

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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 and its instructions is at www.irs.gov/form990.

Inspection

A F	or the	2015 calendar year, or tax year beginning APR 1, 2015 and ending	<u> D</u>	EC 31, 2015	
	heck if	C Name of organization		D Employer identific	cation number
	Addres change	INTERNATIONAL DOMINICAN FOUNDATION			
	Name change			72-1	505381
]initial return	Number and street (or P.0. box if mail is not delivered to street address) Room/		E Telephone number	
<u></u>	Final return/	ONE GALLERIA BLVD. 710-	-B	504-	836-8180
	termin ated			G Gross receipts \$	611,328.
	Ameno	MEIRIKIE, DA 70001		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer. REV. ADDEN B. MORAN,).P	for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) or	527		list. (see instructions)
		e: NTERNATIONALDOMINICANFOUNDATION.ORG		H(c) Group exemption	
			Year o	of formation: 2001 N	State of legal domicile: LA
Pa	rt I	Summary			
ė,		Briefly describe the organization's mission or most significant activities: THE INTI			
Activities & Governance		FOUNDATION SUPPORTS THE PATRIMONY OF THE ORI			
ern		Check this box	more	1 1	
ò	į.	Number of voting members of the governing body (Part VI, line 1a)		3	23
ď	i	Number of independent voting members of the governing body (Part VI, line 1b)		4	22
ies		Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	2
ΞΞ		Total number of volunteers (estimate if necessary)		6	0
Aci	1	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	<u> </u>
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	_		-	Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)	<u> </u>	133,953.	33,299.
/en		Program service revenue (Part VIII, line 2g)	-	0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	506,457.	578,029.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		640,410.	611,328.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	154,286.	141,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	ι.	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	56,618.	45,177.
Expenses	i	Professional fundraising fees (Part IX, column (A), line 11e)	ļ	7,815.	0.
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25)	-		
μ.	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	74,664.	68,700.
		Total expenses Add lines 13-17 (must equal Part IX, columb (A), line 25)	-	293,383.	<u>254,877.</u>
_ <u>_</u>	19			347,027.	356,451.
tson		(0) 30	Beg	ginning of Current Year	End of Year
Sse Bala	20	Total assets (Part X, line 16)	-	6,249,503.	5,775,098.
Net Assets or I Fund Balances	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	-	2,821.	1,307.
뚪	rt II	Net assets or fund balances Subtract line 21 from line 20		6,246,682.	5,773,791.
				and to the heat of m	Lipovilades and belief it is
		lties of perjury, I declare that I haye examined this return, including accompanying schedules and si t, and complete. Declaration bit preparer (other than officer) is based on all information of which pre			/ knowledge and belief, it is
uuc,	COLLEC	t, and considered become anon property former than officery is based on an information of which pre	parer	10-29-	110
Cim.	_	Signaturile of officer		Date	10
Sigr		LUCY KARAM, TREASURER		Bato	
Her	е	Type or print name and title			
			77	ate / Check	PTIN
Paid		Print/Type preparer's name SHARON CASSIERE Preparer's signature Official Print/Type preparer's name		6/2/16 " -	 -'
			0 1		
Prep		Firm's name POSTLETHWAITE & NETTERVILLE		Firm's EIN	72-1202445
Use	опіу	Firm's address ONE GALLERIA BLVD., STE 2100		Dh / F	NANOST ENON
	. Ala - '"	METAIRIE, LA 70001		Prione no. (5	04)837-5990 X Yes No
ハカコい	rno il				I A I YOU I INO

Form	1990 (2015) INTERNATIONAL DOMINICAN FOUNDATION 72-1505381 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	TO SUPPORT THE NATIONAL AND INTERNATIONAL PROJECTS OF THE DOMINICAN
	ORDER OF THE ROMAN CATHOLIC CHURCH.
2	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 104,294. including grants of \$ 93,000.) (Revenue \$)
	IN FISCAL YEAR 2015, GRANTS WERE GIVEN FOR SCHOLARSHIPS TO SEMINARIANS
	AND LAY STUDENTS AT THE ANGELICUM UNIVERSITY IN ROME.
	20 204
4b	(Code) (Expenses \$ 38,294. including grants of \$ 27,000.) (Revenue \$) IN FISCAL YEAR 2015, GRANTS WERE GIVEN TO ECOLE BIBLIQUE ET
	ARCHEOLOGIQUE FRANCAISE (THE ECOLE BIBLIQUE AND FRENCH SCHOOL OF
	ARCHAEOLOGY).
	ARCHAEODOGI).
4c	(Code) (Expenses \$ 32,294 · including grants of \$ 21,000 ·) (Revenue \$)
	IN FISCAL YEAR 2015, GRANTS WERE GIVEN TO 'INSTITUT DOMINICAIN D'ETUDES
	(THE DOMINICAN INSTITUTE FOR ORIENTAL STUDIES IN CAIRO).
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 4,222 · including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 179,104. Form 990 (2015)
	roiii 330 (2013)

