C2.E 950

₅₀₀ 990-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)

2017

OMB No. 1545-1150

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

Department of the Treasury

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Internal Revenue Service On the www.ins.gov/ronnessoe2 for insuractions and the latest information.							
		2017 calendar year, or tax year beginning , 2017, and ending	, 20				
_	heck if ap	· I · · ·	imployer identification number				
=	Address c	Ciena or the polimical Kehabic	54-1910233				
_	Name cha nitial retur		E Telephone number				
=		4512 Park Rd	703-354-9225				
=	Amended	City or town, state or province country and 71P or foreign postal code	oup Exe	emption			
	Application	n pending Alexandria, VA 22312 Nu	mber	•			
G A	ccount	ting Method: Cash Accrual Other (specify) ► H Check	▶ □	if the organization is not			
I W	/ebsite	http://www.fotdr.org require	d to at	tach Schedule B			
J Ta	ах-ехеп	npt status (check only one) —	990, 99	0-EZ, or 990-PF).			
		organization: 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other					
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	5				
(Par	t II, coli	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ 5	\$			
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ction	s for Part I)			
		Check if the organization used Schedule O to respond to any question in this Part I					
	1	Contributions, gifts, grants, and similar amounts received	11	53,914			
	2	Program service revenue including government fees and contracts	2	00,014			
	3	Membership dues and assessments	3	1,215			
	4	Investment income	4	12,928			
	5a		٠	12,320			
	Ь	Less: cost or other basis and sales expenses	<u> </u>				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0			
	6	Gaming and fundraising events	1-2-	<u> </u>			
	1	Gross income from gaming (attach Schedule G if greater than	1				
Revenue	а	\$15,000)	0				
Vei	b	Gross income from fundraising events (not including \$of contributions	Į.				
æ	Į.	from fundraising events reported on line 1) (attach Schedule G if the	1				
	•	sum of such gross income and contributions exceeds \$15,000) 6b	이	ļ			
	С	Less: direct expenses from garning and fundraising events 6c	0				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract					
	,	line 6c)	6d	0			
	7a	Gross sales of inventory, less returns and allowances	0				
	ь	Less: cost of goods sold	0				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0			
	8	Other revenue (describe in Schedule O)	8				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	68,057			
	10	Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Salaries, other compensation, and employee benefits 1. 2018	10	23,923			
	11	Benefits paid to or for members	11	1,483			
	12	Salaries, other compensation, and employee benefits	12	0			
38	13		13	777			
Expenses	14	Occupancy, rent, utilities, and maintenance	14	0			
ă	15	Printing, publications, postage, and shipping	15	863			
	16	Other expenses (describe in Schedule O)	16	1,194			
	17	Total expenses. Add lines 10 through 16	17	28,240			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	39,817			
ets	19	Net assets or fund balances at beginning of year (from fine 27, column (A)) (must agree with		35,017			
Net Assets	1	end-of-year figure reported on prior year's return)	19	373,565			
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	36,780			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21				
	141	reclasses of fulld balances at end of year. Confibilite lines to unough 20	121	450,162			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642

