Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

ar beginning	APR	1	, 20 t4, and ending	MAR	31	20 15

OMB No. 1545-1878

	For Caleriuar year 20 14, 0			THE ST .	20 13	2014
Department of the Treasury		-	to the tRS. Keep for	-		LUIT
Name of exempt organization		out Form 8879-EC	and its tostruction	s ts at www.irs.gov/form&	879eo.	dentification number
Hame or evenify or Samzanon					CHIPIOYET II	agiidiirada iinhihei
Friends of the	a British (ouncil H	σ δ		27_10	76339
Name and title of officer	e biicibii c	ouicii, o.	<u> </u>		2, 1,	770333
Sandra Gibson						
Board Chairpe						
	Return and Retu	rn Information	(Whole Dollars Only)	<u> </u>		
Check the box for the retu		-	·		om the retur	m. If you check the box
on line 1a, 2a, 3a, 4a, or 5a whichever is applicable, blathan 1 line in Part I.	a, below, and the amo	ount on that line for	the return being filed	with this form was blank,	then leave li	ne 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	▶ X b Tota	il revenue, if any (Fi	orm 990 Part VIII co	lumn (A), line t2)	1h	1.887.070.
2a Form 990-EZ check he	ere b b	Total revenue, if an	v (Form 990-EZ, line 9	9)	2b	
3a Form 1120-POL check	here	b Total tax (Form	1120·POL, line 22)		<u></u> _	
4a Form 990-PF check he	ere b b	Fax based on inves	tment income (Form	n 990-PF, Part VI, line 5)	4b	·
5a Form 8868 check here	▶ □ b Bala	nce Due (Form 886	88, Part I, line 3c or Pa	art II, line 8c)	5b	
					_	
Part II Declarat	ion and Signatur	re Authorizatio	n of Officer			
the date of any refund. If a debit) entry to the financial return, and the financial ins t-888-353-4537 no later tha processing of the electroni payment. I have selected a organization's consent to e	I institution account in stitution to debit the e an 2 business days pr ic payment of taxes to a personal identification	ndicated in the tax p entry to this account rior to the payment o receive confidentia on number (PIN) as a	oreparation software to t. To revoke a payment (settlement) date. I al al information necess	for payment of the organiza nt, I must contact the U.S. Iso authorize the financial i ary to answer inquiries and	ation's feder Treasury Fi institutions in d resolve iss	ral taxes owed on this nancial Agent at nvolved in the ues related to the
Officer's PIN: check one t	box only					
X Lauthorize SB	& Company,	LLC			to enter my	PIN 76339
		ERO fire	т пате		·	Enter five numbers, bu do not enter atl zeros
is being filed with	-	egulating charities a		If I have indicated within th d/State program, I also aut		
indicated within t	he organization, I will on this return that a copy onter my PIN on the return	of the return is bei	ng filed with a state a	anization's tax year 2014 engency(ies) regulating char	electronically ities as part	y filed retum. If I have of the IRS Fed/State
Officer's signature			···- ==	Oate >		
Part III Certificat	tion and Authent	lication				
ERO's EFtN/PtN. Enter you						
number (EFIN) followed by		•	İ	27037520721 do not enter all zeros		
I certify that the above num confirm that I am submitting e-file Providers for Busines	g this return in accord	which is my signatural lance with the requi	re on the 2014 electring rentents of Pub. 416	ronically filed return for the 3, Modernized e-File (MeF)	organizatio Information	n indicated above. I n for Authorized IRS
ERO's signature ▶	mlla	<u>// ></u>		0ate > 02/	12/16	
			This Form - Sec			· · · · · · · · · · · · · · · · · · ·
	Do Not Subr	nit This Form 1	To the IRS Unles	s Requested To Do	So	

LHA For Paperwork Reduction Act Notice, see Instructions. 423051 09-29-14

Form 8879-EO (2014)

