### Form **990-EZ**

### Short Form Return of Organization Exempt From Income Tax

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2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

A	For the	2019 calenda	ar year, or tax year beginning 01/01 , 2019, and ending		12/31	, 20 19
В	Check if ap	oplicable:	C Name of organization	D Empl	oyer id	entification number
	Address c	hange	FAR AWAY FRIENDS INC		4	6-4917506
Н	Name cha	•	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	E Telep	hone n	umber
Н	Initial retur		1968 S Van Gordon St		72	0-240-6199
H	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	ір Ехе	mption
Ħ	Application		Lakewood, CO, 80228	Num	ber 🕨	<b>,</b>
G	Account	ting Method:		Check •	<b>▶</b> □ i	f the organization is <b>not</b>
	Website	· ·				ach Schedule B
J 1	Tax-exen			Form 99	90, 990	)-EZ, or 990-PF).
			✓ Corporation ☐ Trust ☐ Association ☐ Other	-		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets		
			500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	168,508
:	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	ctions	
			the organization used Schedule O to respond to any question in this Part I			
_	1		ons, gifts, grants, and similar amounts received		1	168,508
	2		ervice revenue including government fees and contracts		2	0
	3	-	ip dues and assessments		3	0
	4	Investment	•		4	0
	5a		unt from sale of assets other than inventory 5a	0	-	
	b		or other basis and sales expenses	0		
	C		ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	0
	6		d fundraising events:			
	а	_	ome from gaming (attach Schedule G if greater than			
ne				0		
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contributions			
ě			aising events reported on line 1) (attach Schedule G if the			
			h gross income and contributions exceeds \$15,000)   6b	0		
	С	Less: direc	t expenses from gaming and fundraising events 6c	0		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract		
					6d	0
	7a	Gross sale	s of inventory, less returns and allowances	0		<u> </u>
	b		of goods sold	0		
	С		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0
	8		nue (describe in Schedule O)		8	0
	9	Total reve	<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	168,508
	10		I similar amounts paid (list in Schedule O)		10	0
	11		aid to or for members		11	0
Š			ther compensation, and employee benefits		12	0
nse	13		al fees and other payments to independent contractors		13	0
Expenses	14		/, rent, utilities, and maintenance		14	0
Ă	15		ublications, postage, and shipping		15	1,167
	16		enses (describe in Schedule O)		16	109,250
	17		enses. Add lines 10 through 16		17	110,417
	10		(deficit) for the year (subtract line 17 from line 9)		18	58,091
iets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree			,
Ass			r figure reported on prior year's return)		19	16,266
Net Assets	20	Other char	ges in net assets or fund balances (explain in Schedule O)		20	0
ž	21		or fund balances at end of year. Combine lines 18 through 20		21	74,357
_			, , , , , , , , , , , , , , , , , , ,			,

