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Form, **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

© Check if the organization □ Name drown charge □ Name charge	_			ar year, or tax year beginning , 2014, and ending	•		, 20
Number of steps Number and stends (or P.O. box, if mad is not delivered to street address) Room/autho For Joseph Total stands For Joseph	В	Check if applicable: C Name of organization				oyer Ide	ntification number
Print resum/mentated Annewdor International Anneydor Internationa		Address c	hange	Friends of the Dominican Republic	i	54	-1910233
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City or town, state or provene, country, and ZIP or foreign postal code F Group Exemption Number Newtown Number Newtown Number Numb	Ц	Initial retui	m	1	703	2.254.0225	
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G Accounting Method:	H						
Website: http://www.fortx.org 1 Tar-exampt status (check only one) — Sot(e)(3) \$10(e)(1) \$1 (insert ne.) 4947(e)(1) or 527 Form of organization: Corporation Trust Association Other	느				4		
Tac-exempt status (check only one) — ② 501(c)(3) □ 501(c)(1) ■ (insert no.) □ 4947(a)(1) or □ 527 Form 990, 990-EZ, or 990-PF.			•				
K Form of organization:					-		
L Add lines 5h, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$5233 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I					(Form 99	90, 990	-EZ, or 990-PF).
Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 38223			-	·			
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21 Net assets of fund balances at end of year. Combine lines 18 through 20	SS					10	250004
21 Net assets of fund balances at end of year. Combine lines 18 through 20	Ť	20	-				
	ž	24					
					. 🕨	21	

Pa	Balance Sheets (see the instructions					
- 1	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		_ <u></u> 🔲
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[350934	22	382549
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[350934	25	382549
26	Total liabilities (describe in Schedule O)		[•	26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	h line 21)	350934	27	382549
Par	Statement of Program Service Accom	plishments (see th	ne instructions for	Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗹		Expenses
Wha	is the organization's primary exempt purpose?	Support Peace Corp	s in the Dominican F	tepublic		quired for section
as m	ribe the organization's program service accompline asured by expenses. In a clear and concise many benefited, and other relevant information for each	nanner, describe the				c)(3) and 501(c)(4) unizations; optional for ers.)
28	Community Challenge Fund provided funding for se	ven (7) small-scale in	frastructure projects	, including		
	water supply projects, smokeless stoves and latrine by Peace Corps Volunteers. 287 households and 15 (Grants \$ 14855) If this amount	40 individuals benefit includes foreign gra	tted from these projections, check here .	cts.	28a	14855
29	Program Support Fund provided funding for a region	nal training program f	or local leaders assi	sting members of	ļ	
	their communities in obtaining required identity documentation initiative. 42 lead (Grants \$ 1947) If this amount	ers & 7 PC Volunteer	s took part in these	wo activities.	29a	1947
30	Provided updates on Peace Corps activities as well a	s domestic news for	our membership. S	ent out		
	approx 6 e-letters and annual hard-copy report of ac	tivities to 2700+ form	er PCVs and PC staf	f. Maintained		
	communications with members via our webpage and	l social media pages.	Encouraged donati	ons for programs.		
	(Grants \$ 3208) If this amount	includes foreign gra	ants, check here .	• 🔲	30a	3208
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	31a	. [
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	20010
Par	List of Officers, Directors, Trustees, and Key	/ Employees (list each	n one even if not com	pensated-see the in	nstruc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		🗀
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ) benefit plans, and deferred compensatio	0	Estimated amount of other compensation
Kim I	lerman				- T	•
Presi	dent	10	i d	o (0	0
John	Epler					
	President, CCF Grants Manager	16			o	0
-	Evans				Ť	
Treas	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	10			اه	0
Janio	e Jorgensen			1	1	
	pership	10			o	0
	Johnson		`	<u> </u>	+	
	etary, CCF Grants Committee	5			ما	0
	Baehr		·	<u> </u>	⇈	
	ommitte Chair, PSF Grants Manager	5		\	ام	0
	en Ramsey Abreu			<u>'</u>	~ -	
	tor, E-Newsletter Editor, Communications Comm	5	1	\	ام	0
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	diate Past President	3			ام	0
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	tor, History Comm	3		.1	ام	0
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	tor, E-Newsletter Distribution	3		 	0	0
	r Weiss, Ex-Officio	1_]	_	
rast	President, Webmaster	5	1 ()	01	0