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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		Х
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		Х
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		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	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		х
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		- 21
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	Λ	
11	-			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	امدا	х	
_	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			3.5
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u>X</u>	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	X	L
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	X	
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		Х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			

Form **990** (2015)

complete Schedule G, Part III

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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	<u></u> -	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			₩.
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
	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?	00		_ v
	If "Yes," complete Schedule R, Part V, line 2	36	_	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	x	
	Note. All Form 990 filers are required to complete Schedule O	38 Form		(2015)
		1 01111	233	(20,0)

international Dominican Foundation
Statements Regarding Other IRS Filings and Tax Compliance 72-1505381

	Check if Schedule O contains a response of note to any line in this Part v				<u></u>
		ı		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			ļ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reporta	ible gaming			
	(gambling) winnings to prize winners?		1c		
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 <u>2a</u>	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author				v
	financial account in a foreign country (such as a bank account, securities account, or other financial account	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:	ato (EDAD)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts.	ils (FDAN)	E-0		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5a 5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the org	anization solicit	-30		
6a	any contributions that were not tax deductible as charitable contributions?	anization solicit	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or aifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was rec	juired			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f_		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization to		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	e		i	
	sponsoring organization have excess business holdings at any time during the year?		8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		_		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	I			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a				
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:				ĺ
11	Gross income from members or shareholders			1	
a b	Gross income from other sources (Do not net amounts due or paid to other sources against				
Ü	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	?	12a		ĺ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.	•			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand		<u> </u>		<u> </u>
14a			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	·	14b		
			Form	990	(2015)

INTERNATIONAL DOMINICAN FOUNDATION Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion 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 1a 2	23┌			
	If there are material differences in voting rights among members of the governing body, or if the governing		İ		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1		
b		22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	\neg		- 1	
	officer, director, trustee, or key employee?		2	X	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Γ	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	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?	L	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	L	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Ŀ	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	Ŀ	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Ŀ	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Ŀ	12a	_X_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Ľ	12b	_X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			ŀ	
	ın Schedule O how this was done .	Ŀ	12c	X	
13	Did the organization have a written whistleblower policy?	L	13	X	
14	Did the organization have a written document retention and destruction policy?	[_	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	Ŀ	15a		<u> </u>
b	Other officers or key employees of the organization	Ŀ	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
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?	Ŀ	16a		<u> </u>
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		ĺ		
	exempt status with respect to such arrangements?	±ــــــــــــــــــــــــــــــــــــ	16b		
<u>Sec</u>	tion C. Disclosure		_	_	
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	<i>y</i>) av	aılabl	e	
	for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and f	financ	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:				
	REV. ALLEN B. MORAN - 504-836-8180				
	ONE GALLERIA BLVD, SUITE 710-B, METAIRIE, LA 70001				

Form **990** (2015)

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

Check if Schedule O contains a response or note to any line in this Part VII

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 (Ď), (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

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

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

(A)	(B)	J		(0	C)		1001	(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable compensation	Estimated amount of
	hours per week					s bot or/trus		compensation from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	trustee or directo	8			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	Institutional trustee		, 93	ubeus		(W-2/1099-MISC)		organization and related
	below	Jual tr	tlonal	_	l gloy	st con	=			organizations
	line)	Individual	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) MOST REV. MICHAEL BRANSFIELD	2.00							_		
DIRECTOR		X			ļ	<u> </u>		0.	0.	0.
(2) MOST REV. DAVID R. CHOBY, DD	2.00									•
DIRECTOR		X				ļ		0.	0.	0.
(3) VERY REV. TOMAS M CONDON, OP	2.00									0
DIRECTOR	0.00	Х			ļ	├		0.	0.	0.
(4) MR RICHARD DORAN	2.00	7,				ł		•	0.	0
DIRECTOR	2 00	X				-		0.	0.	0.
(5) SISTER CATHERINE MARIE HOPKINS,	2.00	v						0.	0.	0.
DIRECTOR	2 00	X	<u> </u>					0.	0.	<u> </u>
(6) VERY REV. DOMINIC IZZO, OP	2.00	x						0.	0.	0.
DIRECTOR	2.00	Λ		-				0.		<u> </u>
(7) MRS. LOUISE H. JORDAN, OP, LCHS	2.00	x	l					0.	0.	0.
DIRECTOR CONTROL OF LEGISLE OF	2.00	Λ	-					•		
(8) VERY REV. KENNETH R LETOILE, OP	2.00	х						0.	0.	0.
DIRECTOR (9) VERY REV. JAMES MARCHIONDA, OP	2.00		 							
•		x						0.	0.	0.
DIRECTOR (10) VERY REV JOHN PATRICK MCGUIRE O	2.00		_							
DIRECTOR		x						0.	0.	0.
(11) MR. STEVE MCKERNAN	2.00									
DIRECTOR		X						0.	0.	0.
(12) VERY REV. MARK PADREZ, OP	2.00									
DIRECTOR		X						0.	0.	0.
(13) MOST REV. JOSEPH PEPE	2.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(14) DEACON FRANK REILLY	2.00									
DIRECTOR		X						0.	0.	0.
(15) MOST REV. J. PETER SARTAIN	2.00									
DIRECTOR	<u> </u>	X				<u> </u>		0.	0.	0.
(16) MOST REV KEVIN W VANN, JCD, DD	2.00		1					_	_	_
DIRECTOR		X	<u> </u>	ļ		_		0.	0.	0.
(17) REV PAUL WATKINS, OP	2.00					1		_		_
DIRECTOR	L	X		<u> </u>	<u> </u>	<u></u>	<u> </u>	0.	0.	0.
532007 12-16-15										Form 990 (2015)