0	0	0	0.00	Karissa Warmack Board Member
	· ·	(	0.00	Board Member
0	0	0	0.00	Heidi Wilhelm
0	0	0	0.00	Marc Comina
	1			Board Member
0	0	0	0.00	Education Programs Director  Corey Ward
0	0	0	10.00	Kaitlyn Phillips
0	0	O	10.00	Christopher Skirka  Head of People & Culture
0	0	0	30.00	Jayme Ward  Co-Founder & Executive Director
	deferred compensation	(if not paid, enter -0-)	)	
(e) Estimated amount of other compensation	ealth benefits, iions to employee ifit plans, and	(c) Reportable compensation c (Forms W-2/1099-MISC)	(b) Average hours per week	(a) Name and title
ructions for Part IV)	ensated—see the instract	one even if not compe ny question in this Pa	Employees (list each O to respond to ar	Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)  Check if the organization used Schedule O to respond to any question in this Part IV
9	•		hrough 31a)	32 Total program service expenses (add lines 28a through 31a)
31a 4,160	.  . .  . ▼  . □  .	nts, check here	includes foreign gra	
		tement 2	See Schedule O. Sta	oram services (describ
30a 36 606		nts check here	ek immersive service trip to Uganda.	development) through a three week immersive service trip to Uganda.  (Grants \$ 0) If this amount includes foreign
	(do no harm	tices in development	mplex) and best prac	
		hich trains American	e learning program w	mmersion & Service Tri
29a 36 072	<b>▼</b>	amasale, Uganda.	ff of Global Leaders Primary School in Namasale, Uganda	non-teaching school support staff of Global Leaders Primary School in Namasale, Uganda.  (Grants \$
	nd	ing rural Ugandan edu hers, administrators aı	and training for teacl	29 Operation TEACH Teacher Sponsorship Program - Supporting & empowering rural Ugandan educators through the delivery of competitive monthly salaries and training for teachers, administrators and
28a 21,620		nts, check here	0) If this amount includes foreign grants, check here	
	velopment.	s and infrastructure de	care for 250 students	Namasale, Uganda including classroom needs, child care for 250 students and infrastructure development.
	chool in	s of a model Primary S	r the daily operations	28 Global Leaders Primary School Program - Support for the daily operations of a model Primary School in
organizations; optional for others.)		its three largest pro services provided,	shments for each of anner, describe the ch program title.	Describe the organization's program 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.
(Required for section 501(c)(4)		tement 1	See Schedule O, Statement 1	What is the organization's primary exempt purpose?
Expenses		e instructions for Pa ny question in this Pa	<b>plishments</b> (see the	Part III Statement of Program Service Accomplishments (see the instructions for Part III)  Check if the organization used Schedule O to respond to any question in this Part III
7 74,357	16,266 27	line 21)	(B) must agree with	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)
74,35	16,266 25			Total assets
	0 24	   		Other assets (describe in Schedule O)
74,357	16,266 22 0 23			22 Cash, savings, and investments 23 I and and buildings
(B) End of ye	inning of year	8		
	art II	ny question in this Pa	or Part II) O to respond to ar	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
Page 2				[2]

Form <b>990-EZ</b> (2019)	<b>□ 990-</b>		
ς .	45b	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	σ
ς .	45a	a controlled entity within the meaning of section 512(b)(13)?	45a
,	44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	۵ (
۲,	44b		,
•	Š		σ
Yes No	44	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>→</b>		Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43
5	42c	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 ▶	ဂ
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	42b	toreign country (such as a bank account, securities account, or other financial account me of the foreign country ▶	
Ves No	80228	wood, CO 80228  ZIP + 4 ▼  e organization have an interest in or a signature or other authority over	σ
-6199	720-240-6199	Telephone no. ▶	42a
<	40e	transaction? If "Yes," complete Form 8886-T	4
		any time during the tax year, was the organization a party to a prohibited tax shelt	Ф
		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	٥
		he year under section	c
ς .	40ь	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part	5
		section 4911 $\blacktriangleright$ 0; section 4912 $\blacktriangleright$ 0; section 4955 $\blacktriangleright$ 0 Section 501(c)(2) and 501(c)(29) organizations. Did the organization engage in any section 4958	7
		Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	40a
			. a
		If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	ာ တ
۲	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a
ς .	37b	Did the organization file <b>Form 1120-POL</b> for this year?	ф 2
<	36	applicable parts of Schedule N	3 8
5	350	Did the organization undergo a liquidation dissolution termination or significant disposition of net assets	ລ
		Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	ဂ
<	35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?  If "Yes" to line 35a has the organization filed a Form 990-T for the year? If "No " provide an explanation in Schedule O	5
•		organization have unrelated busir	35a
ς	2	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
<	ဒ္သ	detailed description of each activity in Schedule O	
Yes No		orted to the IRS? If "Yes." prov	မှ
	ments in the in this Part V	Other Information (Note the Schedule A and personal benefit contract statement require instructions for Part V.) Check if the organization used Schedule O to respond to any question	Part V
Page 3	:	2.2(2019)	orm 99