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	in th		age 🛡
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this		<u>v</u>	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<u> </u>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			_
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities	1 .		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			,
_	·	40b		✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶ NA			
42a	The organization's books are in care of ▶ John D. Evans, Treasurer Telephone no. ▶	703-35	4-9225	5
	located at ▶ 4512 Park Rd. Alexandria, VA	22312		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u> </u>
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	:		
	Financial Accounts (FBAR).	;		
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		. ,	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
770	completed instead of Form 990-EZ	44a		/
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		-
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	-54		<u> </u>
~	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

46 ₁	Did to ca	he organization engage, directly or in ndidates for public office? If "Yes," c	ndirectly, in political complete Schedule C	ampaign activities	on behalf	of or in opposi	tion 346		
Part		Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.		stions 47–49b a	nd 52, and	d complete th	e tables for	lines	
		Check if the organization used Sch	nedule O to respond	I to any question	in this Par	t VI	<u> </u>	🗆	
47		he organization engage in lobbying Pif "Yes," complete Schedule C, Part		section 501(h) ele	ction in eff	fect during the		es No	
48 49a b 50	Did to	e organization a school as described in the organization make any transfers to es," was the related organization a se plete this table for the organization's oyees) who each received more than	o an exempt non-cha ction 527 organization five highest compen	ritable related orgon?	anization? (other than	officers, direct			
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mit	contribu	lealth benefits, itions to employee plans, and deferred empensation	(e) Estimated a other compe		
NONE									
							,		
			, -						
f 51	Com	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ	s five highest compe	ensated independe	one ent contrac	ctors who each	received m	ore than	
	(a)	Name and business address of each independent	ent contractor	(b) Type of	service	(c)	Compensation		
NONE									
							·		
									
d 52	Did 1	number of other independent contraction complete Scheduleleted Schedule A	•		. ▶rganization	s must attach	one a .► ✓ Yes [
Under po	enalties rect, an	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	etum, including accompany officer) is based on all info	ring schedules and stat	ements, and	to the best of my kr	owledge and be	lief, it is	
Sign Here							915		
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	Check if self-employed			
Use (Firm's name ▶				Firm's EIN ▶			
May th	e IRS	Firm's address ► discuss this return with the preparer	shown above? See i	nstructions		Phone no.	► □ Ves □	7 No	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► 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

2014

Open to Public Inspection

Name of the organization									
	ds of the Dominican Republic				 	54-1910233			
Pai							ons.		
1 ne c	organization is not a private found A church, convention of churc				-	•			
2	A school described in section			ibed ili sa	cuon 17	υ(D)(1)(A)(I).			
3	A hospital or a cooperative ho		•	n section	170/h)/1	(MAViii)			
4	A medical research organizati	on operated in c					(iii). Enter the		
5									
6	A federal, state, or local gover	•	mental unit described	l in sacti	on 1700s	M4VAV6A			
7	An organization that normally described in section 170(b)(1	receives a subs	stantial part of its sup				n the general public		
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)					
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	receives: (1) mo d to its exempt ent income and	ore than 331/3% of its functions—subject to unrelated business	support certain taxable i	exception	ns, and (2) no more ess section 511 ta	than 331/3% of its		
10	An organization organized and	d operated exclu-	sively to test for publi	c safety.	See sect	ion 509(a)(4).			
11	An organization organized and one or more publicly supporte the box in lines 11a through 11	d organizations d	lescribed in section 5	<mark>09(a)(1)</mark> o	r section	509(a)(2). See sect	i on 509(a)(3). Check		
а	☐ Type I . A supporting organization(sorganization. You must con	s) the power to re	egularly appoint or ele	•			. , , , ,		
b	☐ Type II. A supporting organic control or management of the organization(s). You must c	e supporting org	ganization vested in th						
С	Type III functionally integrated its supported organization(s						y integrated with,		
d	☐ Type III non-functionally in that is not functionally integree requirement (see instruction	ated. The organi	zation generally must	satisfy a	distributi	on requirement and			
е	Check this box if the organize functionally integrated, or Ty	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III		
f	Enter the number of supported								
g	Provide the following information								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	on (iv) Is the organization (v) Amount of monetary support (see oth			(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)	c)								
(D)									
(E)									
Total		,			,	·			

