Form	990-EZ	

Short Form

OMB No. 1545-1150

2014

Return of Organization Exempt From Income Tax

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

			Do not enter social securi	ity numbers on this	form as it may be made p	ublic.	Open to Public
		f the Treasury nue Service	Information about Form 99	00-EZ and its instru	ctions is at www.irs.gov/fo	orm990.	Inspection
A F	or the	2014 calenda	r year, or tax year beginning	01/01	, 2014, and ending	12/3	1 , 20 14
Bc	heck if ap	oplicable:	C Name of organization			D Employer	identification number
	Address c	-	GREATER WASHINGTON FRIENDS		· _		52-1732179
	Name cha	•	Number and street (or P.O. box, if mail is no	ot delivered to street ad	dress) Room/suite	E Telephone	number
	nitial retur	rn n/terminated	PO Box 15875				
	Amended		City or town, state or province, country, and	ZIP or foreign postal c	ode	F Group Ex	emption
		n pending	Washington, DC, 20003-0875			Number	▶
G A	ccount	ting Method:	Cash Accrual Other (spec	cify) 🕨	ŀ	Check 🕨] if the organization is not
	/ebsite		fosalone.org				ttach Schedule B
JTa	ax-exen	npt status (che	ck only one) – 🔽 501(c)(3) 🗌 501(c) (() ◀ (insert no.)	4947(a)(1) or 527	(Form 990, 9	90-EZ, or 990-PF).
			Corporation Trust	Association	Other		
LA	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts				
(Par	t II, coli	umn (B) belov) are \$500,000 or more, file Form 990 i	nstead of Form 990-	ΞΖ	🕨	\$ 41,786
Pa	art I	Revenu	e, Expenses, and Changes in	Net Assets or F	und Balances (see th	e instructior	
		Check if	the organization used Schedule (O to respond to a	ny question in this Part	Ι	
	1		ns, gifts, grants, and similar amour		• •		27,867
	2		ervice revenue including governmer				11,846
	3	-	p dues and assessments			3	0
	4	Investment	-			4	5
	5a		unt from sale of assets other than i	nventory	5a	0	
	b		or other basis and sales expenses			0	
	с		s) from sale of assets other than in		· · · · · ·	5c	0
	6		fundraising events				
Ō	а		ome from gaming (attach Scheo		1 1		
Revenue	L				· · 6a	0	
eve	b		me from fundraising events (not inc aising events reported on line 1) (a		of contributio	JIIS	
Ĕ			h gross income and contributions				
	~		•			0	
	c d		t expenses from gaming and fundra e or (loss) from gaming and fundra	•		ubtract	
	u	line 6c)			mies va anu ou anu s		_
	7-	,			· · · · · · · · · · · ·	• • • 6d	0
	7a b		s of inventory, less returns and allow		7a 7b	958	
	-		of goods sold			591	0/7
	с 8						367
	о 9		nue (describe in Schedule O) nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c	 and 8		· · · ○	1,110
	9 10		similar amounts paid (list in Sched				41,195
	11		id to or for members				
ŝ	12		her compensation, and employee t				0
se	12		al fees and other payments to indep				0
Expenses	13 14		r, rent, utilities, and maintenance				
ЦЦ	14 15		blications, postage, and shipping				338
							1,573
	16 17		nses (describe in Schedule O)			<u></u> 16	
	17		nses. Add lines 10 through 16 .				40,316
șts	18 19		deficit) for the year (Subtract line 1	,			879
SSE	19		or fund balances at beginning of r figure reported on prior year's ret				
Net Assets	00	-					
Ne	20		ges in net assets or fund balances				0
	21	Net assets	or fund balances at end of year. Co	ombine lines 18 th	rough 20	🕨 21	28,057