Form 990-EZ (2017

Da	Balance Sheets (see the instructions for	or Part II)				····
га	Check if the organization used Schedule		v augetion in this	Port II		П
	Office II the Organization used Schedule	O to respond to a	iy quesiton an titis	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		}	373,565	_	450,162
23	Land and buildings				23	430,102
24	Other assets (describe in Schedule O)				24	0
25	Total assets			373,565		450,162
26	Total liabilities (describe in Schedule O)				26	430,102
27	Net assets or fund balances (line 27 of column	(R) must agree with	line 21)	373,565		450,162
Par			 		<u></u> L.	430,102
ıaı	Check if the organization used Schedule	•		-		Expenses
Mhai	is the organization's primary exempt purpose?					uired for section
						c)(3) and 501(c)(4) nizations; optional for
Desc	ribe the organization's program service accomplis leasured by expenses. In a clear and concise ma	inments for each of	rits three largest p	rogram services,	othe	
	neasured by expenses. In a clear and concise ma ons benefited, and other relevant information for ea		s services browner	i, the humber of		•
	· · · · · · · · · · · · · · · · · · ·		hat provided assists	non to 2500 hono		T
20	Community Challenge Fund funded seven projects in ficiaries. Efficient cook stoves were built in 95 house					
	benefitted an entire community.	noios, 25 cement no	ors were contracted	. I Sports court		
	(Grants \$ 16,557) If this amount i	includes foreign gra	nte check hara		28a	16,557
20	Our smaller Program Support Fund provides funding			oir communities	200	10,557
29	Software licenses provided to produce monthly news					
			A Community Cent	er was built with		
	PSF funds; also a school conference to assist PCVs a (Grants \$ 4,105) If this amount		nto obook hom		29a	4,105
20					230	4,105
30	Pilot university scholarship program concluded succ			ity of former	İ	
	documentary film about the Peace Corps. Produced				j	
	Volunteers to keep them informed of our activities an (Grants \$ 3,761) If this amount				30a	3,761
24	(Grants \$ 3,761) If this amount Other program services (describe in Schedule O)	ilikudes loreigi i gra	into, Check Here .	· · ·	500	3,/61
31		includes foreign gra	nte chack hara		31a	
32	Total program service expenses (add lines 28a t		its, check here		32	24,423
Par						
гаг	Check if the organization used Schedule				Nu 0.	
	Check if the organization used schedule		(c) Reportable	(d) Health benefits.	Ť	••••
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		Estimated amount of ther compensation
		devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	benefit plans, and deferred compensation		iuler compensation
	James .				+	
	Herman	10	1	<u>, </u>		0
Presi		10	'	,	┪	
	Hainley	•			0	0
	President & Co-Chair Growth Committee	2		0	┧╴	
	e Jorgensen	40			0	0
	bership & Database Manager	10		' 	╨	
	Evans	40				•
Treas		10	<u> </u>	 	4	
	y Mauer				٦	•
Secr		2		<u> </u>	<u> </u>	<u></u>
	Epler 5 10 11 5 10 11 11 11 11 11 11 11 11 11 11 11 11		İ	.]		•
	, Community Challenge Fund Committee	6		0	0	<u>u</u>
	Baehr	_		_]		
	, DR Local Committe and Program Support Fund	6		<u> </u>	9	
	en Abreu	_		_		_
	r, Electronic newsletter La Voz	3		0	9	
	Shrefler			_		_
	sletter Distribution & Comm Challenge Committee	2		0	9	
	n Stine		1		1	
	hair Growth Committee	2		0	<u> </u>	0
	wen Raff, Liaison Nat'l Peace Corps Assoc	}	1			
	stina Houtz, Topher Vollmer, Alanna Hughes,	2		0	0	
Chris	stopher MacAlpine-Belton, Tim Durrigan,		1	Į		
lores	my O'Brian Directors	1 2	1	ni	ol	C

ABO

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П
	induditions for that 4,7 criscal in and organization about confedence to the foodbase to any quotient in and		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
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 tines 2, 6a, and 7a, among others)?	35a		1
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		
С	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			
b	Did the organization file Form 1120-POL for this year?	37b		
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
_	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a		
ъ 39	Section 501(c)(7) organizations. Enter:			[
a	Initiation fees and capital contributions included on line 9			•
b	Gross receipts, included on line 9, for public use of club facilities			l
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	401		
_		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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	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		1
41	List the states with which a copy of this return is filed ▶ None. VA does not ask for the 990 in required annual rep	ort.		
42a	The organization's books are in care of ▶ John D. Evans Telephone no. ▶	/03-35	4-922	5
	Located at ► 4512 Park Rd, Alexandria, VA ZIP + 4 ►	22312		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	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 United States? . If "Yes," enter the name of the foreign country:	42c	<u> </u>	
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	• •	lv	
440	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44a	completed instead of Form 990-EZ	44a		1
Ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	-	1
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	1		1
AF-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	├	1
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		1

46	Did ti	ne organization erngage, directly or in	adirectly in political o	amnainn activitice	on behalf	of or	in annaci	tion [Yes	No
	to ca	ndidates for public office? If "Yes," o	complete Schedule C	, Part I			· · ·		46		1
Part \	//	Section 501(c)(3) organizations	s only								
		All section 501 (c)(3) organization	s must answer que	stions 47-49b ar	id 52, and	d con	nplete th	e tabl	es fo	or line	35
		50 and 51. Check if the organization used Sal	hadula O ta saassas		- ALC - D						_
		Check if the organization used Sci	nequie O to respond	to any question i	n this Pan	VI	 .		• •	Yes	<u> </u>
47	Did t	ne organization engage in lobbying	activities or have a	section 501(h) elec	tion in eff	ect di	uring the	tax [Tes	No
	year?	If "Yes," complete Schedule C, Par						1	47		ſ
48	Is the	organization a school as described in							48		7
49a	Did th	e organization make any transfers to	o an exempt non-cha	ritable related orga				-	49a		1
		s," was the related organization a se							49b		
50	Comp	plete this table for the organization's pyees) who each received more than	five highest compen	sated employees (other than	office	rs, directo	ors, tru	ustee	s, and	d key
	empic	yees) who each received more than		T			enefits.	e, ente	3F 1N	one.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	tions to	employee nd deferred	(e) Est othe		d amou pensati	
NONE					 -	прска	auon	 -		· · ·	
TOME	~			1			1				
								······································			
					į		İ				
*******		·		1	}		1				
							-		•		
					ŀ						
51	Comp	number of other employees paid ovolete this table for the organization' 000 of compensation from the orga	s five highest compe	ensated independe	nt contrac	tors	who each	recei	ived	more	than
	(a)	Name and business acidress of each independ	lent contractor	(b) Type of	service		(c)	Compe	ensatio	on.	
NONE											
						-					
				,		ı					
											