orm 990	orm 990-EZ (2019)						Pa	је <b>1</b>
		:	:		Ε		Yes No	8
6	to candidates for public office? If "Yes," complete Schedule C, Part I	complete Schedule C,	Part I	· · · · · ·		46		۲
Part VI	Y Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines	<b>s Only</b> s must answer que	stions 47–49b and	52, and comp	olete the tal	oles fo	r lines	0,
	50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI	nedule O to respond	to any question in t	his Part VI .				
	•		-				Yes	<b>8</b>
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the	activities or have a s	section 501(h) electic	n in effect dur	ing the tax			.
	year? If "Yes," complete Schedule C, Par	t	30 If "V>> " >>>>	) 		47	_	7
49a	Did the organization make any transfers to an exempt non-charitable related organization?	o an exempt non-chal מח exempt	ritable related organi:	zation?	 	49a	$\perp$	۲   ۲
5	If "Yes," was the related organization a section 527 organization?	ction 527 organizatio	n?	- - - -		49b	. -	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	five highest compens 1 \$100,000 of comper	sated employees (oth sation from the orga	er than officers	s, directors, t e is none, en	tors, trustees, and key ne, enter "None."	s, and ne."	ke
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	nefits, employee (e) E d deferred otl	(e) Estimated amount of other compensation	amoun	n t of
None								
51 f	Total number of other employees paid over \$100,000 ▶   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."	er \$100,000	. ▶ snsated independent one, enter "None."	contractors w	ho each rec	eived r	nore t	har
	(a) Name and business address of each independent contractor	lent contractor	(b) Type of service	rice	<b>(c)</b> Com	(c) Compensation	ر	
None								
d 52	Total number of other independent contractors each receiving over \$100,000   Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations completed Schedule A	actors each receiving le A? <b>Note:</b> All se	over \$100,000	nizations must	attach	.▼a Yes	Z o	٠
Inder perue, com	Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	eturn, including accompany officer) is based on all info	ying schedules and statemirmation of which preparer	ents, and to the bearas any knowledge	st of my knowled	lge and k	belief, it	<u>o</u> .
Sign	Signature of officer			Date				
Here	Jayme Ward, Executive Director  Type or print name and title							
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN		
Jse Only				Firm's EIN ▼	B EZ ▼			
√av th	Firm's address ▶ May the IRS discuss this return with the preparer shown above? See instructions	shown ahove? See i	nstructions	Phone no.	▼	Yes	Z	ا ر

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number

A	AY		:	46-491/506	7506
he orga	Reason for Public Chari	<b>Part I</b> 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.)	complete this p	ne box.)	ns.
<u> </u>	A church, convention of church	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i)	bed in section 17	70(b)(1)(A)(i).	
N -	☐ A school described in <b>section 1</b>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)	orm 990 or 990-E	<b>Z</b> ).)	
ω 4	<ul> <li>A hospital or a cooperative hosp</li> <li>A medical research organization hospital's name, city, and state:</li> </ul>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b> A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:	n <b>section 170(b)(</b> : bital described in s	1)(A)(iii). section 170(b)(1)(A)(i	iii). Enter the
<b>ω</b>	☐ An organization operated for the benefit o section 170(b)(1)(A)(iv). (Complete Part II.)	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.)	owned or operate	ed by a governmenta	al unit describ
7 6	<ul> <li>☐ A federal, state, or local government or governmental un</li> <li>✓ An organization that normally receives a substantial padescribed in section 170(b)(1)(A)(vi). (Complete Part II.)</li> </ul>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> . An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)	in <b>section 170(b</b> ) port from a gover	)(1)(A)(v). 'nmental unit or from	the general
<b>∞</b>	☐ A community trust described in	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	oart II.)		
9	An agricultural research organiz or university or a non-land-gran university:	An agricultural research organization described in <b>section 170(b)(1)(A)(ix)</b> operated in conjunction with or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state university:	( <b>A)(ix)</b> operated in ons). Enter the nar		a land-grant college of the college or
<b>1</b> 0	An organization that normally re receipts from activities related t support from gross investment acquired by the organization aft	An organization that normally receives: (1) more than 337/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2).</b> (Complete Part III.)	pport from contri ertain exceptions, ole income (less s )(2). (Complete Pa	butions, membership and (2) no more than ection 511 tax) from I art III.)	o fees, and gr n 331/3% of its businesses
=	An organization organized and	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).	safety. See <b>sect</b>	iion 509(a)(4).	
12	An organization organized and of one or more publicly suppor Check the box in lines 12a throu	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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.	f, to perform the fi <b>on 509(a)(1)</b> or <b>s</b> o sporting organizati		carry out the purposes See <b>section 509(a)(3).</b> ines 12e, 12f, and 12g.
ற	☐ <b>Type I.</b> A supporting organization(supported organization <b>Young to the supporting organization Young to the supporting organization <b>Young to the supporting organization Young to the supporting organization <b>Young to the supporting organization Young to the supporting organization <b>Young to the supporting organization Young to the support of th</b></b></b></b>	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 Bart IV Sections A and B	olled by its suppo lect a majority of t	orted organization(s), the directors or truste	typically by g es of the
ъ	☐ <b>Type II.</b> A supporting organic control or management of the	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	nnection with its s the same persons	supported organizatic s that control or mana	on(s), by havii
n	☐ Type III functionally integral its supported organization(s)	<b>Type III functionally integrated.</b> A supporting organization operated in connection with, and functionally integrated with its supported organization(s) (see instructions). <b>You must complete Part IV, Sections A, D, and E.</b>	ated in connection lete Part IV, Sect	n with, and functiona ions A, D, and E.	lly integrated
٥	☐ Type III non-functionally in that is not functionally integrated requirement (see instruction	<b>Type III non-functionally integrated.</b> A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). <b>You must complete Part IV, Sections A and D, and Part V.</b>	operated in conn st satisfy a distribu tions A and D, au	ection with its suppoution requirement and <b>part V.</b>	rted organiza d an attentive
Ф	Check this box if the organized functionally integrated for Ty	Check this box if the organization received a written determination from the IRS that it is a Type I, Ty functionally integrated or Type III non-functionally integrated supporting organization	on from the IRS th	nat it is a Type I, Type rion	/pe II, Type III
<b>-</b>	Enter the number of supported organizations	ganizations			
g	Provide the following information	suppo	(i.) In the experimention		fuil Amount
	(i) Name of supported organization	(ii) EIN (iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Ð					
(B)					
(C)					
<b>D</b>					
Œ)					
otal					