532007 12-16-15

Part VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st (Compensated Employe	es (continued)				
(A)	(B)	(C)						(D)	(E)		ı	(F)	
Name and title	Average	(de	Position (do not check more than one				one	Reportable	Reportable		Es	timate	ed
	hours per) box	c, unle	ss pe	rson	is bot	th ar	compensation	compensation from related			nount	
	week	-	icer ai	nd a d	Trecto	T	iee)	- "OIII				other	
	(list any hours for	director	1				1	the	organizations (W-2/1099-MIS	- 1		pensa om th	
	related	1 8	ee ge			sated		organization (W-2/1099-MISC)	(44-2/1099-14113	ا (`		anızat	
	organizations	trustee	l trus		8	mpen		(** 2 1000 101100)			_	d relat	
	below	dual	Institutional trustee	_	[[[stco	ļ <u>.</u>					anızatı	
	line)	Individual 1	Instit	Officer	Key employee	Highest compensated employee	Ē						
(18) MOST REV. EDWARD WEISENBURGER	2.00						Γ						
DIRECTOR		X		L	<u> </u>			0.		0.			0.
(19) VERY REV. MICHAEL DEMKOVICH	2.00									_	ı		_
PRESIDENT EMERITUS		X			_	ļ	_	7,865.		0.			0.
(20) MOST REV. DANIEL FLORES	2.00										r		^
CHAIRMAN	40.00	X	├	X	-	-	-	0.		0.			0.
(21) VERY REV. ALLEN B. MORAN, OP	40.00	. ,		37	-			12 502		0.			0
PRESIDENT	2.00	X		X	┝	+	┝	13,583.		٠.			0.
(22) DR. JOHN PATRICK JORDAN, OP, KC	2.00	x		x				0.		0.			0.
SECRETARY (23) MRS. LUCY KARAM	2.00	^	 	^	一	╁	\vdash	- 0.		٠.			
TREASURER	2.00	\mathbf{x}		х	l			0.		0.			0.
TREASURER					┢		T						
		1			1								
			ļ										
		<u>L</u>	L.			ļ							
1b Sub-total	•							21,448.		0.			0.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							ightharpoons	21,448.		0.			0.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wl	ho i	received more than \$100	,000 of reportable)			_
compensation from the organization												V	0 No
										1		Yes	NO
3 Did the organization list any former officer,			е, к	ey er	npic	oyee	, or	nignesi compensated e	mployee on		3		х
line 1a? If "Yes," complete Schedule J for s					- t		a	that asmassation from	the organization	ŀ	3		
4 For any individual listed on line 1a, is the si									ine organization		ا م ا		X
and related organizations greater than \$15Did any person listed on line 1a receive or									Idual for eanuces	ŀ	4		Α_
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i>							eia	ted organization of indivi	dual for services		5		x
Section B. Independent Contractors	ipiete Scriedai	C J /	101 3	ucii	per	3011							
Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors	that received more than	\$100,000 of com	pens	ation 1	rom	-
the organization. Report compensation for													
(A)								(B)			(0		
Name and business	address	N	ON:	E				Description of s	ervices		ompe	nsatio	on
						_				—			
													_
O Total number of independent contractors (mahudina huk -	no+ 1-	m + -	\d +-	+	.co !-	C+-	d abovo) who received a	ore then				
2 Total number of independent contractors (\$100,000 of compensation from the organ		iot II	iiiite	ים נט		ose II O	અહ	u abovej who received fr	IOIE IIIAII				
\$100,000 of compensation from the organ		_	_			<u> </u>					Form	990	(2015)