Extended to February 16, 2016

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

Inspection

Internal Revenue Service

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

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

Open to Public

OMB No. 1545-0047

ΑI	For the	2014 calendar year, or tax year beginning $APR 1$, 2014 and	ending M	IAR 31, 2015	
B	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	Friends of the British Council, USA			
	Name change			27-1	976339
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	□Final return/	1025 Connecticut Avenue,	1000	(202)857-9760
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,887,070.
L	Amend return	washington, be 20050		H(a) Is this a group re	
	Applica tion pendin	F Name and address of principal officer: Datical Globoli		for subordinates	? Yes X No
		same as C above		H(b) Are all subordinates in	ncluded? Yes No
		mpt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$	or 527	If "No," attach a	list. (see instructions)
		e: ▶ www.BRITISHCOUNCIL.ORG/USA		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 2010 N	A State of legal domicile: DC
Pa		Summary		<u> </u>	<u> </u>
ě	1 [Briefly describe the organization's mission or most significant activities: The	missic	n of Friend	s of the
Governance	-	British Council, USA (FOBC) is to create			
ern	2 (Check this box 🕨 📖 if the organization discontinued its operations or dispo	sed of more	ı	_
Š	1			<u>3</u>	7
۵		Number of independent voting members of the governing body (Part VI, line 1b)			7
ies		Fotal number of individuals employed in calendar year 2014 (Part V, line 2a) $$			1
Activities &		Total number of volunteers (estimate if necessary)			5
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	1 d	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	0.
				Prior Year	Current Year
e	1	Contributions and grants (Part VIII, line 1h)		226,043.	1,732,820.
Jen J	1	Program service revenue (Part VIII, line 2g)		26,400.	121,000.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	33,250.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		252,443.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		177,450.	526,816.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		120,398.	132,374.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Ř	b -	Fotal fundraising expenses (Part IX, column (D), line 25)		F0 004	66 000
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		58,284.	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		356,132.	725,467.
. 0	19	Revenue less expenses. Subtract line 18 from line 12		-103,689.	
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset 3ala	20	Total assets (Part X, line 16)		219,710.	1,356,698.
et A	21	Total liabilities (Part X, line 26)		282,262.	257,647.
	22	Net assets or fund balances. Subtract line 21 from line 20		-62,552.	1,099,051.
		Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		ties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	nas any knowledge.	
٠.		Signature of officer		I Date	
Sig		Sandra Gibson, Board Chairperson		Dato	
Her	e	Type or print name and title			
			- 11	Date Check	PTIN
Pai		Print/Type preparer's name Pamela Gray Preparer's signature		2/12/16 of self-employ	
		Firm's name SB & Company, LLC	<u> </u>		20-2153727
		Firm's address 200 International Circle, Suite	5500	Firm's EIN	TO-TIDICI
USE	Unity	Hunt Valley, MD 21030	2200	Dhone at / A	10) 584-0060
N 4 = -	, +b = 10	S discuss this return with the preparer shown above? (see instructions)		Priorie no. (4	X Yes No
ıvıa	v me iH	െ വടക്കെ നിട്ട return with the preparer snown above? (see instructions)			L4≥ TeS L INO

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of Friends of the British Council, USA (FOBC) is to create
	mutual understanding and trust among people in the US and around the
	world. FOBC works primarily by enabling US participation in a
	strategic partnership with the British Council.
2	Did the organization undertake any significant program services during the year which were not listed on
2	
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3, 3, 3, 1, 3,
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	Education: Friends of the British Council facilitated transatlantic
	partnerships for policy dialogues between the US, UK and Europe focused
	on the impact of religion and international affairs. Program partners
	included:Lancaster University (UK), Religion News Service (US),
	University of Missouri (US), Newseum (US), University of Leeds (UK),
	Georgetown University (US), Institute for Global Engagement (US), Three
	Faiths Forum (US), World Faith (US), University of Exeter (UK), Chatham
	House (UK), Communities Engaging in Difference and Religion (US),
	George Washington University (US), University of Sussex (UK), Wilton
	Park (UK), Notre Dame University (US), Brigham Young University (US),
	ICLARS (Italy), European University Institute (Italy)
	Telling (Teary), haropean oniversity institute (Teary)
415	(Code:) (Expenses \$ 301,466 • including grants of \$ 205,400 •) (Revenue \$)
4b	(Code:) (Expenses \$ 301,466 including grants of \$ 205,400) (Revenue \$) Community Development: We convened practitioners in the US affordable
	housing sector to share best practice and expertise from the UK in the
	development of social enterprise models for the affordable housing
	sector.
	We besided 540 worth landows in 15 This Deviateds and words /www.landows
	We trained 540 youth leaders in 15 Union Parishads and wards (rural and
	urban) across all 7 Divisions of Bangladesh to promote civic
	participation and advocate for the principles of integrity,
	accountability, transparency and inclusivity for good governance.
	Youth leaders were trained to engage the wider community through social
	action projects and volunteer activities, including youth clubs,
	theater programs, public dialogues, internships with government, and
4c	(Code:) (Expenses \$ 30,147. including grants of \$ 19,000.) (Revenue \$
	Arts: We worked with British filmmaker to Kim Longinotto to deliver a
	targeted outreach program in non-theatrical venues, universities and
	public institutions in US, UK and Europe, in conjunction with the
	distribution of her documentary The Dreamcatchers to raise awareness of
	psychological effects of sexual exploitation on young women and
	increase discussion about abuse and cycles of violence.
	·
	We partnered with a number of EU organizations that make up EUNIC to
	host a series of concerts to promote and showcase talented performers
	from the EU in the US. EUNIC is comprised of the following
	organizations: Alliance Fran aise, Austrian Cultural Forum, British
	Council, Goethe-Institut Washington, Hellenic Foundation for Culture,
	<u> </u>
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 602,932.
_ <u>4e</u> _	
	Form 990 (2014)