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.)

	- i	173 .	ь <u>г</u>	5 5	Sect 14	7	<b>⋨</b> ⊼	3 =	10	ဖ	œ	7	Caler	6	ហ	4	ω	N	_	Caler	Sect
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		box and <b>stop here.</b> The organization qualifies as a publicly supported organization  331/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check		Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	organization, check this box and <b>stop here</b>	First five years. If the Form 990 is for the organization's f	Total support. Add lines 7 through 10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	Net income from unrelated business activities, whether or not the business is regularly carried on	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	Amounts from line 4	Section B. Lotal Support  Calendar year (or fiscal year beginning in)	Public support. Subtract line 5 from line 4	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)	<b>Total.</b> Add lines 1 through 3	The value of services or facilities furnished by a governmental unit to the organization without charge	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Calendar year (or fiscal year beginning in) ▶	Section A. Public Support
	eets the "facts- "facts-and-circl	qualifies as a p	lifies as a publication did not	hedule A, Part I	rt Percentage 6, column (f) div	re	י. (see ilistration					0	(a) 2015			0				(a) 2015	
anization did n	-and-circumsta umstances" tes	publicly suppor	icly supported check a box or	II, line 14 .	vided by line 1		s first second					0	<b>(b)</b> 2016			0				<b>(b)</b> 2016	
ot check a box	inces" test, chi st. The organiz	ted organization	organization	on line 13 and	1, column (f))		third fourth					106,669	(c) 2017			106,669			106,669	(c) 2017	
	eck this box a ration qualifies		a. and line 15 i	d line 14 is 33	·		or fifth tax ve					114,482	( <b>d</b> ) 2018			114,482			114,482	( <b>d</b> ) 2018	
his box and <b>s</b>	nd <b>stop here.</b> as a publicly		s 33 <sup>1</sup> / <sub>3</sub> % or mo	15 or more	14	1		5					<b>(e)</b> 2019			168,508			168,508	(e) 2019	
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	op here. Explain in publicly supported		ore. check	100 %	100 %	<b>V</b>	a section 501(c)(3)	389,659				389,659	(f) Total	389,659		389,659			389,659	(f) 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.)