		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
		Shookii Ganadala Gaara	Name a response	or note to uny in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
[편]		Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fire decision accepts	1c					
if the	d	. B. ()	1d					
9,5		Government grants (contribu	· ——					
ë ë	f		· —					į
he E	•	similar amounts not included abo		33,299.				
풀	~			33,233.				
SE	g	Total. Add lines 1a-1f	s ia- ii \$		33,299.			
<u> </u>		Total: Add into Ta 11		Business Code	337233			<u> </u>
	2 a	1		Dusiness Code				
<u>Ş</u> _	b							
Program Service Revenue	c							1
E S	d				<u> </u>			
P. P.	e							
ڇ	f	All other program service reve	enue					
		Total. Add lines 2a-2f		•				
	3	Investment income (including	dıvıdends, ınter	est, and				
		other similar amounts)		. •	92,981.			92,981.
- 1	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		▶ [
		•	(ı) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
-	С	Rental income or (loss)						
- [d	Net rental income or (loss)		>				
İ	7 a	Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory	485,048.					
	b	Less cost or other basis						
		and sales expenses	0.	<u> </u>				
	С	Gain or (loss)	485,048.					
į	d	Net gain or (loss)			485,048.			485,048.
e l	8 a	Gross income from fundraisin	ng events (not					
		including \$	of					
Ę		contributions reported on line	e 1c). See					
Other Reven		Part IV, line 18	a					
동	b	Less direct expenses	. b			ł		
-		Net income or (loss) from fund	-	. •				ļ <u> </u>
ł	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	. а					
		Less: direct expenses	. b	L				
		Net income or (loss) from gan		>				
ĺ	10 a	Gross sales of inventory, less		[
		and allowances	. а					
		Less. cost of goods sold	. Ь					i
}	c	Net income or (loss) from sale						
ŀ		Miscellaneous Revenu		Business Code				
ł	11 a							
	b							
	C				<u> </u>	-		
	d				· <u> </u>			
	e 12	Total revenue See instructions.			611,328.	0.	0 .	578,029.
		TOTAL TOTOMES COUNTINGEDUCTORS.						<u>, , , , , , , , , , , , , , , , , , , </u>

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) Management and general expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 141,000. 141,000. individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 21,448 16,086 5,362 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 18,589. 13,941 4,648 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 3,855 1,285 5,140 10 Payroll taxes Fees for services (non-employees): Management Legal 7,856. 7,856. Accounting C Lobbying Professional fundraising services. See Part IV, line 17 33,181 Investment management fees 33,181 Other. (If line 11g amount exceeds 10% of line 25, 4,907 4,907 column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 416 416. 13 Office expenses 2,733. 2,733. 14 Information technology Royalties 15 16. Occupancy 2,547 1,054 1,493. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,542 2,542 Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates 2,253 2,253 22 Depreciation, depletion, and amortization 664 664 23 Other expenses. Itemize expenses not covered 24 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.) 4,222 4.222. a DONATION POSTAGE 2,523. 2,506 1,867. 114. 1,753. PRINTING & COPYING 1,080. 1,080 d DEVELOPMENT 1,909 1,305 604. e All other expenses 254,877. 179,104 71,906 3,867. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2015)

if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 124,820. 51,433. Cash - non-interest-bearing <u> 257,673.</u> <u>434,016.</u> 2 Savings and temporary cash investments 250,000. 200,000. Pledges and grants receivable, net 3 30,319. 30,319. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 6,031. basis. Complete Part VI of Schedule D 6,852. 5,654 377. 10b b Less: accumulated depreciation 5,579,839**.** 5,058,953. 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 5,775,098. 6,249,503. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,821 1,307. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties ... 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 1,307. 2,821 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 642,723. <u>695,136.</u> Unrestricted net assets 4,469,357. 4,048,879. Temporarily restricted net assets 28 28 1,082,189. 1,082,189. Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ L and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 6,246,682. 33 5,773,791. 33 Total net assets or fund balances 6,249,503 5,775,098. Total liabilities and net assets/fund balances

Form 990 (2015)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2015)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Name of the organization

Employer identification number

		INTE	RNATIONAL	DOMINICAN FO	UNDAT	ION		7	2-1505381				
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	ıs part.) Se	ee instructions	3					
he	organi	zation is not a private found	ation because it is: (For lines 1 through 11, o	heck only	one box)							
1		A church, convention of chu)(A)(i).						
2		A school described in secti	on 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ))							
3	一	A hospital or a cooperative					i)_						
4	\Box	A medical research organiza					-	(iii), Enter	the hospital's name,				
•	_	city, and state	•	•			· · · · · · · · · · · · · · · · · · ·	•	•				
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a go	overnmental u	nıt describ	ed in				
•		section 170(b)(1)(A)(iv). (C		,	•	, ,							
6		A federal, state, or local gov		nental unit described in :	section 17	70(b)(1)(A)	(v).						
	$\overline{\mathbf{x}}$	An organization that normal	•				• •	ne general	public described in				
•		section 170(b)(1)(A)(vi). (Co	-	, , , , , , , , , , , , , , , , , , ,		•		J	F				
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	一	An organization that normal				contribution	ons members	hin fees a	nd gross receipts from				
•	_	activities related to its exem	•		•			•	•				
		income and unrelated busin	•						-				
		See section 509(a)(2). (Cor		(1000 00011011 011 11111)				Jun 11 2011 011					
10		An organization organized a	•	vely to test for public sa	fetv See	section 50)9(a)(4).						
11	一	An organization organized a	•	• ,	-			rry out the	purposes of one or				
		more publicly supported org	•	•	•			· .					
		lines 11a through 11d that of	-										
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	anization(s), t	ypically by	giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the direc	ctors or truste	es of the s	upporting				
		organization. You must c	omplete Part IV, Se	ections A and B.					•				
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by ha	ving				
		control or management of	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported				
		organization(s). You must											
С		Type III functionally inte	grated. A supportin	g organization operated	ın connec	tion with, a	and functiona	ly integrate	ed with,				
		its supported organization	n(s) (see instructions) You must complete l	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	ted organı	zation(s)				
		that is not functionally into	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	d an attent	veness				
		requirement (see instructi	ons) You must con	nplete Part IV, Sections	s A and D,	, and Part	V.						
е		Check this box if the orga	nization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III					
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation							
f	Ente	r the number of supported o	organizations			•							
_ 9	Prov	ide the following information		d organization(s).	Tea								
	(i) Name of supported organization	(ii) EIN	(described on lines 1-9	listed i	ın your	(v) Amount of support		(vi) Amount of other support (see				
		Organization		above (see instructions))		document?	Instruct	•	instructions)				
					Yes	No							
					}]							
							-						
			'										
					ļ	<u> </u>							
			ļ			ļ							
						 							