Part							
•	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	-	T 2 . 22	T	1 10 0010	T 7 : 22	
_	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 organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						ļ
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		<u> </u>	L		L	<u> </u>
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(a) 2012	(4) 2012	(-) 2014	/A Total
Calei 7	Amounts from line 4	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop here.	e organization	n's first, secon	d, third, fourth	-		
Secti	on C. Computation of Public Suppor						<u>-</u>
14 15 16a	Public support percentage for 2014 (line 6 Public support percentage from 2013 Sch 331/2% support test—2014. If the organization qual	6, column (f) di nedule A, Part zation did not	vided by line 1 II, line 14 check the box	on line 13, and	 d line 14 is 33¹		
b	331/23% support test—2013. If the organic check this box and stop here. The organic					9 15 is 33½% 	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fi organization	ets the "facts- acts-and-circu	and-circumsta	inces" test, che	eck this box ar	nd stop here.	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	ion meets the eets the "facts	facts-and-ci	ircumstances" tances" test. T	test, check th	nis box and st	n, and line top here. a publicly
18	Private foundation. If the organization distructions				ı, or 17b, chec	k this box and	· · ► ∐ see · · ► □

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						
Calen	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.")	21846	35907	36243	45421	40323	179740
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	o	44482	26561	435	o	71478
3	Gross receipts from activities that are not an						-
	unrelated trade or business under section 513	0	. 0	0	0	O	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the		ļ				
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	21846	80389	62804	45856	40323	251218
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	3845	14581	14846	19406	8045	60723
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	_	_	_	_		_
_	Add lines 7a and 7b	0	0	0	0	0	0
С 8	Public support (Subtract line 7c from	3845	14581	14846	19406	8045	60723
Ü	line 6.)		İ				100405
Secti	on B. Total Support			1			190495
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	21846	80389	62804	45856	40323	251218
10a	Gross income from interest, dividends,		00000	02004	43030	40323	231210
	payments received on securities loans, rents,						
	royalties and income from similar sources .	4744	4711	6816	10634	14910	41815
b	Unrelated business taxable income (less				,		
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	o	o	0	o	0
C	Add lines 10a and 10b	4744	4711	6816	10634	14910	41815
11	Net income from unrelated business						
	activities not included in line 10b, whether					İ	
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)					İ	
14	First five years. If the Form 990 is for the	26590	85100	69620	56490	55233	293033
1-7	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor			<u> </u>		· · · · ·	<u>· · ▶ ⊔</u>
15	Public support percentage for 2014 (line 8			3 column (fl)		15	65.01 %
16	Public support percentage from 2013 Sch					16	67.47 %
	on D. Computation of Investment Inc					. 1	01.41 70
17	Investment income percentage for 2014 (I			y line 13, colun	nn (f)) .	17	14.27 %
18	Investment income percentage from 2013					18	11.57 %
19a	331/3% support tests-2014. If the organi						
	17 is not more than 331/3%, check this box						
b	3318% support tests-2013. If the organiz						3 ¹ /3%, and
	line 18 is not more than 331/3%, check this t		_	-			
20	Private foundation. If the organization die	d not check a b	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions > \

Part VI	Page 0 • Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
NA	
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

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Employer identification number

Friends of the Dominican Republic	54-1910233
Part I Line 10 re: 9 Grants valued at \$16802. While all project activities took place in the Dominican Re	epublic, the grants were technically
made to the Peace Corps Partnership Program based in the US, so there were no foreign grants made.	Four of the projects funded by our
Community Challenge Fund Improved potable water systems, a major need in rural Dominican commu	unities. The other three projects
provided energy efficient cook stoves and community latrines. Our Program Support Fund, designed	primarily to support Peace Corps
program initiatives, made two grants related to a new DR government program intended to provide nec	cessary identity documents. One was a
training program for documentation promoters in a particular region, and the other was a national con	ference that brought together leaders
and promoters involved in the documentation effort across the country and allowed them to share exp	periences and best practises.
·	
Part I Line 16 re: Other Expenses \$115. These expenses represented the annual fee to affiliate with the	Nat'l Peace Corps Association (\$80);
the annual fee to the Virginia Corporation Commission to maintain our incorporated status in Virginia	(\$25); and a bank fee charged for a
returned check (\$10).	
Part I Line 20 Change in Net Asset Values According to statements received from American Funds, ou	r mutual fund holdings in 2014
experienced a gain of \$3180 attributable to net changes in asset values.	
Part III Foreign Grants To clarify, we made no foreign grants in 2014. Our grants/donations were all m	nade to the Peace Corps Partnership
Program based in Washington, DC. Thus, when funds were transferred to the Peace Corps office in the	e Dominican Republic, they were
then technically Peace Corps monies.	