3	b ≅ &	19a 33		17 In	Soction T	<b></b> .	Section	<b>4</b>		13 T	<b>12</b> (n o 0		<b>.</b> ດ	<b>b</b> ∪ ac	<b>10a</b> റെ		Calenda	Section	<sup>80</sup> c ₹ <b>2</b> 0 ≥	<b>b</b> Ar	6 To 7a A₁ re		<b>4</b> 50 5	<b>ധ</b> ട ഹ	N or tu sc oo		Calenda	Section
<b>Private foundation</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	33½% support tests – 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ▶	33¹a% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33¹a%, and line 17 is not more than 33¹a%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17.	Investment income percentage for <b>2019</b> (line 10c column (f) divided by line 13 column (f)	Section D Computation of Investment Income Becomber 2018	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	Section C. Computation of Public Support Percentage	organization, check this box and <b>stop here</b>	and 12.)	<b>pport.</b> (Add li	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	activities not included in line 10b, whether or not the business is regularly carried on	Add lines 10a and 10b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	Amounts from line 6	Calendar year (or fiscal year beginning in) ▶ _	Section B. Total Support	Add lines 7a and 7b  Public support. (Subtract line 7c from line 6.)	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	Total. Add lines 1 through 5	The value of services or facilities furnished by a governmental unit to the organization without charge.	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	Gross receipts from activities that are not an unrelated trade or business under section 513	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	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Calendar year (or fiscal year beginning in) ▶	Section A. Public Support
not check a t	ation did not clox and stop he	zation did not nd stop here.	Schedule A, F	ne 10c colum	equie A, Part I	, column (f), di	Percentage	e									(a) 2015										(a) 2015	
ox on line 14,	heck a box on ere. The organi	check the box The organization	art III, line 17	n (f) divided h	ii, line io .	ivided by line	U	s first, second	7 6								<b>(b)</b> 2016										<b>(b)</b> 2016	
, 19a, or 19b, c	line 14 or line ' ization qualifies	on line 14, and on qualifies as		ov line 13 colu		13, column (f))		a, thira, tourth									(c) 2017										(c) 2017	
check this box	19a, and line 16 as a publicly s	nd line 15 is m a publicly supp		mn (fl)				or illtin tax ye	COLD TO								( <b>d</b> ) 2018										( <b>d</b> ) 2018	
and see instru	is more than ( upported organ	nore than 331/31 orted organizat	18	17	16	15		ear as a section									<b>(e)</b> 2019										<b>(e)</b> 2019	
ctions ► □	$33^{1/3}\%$ , and ization $\blacksquare$	%, and line ion . ▼ □		%	%	%		on 501(c)(3)									(f) Total										(f) Total	

### Part IV

# Supporting Organizations

and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A

Section A. All Supporting Organizations

Are all of the organization's supported organizations listed by name in the organization's gove documents? If "No," describe in **Part VI** how the supported organizations are designated. If designate class or purpose, describe the designation. If historic and continuing relationship, explain.

- N under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supporganization was described in section 509(a)(1) or (2). Did the organization have any supported organization that does not have an IRS determination of s
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," an (b) and (c) below.
- σ Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6 satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how organization made the determination.
- O Did the organization ensure that all support to such organizations was used exclusively for section 170(c) 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 "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- σ Did the organization have ultimate control and discretion in deciding whether to make grants to the fo supported organization? If "Yes," describe in Part VI how the organization had such control and disci despite being controlled or supervised by or in connection with its supported organizations.
- ဂ Did the organization support any foreign supported organization that does not have an IRS determine under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization to ensure that all support to the foreign supported organization was used exclusively for section 170(c)
- answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such a Did the organization add, substitute, or remove any supported organizations during the tax year? If ' was accomplished (such as by amendment to the organizing document) (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the arepsilon
- designated in the organization's organizing document? Type I or Type II only. Was any added or substituted supported organization part of a class al
- C Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 0 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class bene by one or more of its supported organizations, or (iii) other supporting organizations that also supported organizations. benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part I Did the organization provide support (whether in the form of grants or the provision of services or faciliti
- (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contr
- $\infty$ If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in li
- 9a in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Was the organization controlled directly or indirectly at any time during the tax year by one or disqualified persons as defined in section 4946 (other than foundation managers and organizations desc
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in v
- O Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal b from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. the supporting organization 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 se supporting organizations)? If "Yes," answer 10b below. 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integ
- σ 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.)