						[
				<u> </u>									
		ļ			}] .							
_													
Tot:	-1				1								

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 INTERNATIONAL DOMINICAN FOUNDATION 72-1505381 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")	432,025.	117,807.	316,515.	133,953.	33,299.	1,033,599.
2	Tax revenues levied for the organ-			;			
	ızatıon'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	432,025.	117,807.	316,515.	133,953.	33,299.	1,033,599.
5							
	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)						296,622.
6	Public support. Subtract line 5 from line 4						736,977.
	ction B. Total Support	-					
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	432,025.			133,953.	33,299.	1,033,599,
8	Gross income from interest,		•			7	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	121,492.	129,540.	119,550.	134,146.	92,981.	597,709.
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	Total support. Add lines 7 through 10						1,631,308.
12		etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	·
	organization, check this box and stop	•				· · · · · ·	
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (line 6, column (f) d	vided by line 11, o	column (f))		14	45.18 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	49.14 %
16a	33 1/3% support test - 2015. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	n			$\triangleright X$
t	33 1/3% support test - 2014. If the				line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation .			ightharpoons
178	10% -facts-and-circumstances tes	t - 2015. If the org	janization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			· ·			. ▶□
ŀ	10% -facts-and-circumstances tes	_	· ·		_	17a, and line 15 is	10% or
	more, and if the organization meets t	_				·	
	organization meets the "facts-and-cire				-		▶□
18	Private foundation. If the organization				-		s •
						edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2015 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 fail	ls to
gualify under the tests listed below, places complete Bott II.)	

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						ł
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	ı					
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to					1	
	or expended on its behalf		į				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
•	3 received from disqualified persons						
t	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						
	Public support. (Subtract line 7c from line 6)						1
	ction B. Total Support		1				
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
_	Gross income from interest,						
	dividends, payments received on	1					
	securities loans, rents, royalties and income from similar sources	1					
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses					1	
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization	s first_second_thi	rd. fourth, or fifth t	ax vear as a section	on 501(c)(3) organi	zation.
	check this box and stop here	ano organization	oo., oooo,		,		▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (column (f))		15	%
16	Public support percentage from 2014					16	%
	ction D. Computation of Inves			<u> </u>			
	Investment income percentage for 20					17	%
18	Investment income percentage from:			, (, //	•	18	%
_	a 33 1/3% support tests - 2015. If the			on line 14, and lin	e 15 is more than	· · · · · · · · · · · · · · · · · · ·	
130	more than 33 1/3%, check this box a						▶ []
	o 33 1/3% support tests - 2014. If the						and
	line 18 is not more than 33 1/3%, che	-					. —
20	Private foundation. If the organization		-				

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Section A	A. All	Supporting	Organizations
-----------	--------	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

,		Yes	No
		1	
	1		
	_2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c_		
	_ =-		
	<u>5</u> a		
	5b		
	5c		
	6		ļ
	7		
	8		
	9a_		
	9b		
	9c		\vdash
	10a	 	
	10b	20 57	2 0045

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

Schedule A (Form 990 or 990-EZ) 2015

instructions).