Friends of the British Council, USA 27-1976339 Form 990 (2014) Page 3 Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,

investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

20a X

14b

15

16

17

Х

Х

X

X

Х

17

18

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ا ۔۔
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			,,
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			\ _{3,7}
	Schedule K. If "No", go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	.		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	OEh		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		22
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
ZI	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1	,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	10			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
_	(gambling) winnings to prize winners?	I	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 1			
	filed for the calendar year ending with or within the year covered by this return		01-	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b	Λ	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		3a		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		- 22
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		30		
-r a	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		х
h	If "Yes," enter the name of the foreign country:	1000ant):	Tu		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	$ Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ for \ goods \ go$	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?	ı	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, airplane		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•			
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		8		
э a			9a		
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	4.		v
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	9 U	14b	990	(2014
			⊢∩rm		1/11/14

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	<u> </u>
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	Х	37
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MD, VA, NY		1-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and the second state of the second stat	avallab	ие	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)	J 4:	-:-!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı iinan	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ► The Organization - (202)857-9760			
	1025 Connecticut Avenue,, No. 1000, Washington, DC 20036			

Form **990** (2014)

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	officer and a director/trustee)				than	h an	compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	below line)	hours for related organizations below belo		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations			
(1) Sandra L. Gibson	1.00	x		Х				0.	0.	0
Board Chair (2) Paul Smith	1.00	^		^				0.	0.	U
	1.00	X		x				0.	0.	0
Treasurer (3) Carol P. Tello	1.00	<u> </u>		<u> </u>				0.	0.	0
Secretary	1.00	$ \mathbf{x} $						0.	0.	0
(4) Rachel Brandenburger	1.00	+								
Director		x						0.	0.	0
(5) Richard Halkett	1.00	†								
Director		x						0.	0.	0
(6) James Laychak	1.00									
Director		X						0.	0.	0
(7) Helen Warwick	1.00									
Director		X						0.	0.	0
(8) Erin Sullivan	40.00									
Executive Director				Х				120,000.	0.	0
		4								
		-								
		4								
	+	1								
		1								
		1								
		1								
		1								
		<u> </u>								
	I	1	l	ı	l	1	1	1		

	990 (2014) Friends (-	27-1	976	339	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offi	not c	Posi heck it ss per d a di	ition more rson i	than	th an	(D) Reportable compensation from	(E) Reportable compensatio	on d	an	(F) stimate nount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	pensa om the anizat d relat anizati	e tion ted
			_											
	Sub-total								120,000.		0.			0.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A							0. 120,000.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	nose	liste	ed al	oove	e) wł	ho re	eceived more than \$100	0,000 of reportab	le			1
3	Did the organization list any former officer,											2	Yes	No X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	ation	n and	d oth	er compensation from	the organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	from	any	unr unr	relate	ed organization or indiv	idual for services	;	5		Х
	tion B. Independent Contractors									•				
1	Complete this table for your five highest countries the organization. Report compensation for								the organization's tax		npens			
	(A) Name and business	address	N	INC	Ξ				(B) Description of s	ervices	C	ompe	رة) nsatio	n
								+						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se lis	sted	above) who received m	nore than				
												Form	990 (2	2014)