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Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to an	ny question in this l	Part II....		🗌
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments					28,057
22 Cash, savings, and investments 27,178 22 23 Land and buildings 0 23 24 Other assets (describe in Schedule O) 0 24 25 Total assets 27,178 25 26 Total liabilities (describe in Schedule O) 0 24 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27,178 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27,178 27 28 Statement of Program Service Accomplishments (see the instructions for Part III) Expense: Required for sec stick) What is the organization's primary exempt purpose? See Schedule O, Statement 1 Check if the organization are organized for sec stick) organization; or organization; or organs service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 Friends of Siera Leone directed special projects and provided small grants to organizations that are providing direct humanitarian aid or community development in Siera Leone. (500 people) orthers.) 28a 29 Through its newsletter and other mailings, Friends of Siera Leone helped to keep members up to date on even				0		
			<u> </u>	-		0
						28,057
						0
		.,	,		27	28,057
Par	Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II I 22 Cash, savings, and investments 22 28.057 23 Land and buildings 23 0 24 Other assets (describe in Schedule O) 0 24 0 25 Total assets 27.178 22 28.057 26 Total assets 27.178 25 28.057 27 Total assets 27.178 25 28.057 26 Total assets 27.178 27 28 28.057 27 Total assets 27.178 27 28.057 28 Total assets 27.178 27 28.057 29 Total assets 10 27.178 27 28.057 29 Total assets 11 <td< td=""></td<>					
Part II Balance Sheets (see the instructions for Part II)						
as n	neasured by expenses. In a clear and concise m	anner, describe the			•	
28	Friends of Sierra Leone directed special projects and	d provided small grar	nts to organizations t	hat are		
	providing direct humanitarian aid or community dev	elopment in Sierra Le	one. (500 people)			
	(Grants \$ 20,416) If this amount	includes foreign gra	nts, check here .	🕨 🗹	28a	100
29	Through its newsletter and other mailings, Friends o	f Sierra Leone helped	d to keep members u	p to date on		
	events in Sierra Leone and the organization's efforts	to provide assistance	e in the country. (300) members)		
					29a	1,573
30						
	the general public concerning the history, culture, and	nd current events in S	Sierra Leone. (200 me	embers)		
					~~	
					30a	12,738
31					21-	
32						
r ar					Silu	
		•			<u> </u>	· · · · <u> </u>
	(a) Name and title	hours per week	(Forms W-2/1099-MISC)	benefit plans, and	Ċ	
PM	urrah	10	0		0	0
Pres	ident					
A Fa	inday	3	0		0	0
	×	3	0		0	0
Trea	surer				_	
					_	
		-				
		-				
					+	
		1				

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Part	V 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		ie V	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 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		~
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(2) organizations. Enter: 39b	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \triangleright 0; section 4912 \triangleright 0; section 4955 \triangleright 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
c d	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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed \blacktriangleright			
42a		502-32		3
b	Located at ► 317 E EIm St, Phoenix, AZ 85012 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	850	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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	42b		v
с	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		~
43	If "Yes," enter the name of the foreign country: ► 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 \ldots \therefore \blacktriangleright 43	· ·	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the 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		~