	dule A (Form 990 or 990 EZ) 2015 INTERNATIONAL			2-1505381 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
<u>Sect</u>	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		···
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
<u>_6</u>	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
<u>10</u>	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
a				
b				
С			,	
d	From 2013			
_ е	From 2014			
f	Total of lines 3a through e			
_ 9	Applied to underdistributions of prior years			
_ h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
_ j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,		*	
_	line 7: \$			
_ a	Applied to underdistributions of prior years			
_ b	Applied to 2015 distributable amount			
_ с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3			
	and 4c			
8	Breakdown of line 7:			
a				
<u>-</u> _b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A													150538	
Part VI	Part I\	/, Section	n A, lines 1	, 2, 3b,	3c, 4b, 4d	c, 5a, 6, 9	a, 9b, 9c,	11a, 11	b, and 11c	; Part IV, S	ection B	e 17a or 17b, P , lines 1 and 2, ; Part V, Sectio	art III, line 12 Part IV, Sect	, tion C,
	Section	n D, lines	5, 6, and	8; and	Part V, Se	ction E, I	ines 2, 5, a	and 6. A	dso comple	te this par	t for any	additional info	rmation.	
PART I	Ξ, ς	HORT	YEAR	EXE	LANA	rion:					_			
THE 20)15 E	FORM	990 I	SA	SHORT	YEA	R DUE	THE	ORGA	NIZAT	ION I	ELECTI <u>N</u> G	TO	
CHANGE	ITS	YEA	R-END	TO	A 12,	/31 Y	EAR-E	ND.	PREVI	OUSLY	THE	YEAR-EN	D WAS	
3/31.	-													
											=			
									.					
										.				
														
						·						 		
											·		<u>-</u>	
												·		
													VI	
							 -						•	
			_				<u>.</u>							
							<u>.</u>				=			
											=			
								-						
			_											
														
		_										<u> </u>		_
			-				_							
	_		.										· · · · · · · · · · · · · · · · · · ·	
		<u></u>					_							

SCHEDÜLE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL DOMINICAN FOUNDATION

Employer identification number 72-1505381

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		. Yes No
Par	t II Conservation Easements. Complete if the organization	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	on (check all that apply).	
	Preservation of land for public use (e.g , recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
Do	conservation easements.	6 Art. Historical Transuras, or O	than Cimilan Acceta
Pai	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ex	•	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
D	If the organization elected, as permitted under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in turtherance of pur	blic service, provide the following amounts
	relating to these items.		. .
	(i) Revenue included on Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X		S
2	If the organization received or held works of art, historical tre		ı gairi, provide
_	the following amounts required to be reported under SFAS 1	To (ASC 930) relating to these items:	L ¢
a	Revenue included on Form 990, Part VIII, line 1		•
D	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