432008 11-07-14

			Check if Schedule O cont	ains a resnonse	or note to any li	ne in this Part VIII			
			Check if Schedule O cont		or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a					
Gra		b	Membership dues	1b					
ts, (С	Fundraising events	1c					
gif		d	Related organizations	1d					
ini,		е	Government grants (contribut	ions) 1e	295,765.				
e tio		f	All other contributions, gifts, gran	ts, and					
ig H			similar amounts not included abo	ve 1f 1 ,	437,055.				
da		g	Noncash contributions included in lines	1a-1f: \$					
<u>2 g</u>		h	Total. Add lines 1a-1f			1,732,820.			
					Business Code		101		
Se	2	а	Consulting		541610	121,000.	121,000.		
ervi Je		b							
n S ent		С							
ran 3ev		d							
Program Service Revenue		е							
Δ.		f	All other program service reve	nue		101 000			
		g				121,000.			
	3		Investment income (including	•	•				
			other similar amounts)						
	4		Income from investment of ta		· ·				
	5		Royalties						
		_	Over the second to	(i) Real	(ii) Personal	-			
	6		Gross rents			-			
			Less: rental expenses			-			
			Rental income or (loss)						
			Net rental income or (loss)						
	′	а	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-			
		h	Less: cost or other basis			-			
		U	and sales expenses						
		_	Gain or (loss)			-			
			Net gain or (loss)						
Φ			Gross income from fundraisin						
	Ŭ	_	including \$	of					
eve			contributions reported on line						
Ä			Part IV, line 18	•					
Other Revenu		b	Less: direct expenses			-			
0			Net income or (loss) from fund						
			Gross income from gaming ac	-					
			Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gam		>				
	10	а	Gross sales of inventory, less	returns					
			and allowances	а					
		b	Less: cost of goods sold	b					
		С	Net income or (loss) from sale	s of inventory					
			Miscellaneous Revenu		Business Code				
	11		Foreign currence	y trans	900099	27,675.	27,675.		
		b							
		С			00000				<u> </u>
			All other revenue		900099	5,575.	5,575.		
		е	Total. Add lines 11a-11d			33,250.	154 050		
43200	12		Total revenue. See instructions.		>	1,887,070.	154,250.	0.	<u> </u>
43200 11-07	-14								Form 990 (2014)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response	se or note to any line in	this Part IX	тріете соіитп (А).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		схропосо	допогал одрогиос	ολροπουσ
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	526,816.	526,816.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	400 000	5 4 000	22 222	
	trustees, and key employees	120,000.	54,000.	33,000.	33,000
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10 274	F F 6 0	2 402	2 402
10	Payroll taxes	12,374.	5,568.	3,403.	3,403
11	Fees for services (non-employees):				
а	Management				
b	Legal	10,757.		10,757.	
С	Accounting	10,737.		10,737.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	15,296.		15,296.	
40	Advertising and promotion	13,250.		13,2300	
12 13	Office expenses	6,884.	3,332.	605.	2,947
14	Information technology	0,0021	3,3321		
15	Royalties				
16	Occupancy	1,564.	704.	430.	430
17	Travel	23,680.	10,656.	6,512.	6,512
 18	Payments of travel or entertainment expenses	.,	,	, ,	. , .
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	170.		170.	
20	Interest	4,126.	1,856.	1,135.	1,135
21	Payments to affiliates	·	-	•	<u>_</u>
22	Depreciation, depletion, and amortization				
 23	Insurance	789.		789.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d		2 044		2 011	
е	All other expenses	3,011.	600 000	3,011.	40.00
25	Total functional expenses. Add lines 1 through 24e	725,467.	602,932.	75,108.	47,427
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	50,272.	1	100,848.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	167,000.	3	1,230,669.
	4	Accounts receivable, net	1,649.	4	25,181.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ις.		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	789.	9	
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	· · · · · · · · · · · · · · · · · · ·		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	219,710.	16	1.356.698
_	17	Accounts payable and accrued expenses	32,302.	17	1,356,698 35,362
	18	Grants payable	0=,00=0	18	30,002
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
- 1	22	Loans and other payables to current and former officers, directors, trustees,		21	
	~~	key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	222,285
	23 24	Unsecured notes and loans payable to unrelated third parties	249,960.	24	222,203
	2 4 25	Other liabilities (including federal income tax, payables to related third	243,300.	24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X of			
				25	
	26	Total liabilities. Add lines 17 through 25	282,262.	26	257,647.
<u> </u>	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	20272021	20	2377017
ا س		complete lines 27 through 29, and lines 33 and 34.			
<u> </u>	27	Unrestricted net assets	-231,031.	27	-220,037.
Jar	28	Temporarily restricted net assets	168,479.	28	1,319,088
<u> </u>	29			29	
Net Assets or Fund Balances	25	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶□			
<u> </u>		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
2	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ž		Retained earnings, endowment, accumulated income, or other funds		32	
פ	32 33		-62,552.	33	1,099,051.
		Total lichilities and not seeds (fund belennes	219,710.	34	1,356,698.
	34	Total liabilities and net assets/fund balances	217,110.	∪ 4	-,550,650