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						Yes	No
46	Did the organization engage, directly or in						
	to candidates for public office? If "Yes," c		, Part I		· 46		~
Part	······································						
	All section 501(c)(3) organization	s must answer que	stions 47–49b and	52, and complete th	e tables	for lin	es
	50 and 51.						
	Check if the organization used Sch	nedule O to respond	to any question in t	his Part VI			C
						Yes	No
47	Did the organization engage in lobbying			-			
	year? If "Yes," complete Schedule C, Part					-	~
48	Is the organization a school as described in						~
49a	Did the organization make any transfers to	•	•	zation?	. 49a	3	~
b	If "Yes," was the related organization a se	5				-	
ь 50	Complete this table for the organization's	five highest compen	sated employees (oth	er than officers, direct	tors, trust	ees an	
	, 3	five highest compen	sated employees (oth	ner than officers, direct nization. If there is non	tors, trust	ees an	
	Complete this table for the organization's employees) who each received more than	five highest compen	sated employees (oth	her than officers, direct nization. If there is non (d) Health benefits,	tors, trust ie, enter "	ees an None.'	,
	Complete this table for the organization's	five highest compen \$100,000 of compen (b) Average hours per week	sated employees (oth hsation from the organ (c) Reportable compensation	ner than officers, direct nization. If there is non	tors, trust ie, enter " (e) Estima	ees an None.'	, unt of
	Complete this table for the organization's employees) who each received more than	five highest compen \$100,000 of compen (b) Average	sated employees (oth nsation from the orgar (c) Reportable	her than officers, direct nization. If there is non (d) Health benefits, contributions to employee	tors, trust ie, enter " (e) Estima	ees an None.'	, unt of
	Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	five highest compen \$100,000 of compen (b) Average hours per week	sated employees (oth hsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	tors, trust ie, enter " (e) Estima	ees an None.'	, unt of
50	Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	five highest compen \$100,000 of compen (b) Average hours per week	sated employees (oth hsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	tors, trust ie, enter " (e) Estima	ees an None.'	, unt of
50	Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	five highest compen \$100,000 of compen (b) Average hours per week	sated employees (oth hsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	tors, trust ie, enter " (e) Estima	ees an None.'	, unt of
50	Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	five highest compen \$100,000 of compen (b) Average hours per week	sated employees (oth hsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	tors, trust ie, enter " (e) Estima	ees an None.'	, unt of
50	Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	five highest compen \$100,000 of compen (b) Average hours per week	sated employees (oth hsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	tors, trust ie, enter " (e) Estima	ees an None.'	, unt of
50	Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	five highest compen \$100,000 of compen (b) Average hours per week	sated employees (oth hsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	tors, trust ie, enter " (e) Estima	ees an None.'	, unt of
50	Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	five highest compen \$100,000 of compen (b) Average hours per week	sated employees (oth nsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	tors, trust ie, enter " (e) Estima	ees an None.'	, unt of
50	Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	five highest compen \$100,000 of compen (b) Average hours per week	sated employees (oth nsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	tors, trust ie, enter " (e) Estima	ees an None.'	, unt of
50	Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	five highest compen \$100,000 of compen (b) Average hours per week	sated employees (oth nsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	tors, trust ie, enter " (e) Estima	ees an None.'	, unt of

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		-	
		-	
		-	
		-	
		-	
d	Total number of other independent contractors each receiving	over \$100,000 ►	
52	Did the organization complete Schedule A? Note. All se completed Schedule A		
	venalties of perjury, I declare that I have examined this return, including accompan rrect, and complete. Declaration of preparer (other than officer) is based on all info		

Sign Here	Signature of officer Mark Hager, Treasurer			Date			
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only	Firm's name			Firm's	s EIN ►		
	Firm's address ►			Phone	e no.		
May the IRS	discuss this return with the prep	parer shown above? See instructions			► [Yes	🗌 No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

2014

Internal Revenue Service	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at we	vw.irs.gov/form990.	Inspection
Name of the organization		Employer identificati	on number

Name	of the organization					Employer identification	n number
	ATER WASHINGTON FRIENDS OF S	ERRA LEONE				52-17	32179
Pa	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ons.
The o	organization is not a private founda				-	,	
1	A church, convention of church	•		ibed in se	ection 17	0(b)(1)(A)(i).	
2	A school described in section						
3	A hospital or a cooperative hos						
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	(iii). Enter the
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a government	al unit described in
6 7	 ☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1) 	receives a subs	tantial part of its sup				n the general public
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt nt income and	functions-subject to unrelated business	o certain taxable i	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	An organization organized and	operated exclusion	sively to test for publi	c safety.	See sect i	on 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 110	l organizations d	escribed in section 5	09(a)(1) o	r section	509(a)(2). See sect	ion 509(a)(3). Check
а	Type I. A supporting organiz the supported organization(s organization. You must com) the power to re	egularly appoint or ele				
b	Type II. A supporting organiz control or management of the organization(s). You must co	e supporting org	anization vested in th				
с	Type III functionally integra its supported organization(s)						y integrated with,
d	Type III non-functionally integra that is not functionally integra requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organiz functionally integrated, or Ty					••• ••	I, Type III
f g	Enter the number of supported of Provide the following information	•					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you docu	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							