		TIONAL DOM				<u> 150538</u>		<u>age 2</u>
Par	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Similar A	ssets(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant use o	fits collectio	n item	s
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's ex	empt purpose in	Part XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simil	ar assets			_
	to be sold to raise funds rather than to be ma					Yes	L_	No
Par	t IV Escrow and Custodial Arran		ete if the organization	n answered "Yes" o	n Form 990, Par	t IV, line 9, o	•	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	is or other assets no	ot included			7
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.					
						Amoun	t	
c	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year		•		1e			
f	Ending balance	•	•		1f			
2a	Did the organization include an amount on F				-	Yes	Ļ	No
	If "Yes," explain the arrangement in Part XIII.							<u>] </u>
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	ack (e) Fou	r years	back
1a	Beginning of year balance	1,454,956.	1,374,588.	1,238,135	3,677,4	73. 3	,399,	946.
b	Contributions						250,	000.
C	Net investment earnings, gains, and losses	<44,127.	> 80,368.	136,453	. 60,6	62.	141,	974.
d	Grants or scholarships				_		79,	000.
е	Other expenditures for facilities							
	and programs				2,500,0	00.		
f	Administrative expenses						35,	447.
g	End of year balance	1,330,461.	1,454,956.	1,374,588	1,238,1	35. 3	677	<u>473.</u>
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g, column (a	a)) held as				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment ► 75.30	%						
C	Temporarily restricted endowment ▶ 2	<u>4.70</u> %						
	The percentages on lines 2a, 2b, and 2c sho	-						
3a,	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administered for	the organization			
	by:						Yes	<u>No</u>
	(i) unrelated organizations					3a(i)		<u>X</u>
	(ii) related organizations					3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organiza	•				3b		
4	Describe in Part XIII the intended uses of the		owment funds					
Pai	rt VI Land, Buildings, and Equipm							
	Complete if the organization answere		T			•		
	Description of property	(a) Cost or o		', '	Accumulated	(d) Boo	k valu	е
		basis (investr	nent) basis	(other) d	epreciation			
	Land					 		
b	Buildings					ļ		
C	Leasehold improvements							
	Equipment					-		
	Other		1	6,031.	5,654.			<u>77.</u>
Tota	 Add lines 1a through 1e. (Column (d) must e 	equal Form 990. Part	X. column (B), line	10c.)		ĺ	- 3	77.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" o				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o				-f dtb
(a) Description of investment	(b) Book value	(c) Method of V	aluation Cost or end	-ot-year market value
(1)				<u> </u>
(2)				
				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	•			
	- C 000 Dort IV	line 11d Cae Form 000	Dort V. line 15	
Complete if the organization answered "Yes" o	escription	, line 11d. See Form 990,	Part X, line 15	(b) Book value
	escription	 -		(b) Book value
(1)				
(2)				
(3)	<u> </u>		- *	
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)			
Part X Other Liabilities.	13)			***
Complete if the organization answered "Yes" o	n Form 990 Part IV	line 11e or 11f. See Ford	m 990 Part X line 25	
(a) Decoration of liability	111 01111 000, 1 411 14	(b) Book value	1 555, 1 4717, 1110 25	
(1) Federal income taxes	-	(-/		
(2)			†	
			†	
(3)			1	
			1	
(5)			-	
(6)			1	
(7)			1	
(8)			1	
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)		1	
i otal. (Column (b) must equal rollin 330, rait A, col (b) line			1	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 INTERNATIONAL DOMINICAN FOU	NDA	TION	72-1	.505381 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1 1	<251,195.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	•		
a	Net unrealized gains (losses) on investments	2a	<829,342	.b	
b	Donated services and use of facilities	2b	, , , , , , , , , , , , , , , , , , , ,	1	
c	Recoveries of prior year grants	2c		7	
٦	Other (Describe in Part XIII)	2d		1	
_	Add lines 2a through 2d		·	7 2e	<829,342.
3	Subtract line 2e from line 1			3	578,147.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	•	• • •		3,0,11,,
٠,	Investment expenses not included on Form 990, Part VIII, line 7b	4a	33,181		
- h	Other (Describe in Part XIII.)	4b	33/101	7	
	Add lines 4a and 4b	40	<u> </u>	- 4c	33,181.
_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		•	5	611,328.
Par	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts V	With Expenses ne		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	,,,,,	with Expenses pe	. Hetai	•••
					221 606
1	Total expenses and losses per audited financial statements			1	221,696.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 _	l		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	_2b_			
С	Other losses	2c		-	
d	Other (Describe in Part XIII)	_2d		-	•
е	Add lines 2a through 2d .			2e	0.
3	Subtract line 2e from line 1			3	221,696.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	33,181	<u>.</u>	
b	Other (Describe in Part XIII.)	4b_		4	
С	Add lines 4a and 4b			4c	33,181.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	254,877.
	rt XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part I	V, lines	s 1b and 2b, Part V, line	4, Part >	(, line 2, Part XI,
lınes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional ir	nformation.		
	<u> </u>				
PAI	RT V, LINE 4:				
THE	E TEMPORARILY RESTRICTED FUNDS (I.E., THE E	ARN	INGS FROM T	HE PE	RMANENT
	.,				
<u>FUI</u>	NDS) ARE DESIGNATED TO BE USED TO PROVIDE F	UND	S TO THE AND	GELIC	:UM
<u>UN:</u>	IVERSITY IN ROME, ITALY, SO THAT THE UNIVER	RSIT	Y IS ABLE TO	O PRC	VIDE
SUI	PPORT TO PROFESSORS AND SCHOLARSHIPS TO SEM	IINA	RIANS AND L	AY SI	UDENTS.
PAI	RT X, LINE 2:				
THE	E FOUNDATION IS EXEMPT FROM FEDERAL INCOME	TAX	ES UNDER SE	CTION	501(C)(3)
OF	THE INTERNAL REVENUE CODE.				
THE	E ACCOUNTING STANDARD ON ACCOUNTING FOR UNC	ERT	AINTY IN IN	COME	TAXES
		··-			
ADI	DRESSES THE DETERMINATION OF WHETHER TAX BE	<u>NE</u> F	ITS CLAIMED	OR E	XPECTED TO
53205- 09-21-	4			- "	ule D (Form 990) 2015
	20				

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Statement of Activities Outside the United States

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

► Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization

Employer identification number

INTERNATIONAL D	OMINTCAN	FOUNDAT	ION	72-150538	31
			tside the United States. Comple		
Form 990, Part IV			·		
			ds to substantiate the amount of its gr		
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes X No
2 For grantmakers. Described United States	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance out	side the
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,			GRANTS TO RECIPIENTS IN		
AUSTRIA, BELGIUM	0	0	REGION	EDUCATIONAL & RELIGIOUS	93,000.
MIDDLE EAST AND			GRANTS TO RECIPIENTS IN		
NORTH AFRICA	0	o	REGION	EDUCATIONAL & RELIGIOUS	48,000.
EUROPE (INCLUDING			FUNDRAISING; RECEIVED GRANT		
ICELAND & GREENLAND)	0	0	DF \$6,000		0.
	:				
					-
					1
3 a Sub-total	0	0			141,000.
b Total from continuation					
sheets to Part I		0			0.
c Totals (add lines 3a					
and 3b)	<u> </u>	·			141,000.
LHA For Paperwork Reduct	ion Act Notice,	see the instruc	tions for Form 990.	Schedule F	(Form 990) 2015