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,88		67.			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3	1,16					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-6	2,5	52.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1,09	9,0	51.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?	-	3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	-					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
	<u> </u>			990	(2014)			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Friends of the British Council, USA

Employer identification number 27-1976339

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.					
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 11, o	check only	one box.)						
1		A church, convention of ch)(A)(i).					
2		A school described in sect				٠, ٨	X X7					
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Ħ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
7		city, and state:										
5		•										
3		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.)										
6	v	A federal, state, or local go	-				•					
7	X	An organization that norma	•	intial part of its support	from a gov	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C	•									
8	Н	A community trust describe										
9		An organization that norma	*	-	-			•				
		activities related to its exen	•	•			· · · · · · · · · · · · · · · · · · ·	•				
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Con										
10	Н	An organization organized a	·		•							
11		An organization organized a	·	•	-		· · · · · · · · · · · · · · · · · · ·					
		more publicly supported or	~					Check the box in				
		lines 11a through 11d that	* *			•						
а			· · · · · · · · · · · · · · · · · · ·	· ·	•							
		the supported organization		• • • •	a majority	of the dired	ctors or trustees of the s	supporting				
		organization. You must o	- ·									
b			-					-				
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported				
		organization(s). You mus										
С			- :				· ·	ed with,				
		its supported organizatio		•								
d		☐ Type III non-functionally						• •				
		that is not functionally int	-		•			iveness				
		requirement (see instruct	•	-								
е		☐ Check this box if the orga					Type I, Type II, Type III					
		functionally integrated, or	* *									
t		er the number of supported of										
g		vide the following information	about the supporte		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of				
	,	 i) Name of supported organization 	(11) = 114	(described on lines 1-9	listed i	n your	support (see	other support (see				
		ga		above or IRC section	governing		Instructions)	Instructions)				
				(see instructions))	Yes	No	•	·				
Гotа	ıl											

Form 990 or 990-EZ. 432021 09-17-14

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.)

Sec	ction A. Public Support								
Cale	ndar 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.")		432,461.	414,400.	226,043.	1,732,820.	2,805,724.		
2	Tax revenues levied for the organ-								
	ization'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		100 161	44.4.400	006 040				
4	Total. Add lines 1 through 3		432,461.	414,400.	226,043.	1,732,820.	2,805,724.		
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)						1,295,434.		
	Public support. Subtract line 5 from line 4.						1,510,290.		
	ction B. Total Support	() 22/2			(0 00 (0	4.20044			
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011 432,461.	(c) 2012 414,400.	(d) 2013 226,043.	(e) 2014	(f) Total		
_	Amounts from line 4		432,401.	414,400.	220,043.	1,732,820.	2,805,724.		
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								
10	business is regularly carried on Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)			11,330.		28,404.	39,734.		
11				11/3301		20,1010	2,845,458.		
12	Gross receipts from related activities,	etc (see instructi	one)			12	147,400.		
13	First five years. If the Form 990 is for			d fourth or fifth ta		_=_			
	organization, check this box and stor						X		
Sec	ction C. Computation of Publ								
14	Public support percentage for 2014 (olumn (f))		14	%		
15	Public support percentage from 2013					15	%		
16a	33 1/3% support test - 2014. If the o					nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization	·					
b	33 1/3% support test - 2013. If the o						is box		
	and stop here. The organization qual	ifies as a publicly :	supported organiza	ation					
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization		
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization		▶□		
b	10% -facts-and-circumstances tes								
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, ch	neck this box and	stop here. Explair	in Part VI how the			
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization			
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2014

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.)