						İ					
									•		
							·-·				
	Takal										
		number of other independent contra he organization complete Schedu	-		. ► noitetian	C POI					
					-			.▶☑	Yes		do
Jnder pe	nalties	of perjury, I declare that I have examined this r	etum, including accompan	ying schedules and state	ements, and t	o the b					it is
rue, com	ect, and	complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepar	er has any kr	owledo	j e.				
		John A. E	vou			L	6-	6-	18	<u>, </u>	
Sign	ļ	Signature of officer				Date					
Here		John D. Evans, Treasurer Type or port name and title									
	December of Street and Date and Date							, P	TIN		
Paid		тино туро реориного такино					Check self-emplo				
Prepa Use (Firm's name ▶		·	******	Firm's	s EIN ▶				
	لــــــــــــــــــــــــــــــــــــــ	Firm's address ▶				Phon	e no.				
Mayth	A 100	discuse this return with the prepare	r shown above? See	ineta etione					Vac		ماد

Form 990-EZ (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Friends of the Dominican Republic Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 1706M1/A/66. Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An actricultural research organization described in section 170(b)(1)(A)(bx) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 331/5% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331,6% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated, A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s), (i) Name of supported organization (mi) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

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

(Complete Only if you checked the box on line 10 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		notod bore	ow, picase co	inpicto i arti		
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	45421	40323	47264	39540	40129	212677
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	435	0	0	0	0	435
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	
4	Tax revenues levied for the					-	0
	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 organization without charge	o	o	o	o	0	O
6	Total. Add lines 1 through 5	45856	40323	47264	39540	40129	213112
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	19406	8045	9731	10408	10623	58213
b	Amounts included on lines 2 and 3	13400	8043	3/31	10400	10023	302.13
	received from other than disqualified	}				j	
	persons that exceed the greater of \$5,000	}				ì	
	or 1% of the amount on line 13 for the year	o	ol	ol	o	0	.0
C	Add lines 7a and 7b	19406	8045	9731	10408	10623	58213
8	Public support. (Subtract line 7c from						-
	líne 6.)						154899
	on B. Total Support			···			
	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	45856	40323	47264	39540	40129	213112
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	10634	14910	-8203	12521	12928	42790
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c	Add lines 10a and 10b	10634	14910	-8203	12521	12928	42790
11	Net income from unrelated business activities not included in line 10b, whether 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	j	Ì)	
	(Explain in Part VI.)	o	o	o	45	0	45
13	Total support. (Add lines 9, 10c, 11, and 12.)	56490	55233	39061	52106	53057	255947
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization		d, third, fourth		ear as a section	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8			3, column (f))		15	60.52 %
16	Public support percentage from 2016 Sch		•			16	63.61 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2017 (ine 10c, colum	n (f) divided by	y line 13, colun	nn (f))	17	16.72 %
18	Investment income percentage from 2016					18	13.46 %
19a	331a% support tests-2017. If the organi						
	17 is not more than 331/2%, check this box	-	_	•		_	
b	331/2% support tests - 2016. If the organiz line 18 is not more than 331/2%, check this l						
20	Private foundation. If the organization di	d not check a	oox on line 14,	, 19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🗌

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A	, Part III, Line 1, Column (e) Note the amount reported for 2017, \$40,129, does not include a one-time, "unusual" gift
of \$15,000.	This extraordinary gift is reported on Schedule B and Form 990EZ, Line 1, but is not included in the 2017 public support test.

	· · · · · · · · · · · · · · · · · · ·

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.

2017

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Go to www.irs.gov/Form990 for the latest information.

Friends of the Dominican Republic	54-1910233
Part I Line 20 Other changes in net assets or fund balances	
Due to favorable conditions in the stock market overall, the net asset values (NAV) of our investments	increased significantly in 2017, as
reported to us on our quarterly statements. The overal change in NAV was a positive \$36,780.	
Part IV Friends of the Dominican Republic is an all Volunteer organization. We have no employees.	
Part III Statement of Public Service Accomplishments	
The grant activities summarized in Part III all took place in the Dominican Republic. However, these sh	nould not be construed as "foreign"
grants, because the funds were actually channelled directly through the Peace Corps Partnership Prod	gram, which is part of Peace Corps
headquarters in Washington. Once transferred, the funds are considered to be Peace Corps funds and	d are used by Volunteers and their
counterparts to improve their homes and communities.	
Part I Line 16 Other Expenses	
The organization incurred "other expenses" in the amount of \$1194. The majority of these expenses a	re for contractors who provide
website hosting, domain name updating and website content updates. The remainder are small fees for	or Pay Pal and Network for Good, the
Virginia Corporation Commission, as well as software licenses and updates, and other typical adminis	trative expenses.