532071

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2015

(i) Method of valuation (book, FMV, appraisal, other)							
(h) Description of non-cash assistance							
(g) Amount of non-cash assistance	0	0	0				xempt by ▶
(f) Manner of cash disbursement	WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	19			recognized as tax-e
(e) Amount of cash grant	93.000	000	21,000,			,	foreign country,
(d) Purpose of grant	SCHOLARSHIPS FOR SEMINARIANS AND LAY STUDENTS	BIBLE RESEARCH-FRENCH EDITION, WEBSITE DESIGN	LIBRARY AND INFORMATION TECHNOLOGY DEVELOPMENT				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
(c) Region	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA ANDORRA	SAST AND FRICA - BAHRAIN, EGYPT				!	ns listed above that are el has provided a section
(b) IRS code section and EIN (if applicable)							recipient organizatio
1 (a) Name of organization							2 Enter total number of the IRS, or for which t

Schedule F (Form 990) 2015

Enter total number of other organizations or entities

က

72-1505381

Page 3

INTERNATIONAL DOMINICAN FOUNDATION

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 Schedule F (Form 990) 2015

(a) Type of grant or assistance (b) Region	(a) 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)

Schedule F (Form 990) 2015

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2015

Yes

X No

X No

6

Foreign Partnerships (see Instructions for Form 8865)

Instructions for Form 5713; do not file with Form 990)

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 PART I, LINE 2: THE GRANTMAKING PROCESS REQUIRES THAT THE GRANTEES SUBMIT A REQUEST IN WRITING FOR THEIR NEEDS. ALL GRANTS ARE RESTRICTED TO THE PROJECTS OF THE DOMINICAN ORDER OF THE ROMAN CATHOLIC CHURCH. THE REQUESTS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE FUNDS ARE WIRED TO THE BANK ACCOUNT OF THE PROJECT IN THE COUNTRY WHERE THE PROJECT IS LOCATED. FUNDING IS PERIODIC AND IN VARYING AMOUNTS. GRANTEES ARE REQUIRED TO SUBMIT WRITTEN PROGRESS REPORTS THAT ARE REVIEWED BY THE BOARD OF DIRECTORS. WHEN ANY PROJECT IS COMPLETED, THE BOARD WILL RECEIVE A WRITTEN REPORT ABOUT THE USE OF FUNDS. VISITS ARE MADE ON A PERIODIC BASIS TO THE DOMINICAN PROJECTS BY MEMBERS OF THE BOARD OF DIRECTORS TO OVERSEE THE PRUDENT USE OF GRANTED FUNDS. THE FOUNDATION POLICY REQUIRES THAT ANY UNUSED FUNDS WOULD BE RETURNED.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. ► Information about Schedule O (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

INTERNATIONAL DOMINICAN FOUNDATION

Employer identification number 72-1505381

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
FUTURE GENERATIONS OF CLERGY AND LAYPERSONS IN ADVANCING BIBLICAL,		
THEOLOGICAL, AND INTER-RELIGIOUS RESEARCH THROUGH ITS INSTITUTIONS IN		
JERUSALEM, ROME, AND CAIRO. THE ECOLE BIBLIQUE, THE PONTIFICAL		
UNIVERSITY OF ST. THOMAS AQUINAS (THE ANGELICUM, AND THE DOMINICAN		
INSTITUTE OF ORIENTAL STUDIES OR IDEO. THE FOUNDATION'S MISSION IS TO		
SUPPORT THESE PROJECTS THROUGH COLLABORATIVE OUTREACH IN THE UNITED		
STATES, THROUGH THE SOLICITATION AND THE MANAGEMENT OF ASSETS, AND THE		
PROMOTION OF THE WORKS OF THESE THREE PROJECTS.		
FORM 990, PART VI, SECTION A, LINE 2:		
BOARD SECRETARY DR. JOHN PATRICK JORDAN IS MARRIED TO BOARD MEMBER MRS.		
LOUISE H. JORDAN.		
FORM 990, PART VI, SECTION B, LINE 11:		
THE FORM 990 IS SENT TO ALL BOARD MEMBERS IN ADVANCE OF THE ANNUAL MEETING.		
IT IS REVIEWED AND APPROVED EVERY YEAR AT THE ANNUAL BOARD OF DIRECTORS		
MEETING HELD IN JUNE.		
FORM 990, PART VI, SECTION B, LINE 12C:		
BOARD MEMBERS ARE REQUIRED TO SUBMIT AN ANNUAL SIGNED STATEMENT OF		
COMPLIANCE WITH THE FOUNDATION'S CONFLICT OF INTEREST POLICY, THESE		
STATEMENTS ARE REVIEWED AT THE ANNUAL BOARD MEETING TO ENSURE THERE IS NO		
CONDITOR OF INTEREST RETWEEN ROADD MEMBERS AND THE FOUNDATION		

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization INTERNATIONAL DOMINICAN FOUNDATION	Employer identification number 72-1505381
ALL THEODMARTON TO AVAILABLE UDON DEGUERR	
ALL INFORMATION IS AVAILABLE UPON REQUEST.	
HORN OOG BIRM WIT TIME OG	
FORM 990, PART XII, LINE 2C	
NO CHANGE FROM THE PRIOR YEAR.	