(C)

(D)

(E)

Total

0

	lle A (Form 990 or 990-EZ) 2014						Page 2
Part	II Support Schedule for Organiza (Complete only if you checked th Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	-
Sect	ion A. Public Support	yquality ana					
	dar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	ion B. Total Support	() 00 (0	(1) 0044	() 00 (0	()) 00 (0)	() 00 (((0
	Indar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	-				12	
13	First five years. If the Form 990 is for th	•			•		
0	organization, check this box and stop he						🕨 🗋
	on C. Computation of Public Suppor			11 oolump (f)		14	%
14 15	Public support percentage for 2014 (line 6 Public support percentage from 2013 Sch		-			14	<u>~~~</u> %
16a	33 ¹ / ₃ % support test—2014. If the organize box and stop here. The organization qual	zation did not	check the box	on line 13, an	d line 14 is 33 ¹	¹ /3% or more, c	heck this
b	33 ¹ / ₃ % support test -2013. If the organic check this box and stop here. The organic					e 15 is 33¹/₃%	or more, ► □
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization mee Part VI how the organization meets the "factor organization .	ets the "facts- acts-and-circu	and-circumstaumstances" te	ances" test, ch	eck this box a	nd stop here. I	Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizat Explain in Part VI how the organization m supported organization	tion meets the leets the "fact	e "facts-and-c s-and-circums	ircumstances"	test, check th	his box and st	op here.
18	Private foundation. If the organization di				a, or 17b, chec	k this box and	see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2010	(b) 2011	(0) 2012	(u) 2013	(e) 2014	(1) 101ai
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities	93,561	26,731	53,490	26,418	23,567	223,767
3	furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an	2,478	6,943	10,523	1,103	12,802	33,849
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	96,039	33,674	64,013	27,521	36,369	257,616
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						257,616
-	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	96,039	33,674	64,013	27,521	36,369	257,616
	Queen income frame interact dividende						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	18	11	4	4	5	42
	payments received on securities loans, rents,						
b	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
b	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses						0 42
b c	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income. Do not include gain or loss from the sale of capital assets	0 18 0	0 11 0	0 4 0	0	0 5	0 42 0
b c 11	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11,	0 18 0 579	0 11 0 1,190	0 4 0 560	0 4 0 854	0 5 0 1,110	0 42 0 4,293
b c 11 12 13	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0 18 0 579 96,636	0 11 0 1,190 34,875	0 4 0 560 64,577	0 4 0 854 28,379	0 5 0 1,110 37,484	0 42 0 4,293 261,951
b c 11 12 13 14	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0 18 0 579 96,636 ne organization re	0 11 0 1,190 34,875 's first, second	0 4 0 560 64,577 d, third, fourth,	0 4 0 854 28,379 or fifth tax ye	0 5 0 1,110 37,484	0 42 0 4,293 261,951 1 501(c)(3)
b c 11 12 13 14 <u>Secti</u>	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for th organization, check this box and stop he on C. Computation of Public Suppor	0 18 0 579 96,636 re organization re t Percentage	0 11 0 1,190 34,875 's first, second 	0 4 0 560 64,577 d, third, fourth,	0 4 0 854 28,379 or fifth tax ye	0 5 0 1,110 37,484 ear as a section	42 0 4,293 261,951 1 501(c)(3) ► □
b c 11 12 13 14 <u>Secti</u> 15	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income. Do not include gain or loss from the sale of capital 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, check this box and stop he on C. Computation of Public Suppor Public support percentage for 2014 (line a	0 18 0 579 96,636 re organization re t Percentage 3, column (f) div	0 11 0 1,190 34,875 's first, second } //ided by line 13	0 4 0 560 64,577 d, third, fourth, 3, column (f))	0 4 0 854 28,379 or fifth tax yes	0 5 0 1,110 37,484 ear as a section 	0 42 0 4,293 261,951 501(c)(3) ► □ 98.34 %