Sec	tion A. Public Support	olow, please com	proto r ure m.				
	ndar 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.")						
	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, 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.)				ļ		
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						>
	tion C. Computation of Publi			(0)		Tael	
	Public support percentage for 2014 (li					15	<u>%</u>
	Public support percentage from 2013 tion D. Computation of Inves					16	<u>%</u>
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	——————————————————————————————————————
	33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che	· ·			•	•	
	Private foundation. If the organization			•		•	

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		
- Gu		
3b		
3с		
00		
4a		
4b		
TU		
_		
4c		
_		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
9b		
9c		
30		
10a		
10b		

Par	TIV 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		
	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		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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		
	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		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	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	4		
	the supported organization(s). tion D. Type III Supporting Organizations	1		L
000	tion B. Type in 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		103	140
	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		
	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 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion 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).	:		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
	Activities Test. Answer (a) and (b) below.		Yes	No
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
	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	26		
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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 <i>Part VI</i> .	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
~	of its supported organizations? If "Ves." describe in party, the role played by the organization in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	3
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	on Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	ion A - Adjusted Net Income		(A) FIIOI Teal	(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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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-functional	y-integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Par	rt V Type III Non-Functionally Integrat	ed 509	(a)(3) Supporting Organic	anizations _(continued)	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported organizations to accom				
2	Amounts paid to perform activity that directly furthe				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exemp	ns			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval requ	uired)			
6	Other distributions (describe in Part VI). See instruc	tions.			
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to	which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2014 from Section C, line 6	6			
10	Line 8 amount divided by Line 9 amount				
Secti	tion E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	 S			
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	1, if			
	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2014. Subtract line	es 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:				
a					
b					
C					
	Excess from 2013				
е	Excess from 2014				

Schedule A (Form 990 or 990-EZ) 2014

hedule A (l	Form 990 or 990	EZ) 2014 F	riena	SOIT	ne Bri	ltisn	Counci	I, USA	47 47-	-19/6339
	Also complete th	al IIIIOIIII is part for a	auon. Pro ny addition	vide the ex al informati	pianations r	equirea by tructions)	Part II, line I	u; Part II, line	1/a or 1/b;	and Part III, line 1
	Also complete ti	iis part ioi a	ny addition	ai iiiioiiiiati	on. (See ins	tructions).				

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2014

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
European Commissions	122,658.	65,749.
Carnegie Corporation of New York	500,000.	443,091.
The Henry Luce Foundation, Inc.	451,000.	394,091.
Barrick Gold of North America Inc	449,412.	392,503.
Total Excess Contributions to Schedule A, Part II, Line 5		1,295,434.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

Employer identification number

Friends of the British Council, USA

27-1976339

Organization type (check one):								
Filers of	:	Section:						
Form 990	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from a during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	year, contributions is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year						
but it mu	ı st answer "No" on I	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Friends of the British Council, USA

27-1976339

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	The Henry Luce Foundation, Inc. 51 Madison Avenue New York, NY 10010	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Fledgling Fund 55 Walls Drive, 3rd Floor Fairfield, CT 06824	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Barrick Gold of North America Inc 460 West 50 North, Suite 500 Salt Lake City, UT 84101	\$\$449,412.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Cambridge in America 1120 Avenue of the Americas, 17th Floor New York, NY 10036	\$ 751,838.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Citi Foundation ONE COURT SQ 43RD FL LONG ISLAND CITY, NY 11120	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	US State Department 2201 C St. NW Washington DC 20520	\$ 295,765.	Person X Payroll
402450 11.0	Washington, DC 20520	Sahadula B /Farm	noncash contributions.)

Friends of the British Council, USA

27-1976339

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \ \ \ \ \ \	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
3453 11-05-	-14	Schedule B (Form	 990, 990-EZ, or 990-PF) (20

Name of organization Employer identification number 27-1976339 Friends of the British Council, USA Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Friends of the British Council, USA

Employer identification number 27-1976339

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		•
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	`	orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		·····
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		-
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	mn		
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2014

