2 3	<u> </u>	1
d Loans or loan guarantees to or for related organization(s)				P	>	1
e Loans or loan guarantees by related organization(s)				<u>e</u>	>	- 1
f Dividends from related organization(s)				<u>-</u> ⊭	>	- 1
g Sale of assets to related organization(s)				- 6	<u>></u>	
				ŧ	>	1
				=	>	1
j Lease of facilities, equipment, or other assets to related organization(s)				=	>	1
						1
k Lease of facilities, equipment, or other assets from related organization(s)			- - -	<u>`</u> ¥		1
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)		•	=	<u>></u>	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m /		i
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)		•	ŧ	>	1
o Sharing of paid employees with related prognization(s)				9	>	ſ
	· · · · · · · · · · · · · · · · · · ·			+	-	ſ
b Reimbursement baid to related organization(s) for expenses				ā	<u> </u>	
a Reimbursement paid by related organization(s) for expenses			<u>.</u>	5	>	ſ
			· ·	<u> </u>		1
r Other transfer of cash or property to related organization(s)	•	•		- -		
				15	_	1
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.	who must complete this line, inc	luding covered relations	ships and transaction	thresho	olds	ſ
1		200000000000000000000000000000000000000	2525			1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	amount inv	volved	
(1) Web hosting	ĸ	111 0	111 Cash paid			((
						(
(6)						- 1
(4)						- 1
(5)						
197						
(9)			Schedule R (Form 990) 2014	(Form 99	0) 2014	1 😎

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

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 of entity Pr	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Dsproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)									_	
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Schedule R (l	Form 990) 2014	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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