b c 11 12 13 14 <u>Secti</u> 15 16	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income. Do not include gain or loss from the sale of capital 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, check this box and stop he on C. Computation of Public Suppor Public support percentage for 2014 (line 8 Public support percentage from 2013 Sch	0 18 0 579 96,636 re organization re t Percentage 3, column (f) div nedule A, Part I	0 11 0 1,190 34,875 2s first, second vided by line 13 II, line 15	0 4 0 560 64,577 d, third, fourth, 3, column (f))	0 4 0 854 28,379 or fifth tax yes	0 5 0 1,110 37,484 ear as a section	0 42 0 4,293 261,951 1 501(c)(3) ►
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b c 11 12 13 14 <u>Secti</u> 15 <u>16</u> <u>Secti</u> 17	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income. Do not include gain or loss from the sale of capital 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, check this box and stop he on C. Computation of Public Suppor Public support percentage for 2014 (line & Public support percentage from 2013 Sch on D. Computation of Investment In Investment income percentage for 2014 (0 18 0 579 96,636 ne organization re t Percentage 3, column (f) div nedule A, Part I come Percer line 10c, colum	0 11 0 1,190 34,875 2s first, second 2 7ided by line 13 11, line 15 11 11 11 11 11 12 11 11 11 11 11 11 11	0 4 560 64,577 d, third, fourth, 3, column (f)) 	0 4 0 854 28,379 or fifth tax ye 	0 5 0 1,110 37,484 ear as a sectior 15 16 17	0 42 0 4,293 261,951 0 501(c)(3) ► □ 98.34 % 98.85 % 0.02 %
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b c 11 12 13 14 <u>Secti</u> 15 <u>16</u> <u>Secti</u> 17	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for th organization, check this box and stop he on C. Computation of Public Suppor Public support percentage from 2013 Sch on D. Computation of Investment Im Investment income percentage from 2013 33 ¹ / ₃ % support tests – 2014. If the organ 17 is not more than 33 ¹ / ₃ %, check this box	0 18 0 579 96,636 10 10 10 10 10 10 10 10 10 10	0 11 0 1,190 34,875 7s first, second 1,190 34,875 rist, second 1,190 34,875 rist, second 1,190 34,875 rist, second 1,190 34,875 rist, second 1,190 34,875 rist, second 1,190 34,875 rist, second 1,190 34,875 rist, second 1,190 34,875 rist, second 1,190 34,875 rided by line 15 1,190 1,	0 4 0 560 64,577 d, third, fourth, 3, column (f)) / line 13, colun on line 14, an on qualifies as a	0 4 0 854 28,379 or fifth tax ye 	0 5 0 1,110 37,484 ear as a section 15 16 17 18 ore than 33 ¹ / ₃ % orted organizatio	0 42 0 4,293 261,951 1501(c)(3) \cdot . ► 98.34 % 98.85 % 0.02 % 0.02 % 5, and line on . ►
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- **1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 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).
- **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 9(a)) 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 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.*
 - **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

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedu	ıle A (Form 990 or 990-EZ) 2014		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If</i> " <i>No</i> ," <i>explain in</i> Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's</i> supported organizations played in this regard.	3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c
 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

2a

2b

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

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

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

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
Schedule A	, Part III, Line 12 - \$1,085 collected for and passed directly to affiliate National Peace Corps Association; \$25 from public use of
GoodSearc	h search engine.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.	is on	OMB No. 1545-0047
Internal Revenue Service	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www	-	Inspection
Name of the organization		Employer identific	ation number 1732179
	ON FRIENDS OF SIERRA LEONE ine 8 - Dues collected and passed directly to National Peace Corps Association:		
GoodSearch search e			
	ine 16 - Annual meeting, program expense: \$12,738; Board meetings: \$3,609; Aw ion (NPCA) membership fee: \$80; Dues collected and passed directly to NPCA:		

Primary Exempt Purpose

Primary Exempt Purpose

Friends of Sierra Leone (FoSL) strives to educate Americans and those in other countries about Sierra Leone's peoples, cultures, and history and advocate for legislation favorable to Sierra Leone's interests. FoSL also supports small-scale development and relief projects in Sierra Leone.