**1** 응

90 or 990-EZ) 2019	Schedule A (Form 990 or 990-EZ) 2019	
3b	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>	6
3a	trustees of each of the supported organizations? Provide details in Part VI.	-
	מ	<u>ه</u> (
1		ω
9	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	0
28	יין אר הייסטע אטאייוויטט טטייטוויאנטע טאסטערוויאווין אוו טר זיט אטיייוויטטי	•
	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.	Ø
Yes No	c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  Activities Test. <b>Answer (a) and (b) below.</b> Yes No	N 0
	. — —	<b>5</b> 4
structions).		Sect
ω	supported organizations played in this regard.	2
		ω
N	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	N
_	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	_
Yes No		
-	Section D. All Type III Supporting Organizations	Sect
	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	_
Yes No	Section C. Type II Supporting Organizations	Sect
N	or Time II Comparing Ourseinsting	0
<b>S</b>	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 <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	N
	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 <b>Part VI</b> 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.	<u> </u>
Yes No	Section B. Type I Supporting Organizations	Sect
11c	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.	င
11b	A family member of a person described in (a) above?	ь
שׁבָּיבּיבָיבָיבָיבָיבָיבָיבָיבָיבָיבָיבָיבָיבָי		a
Yes No	Has the organization accepted a gift or contribution from any of the following persons?	⇉
-	Part IV Supporting Organizations (continued)	Part
Page 5	Schedule A (Form 990 or 990-EZ) 2019	Schedu

Schedule A (Form 990 or 990-EZ) 2019

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

			e Excess For 2019	
				_
				_
			8 Breakdown of line 7:	8
				7
			6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	6
			Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.	OJ
			c Remainder. Subtract lines 4a and 4b from 4.	
			<b>b</b> Applied to 2019 distributable amount	
			Applied to underdistributions of prior years	
			4 Distributions for 2019 from \$	4
				_
				_ .
			a From 2014	
			3 Excess distributions carryover, if any, to 2019	မ
			2 Underdistributions, if any, for years prior to 2019	N
			1 Distributable amount for 2019 from Section C, line 6	_
(iii) Distributable Amount for 2019	(ii) Underdistributions Pre-2019	(i) Excess Distributions	Section E – Distribution Allocations (see instructions)	Se
			10 Line 8 amount divided by line 9 amount	1
			9 Distributable amount for 2019 from Section C, line 6	_
	ponsive	h the organization is res	8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	~
			7 Total annual distributions. Add lines 1 through 6.	
			5 Qualified set-aside amounts (prior IRS approval required)	,-
			4 Amounts paid to acquire exempt-use assets	
	nizations	oses of supported organ	3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
	•			
	Ted	mpt purposes of suppo	<ul> <li>Amounts paid to perform activity that directly furthers exempt purposes of supported</li> </ul>	
			A	
Current Year	,		Section D-Distributions	Se

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

### 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

FAR AWAY FRIENDS INC	46-4917506
Form 990-EZ, Part I, Line 16 - Other Expenses: Administration/Operations - \$ 6,209.27 Fundraising Expense	es (less printing expenses) -
\$ 4,582.31 Programs & Services Expenses - \$ 98,457.94	

Page: **2** Schedule O, Statement 1 Form: Form 990-EZ (2019) Primary Exempt Purpose FAR AWAY FRIENDS INC EIN: 46-4917506 Part III

## Primary Exempt Purpose

To equip youth with the tools to transform their own communities and break cycles of generational poverty forever. We are accomplishing our mission through partnerships with local leaders in rural northern Uganda.

			the capacity of rural health centers and enhance public health resources across Amolatar District. Uganda
2,660		0	Community Health Initiative: Through this initiative we work with local leaders to identify ways to improve
1,500		0	School Outreach Program: We partner with local government schools to enhance learning environments (WASH resources & capacity building) and improve student outcomes in Amolatar District, Uganda.
Service Expenses	Foreign Grants	Allocations	
Program	Includes	<b>Grants And</b>	Description
			Other Program Service Accomplishments
Part III, Line 31	Pa		Page: 2
EIN: 46-4917506	ΕZ		Form: Form 990-EZ (2019)
RIENDS INC	FAR AWAY FRIENDS INC		Schedule O, Statement 2

Total:

4,160