	t III Organizations Maintaining C	ollections of A	rt, Historical	Treasures, o	or Other	Similar	Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	ds, check any of th	ne following tha	t are a sig	nificant use	of its	collection	items
	(check all that apply):								
а	Public exhibition	d	I ☐ Loan or e	xchange progra	ams				
b	Scholarly research	е		0.0					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explai	n how they furthe	r the organizati	on's exem	pt purpose	in Part	XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arrang							ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for contribut	ons or other as	sets not in	ncluded		_	
	on Form 990, Part X?						🗀	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo						\square	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanation has be	en provided in l	Part XIII .				
Pai	t V Endowment Funds. Complete if	the organization an	swered "Yes" to	Form 990, Part	IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two year	rs back (d) Three years	s back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr	ent vear end baland	ce (line 1a. columr	ı (a)) held as:					
a	Board designated or quasi-endowment	,	%	(-,,,					
b	Permanent endowment	%	_						
С	Temporarily restricted endowment ▶	<u> </u>							
	The percentages in lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses		ation that are held	d and administe	ered for the	e organizatio	on		
	by:	ŭ				Ü		Γ	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	on Schedule R?					_ ` _	
4	Describe in Part XIII the intended uses of the							1	
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" to Form 990), Part IV, line 11a	See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or o		ost or other is (other)		umulated eciation		(d) Book	value
19	Land	,	Sas	.5 (54151)	аорі	23,44,011			
	Buildings								
	Leasehold improvements								
			+				+		
	Equipment Other						+		
	. Add lines 1a through 1e. (Column (d) must ed		X column (R) line	= 10c)					0.
iola	- Aud intes la tribugh le (Column (a) must et	juai i Oiiii 330, Pail	л, сошни (<i>b),</i> IIII	. 100. <i>/</i>		·····			

Schedule D (Form 990) 2014

Scriedule D	r (Form 990	1) 2014	TITEMAS	OT	CIIC	DITCISI	COUNCIL
Part VII	Investr	nents -	Other Securition	es.			

Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		line 11d. See Form 990,	Part X, line 15.	1
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		<u></u>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV,		1 990, Part X, line 25	
1. (a) Description of liability		(b) Book value	-	
(1) Federal income taxes			-	
(2)			-	
(3)			-	
(4)			-	
(5)			_	
(6)			-	
(7)			-	
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.) ▶			

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

Schedule D (Form 990) 2014

rienas	OI	tne	British	Council	L, USA	27-1976339	Page

Paı	t XI Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return	,
	Complete if the organization answered "Yes" to Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,887,070.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,887,070.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
	Add lines 4a and 4b			0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			1,887,070.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	-	nses per Retur	'n.
	Complete if the organization answered "Yes" to Form 990, Part IV, li			
1	Total expenses and losses per audited financial statements		1	725,467.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
b	Prior year adjustments			
С				
d	Other (Describe in Part XIII.)			0
е	Add lines On through Od		0-	0.
•	Add lines 2a through 2d			
3	Subtract line 2e from line 1		_	725,467.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		_	
4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
4 a b	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a	_	725,467.
4 a b c	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4a 4b	4c	725,467.
4 a b c	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	4c	725,467.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

FOBC is exempt from the payment of income taxes on income other than net unrelated business income under Section 501(c)(3) of the Internal Revenue Code.

The provisions included in accounting principles generally accepted in the United States of America provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition of tax positions taken or expected to be taken in a tax return. FOBC performed an evaluation of uncertain tax positions as of

March 31, 2015 and 2014, and determined that there were no matters that

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization

Employer identification number

Schedule F (Form 990) 2014

Fr:	iends of the	British	Council,	USA		27-19763	39
				tside the United States. Comple	ete if the organ		
	Form 990, Part I\	/, line 14b.					
1				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	istance? L	」Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance οι	ıtside the
3				an be duplicated if additional space is r			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
	Out total						
	Sub-total Total from continuation	0	0				0.
С	Sheets to Part I Totals (add lines 3a		0				0.

432071 09-24-14

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule	F (Form 990) 2014	Friends	of	the	British	Council,	USA	27-1976339
Part II	Grants and Other Assis	stance to Organiz	ation	s or Enti	ities Outside th	e United States.	Complete	if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who received n	nore than \$5,000.	Part II	can be	duplicated if add	ditional space is n	eeded.	

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			To carry out "Our					
			Shared Future" and					
			"Global Changemakers"					
		Europe	projects.	526,816.	,	0.		
			recognized as charities by the					
			n 501(c)(3) equivalency letter					
3 Enter total number of	other organizations	or antitiae						

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

27-1976339

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Friends of the British Council, USA

Employer identification number 27-1976339

Form 990, Part I, Line 1, Description of Organization Mission: trust among people in the US and around the world. FOBC works primarily by enabling US participation in a strategic partnership with the British Council.

Form 990, Part III, Line 4a, Program Service Accomplishments: We enabled Israeli scientists of outstanding ability to pursue their postdoctoral research at the University of Cambridge while fostering a scholarly exchange and greater understanding between researchers in Britain and Israel. Scientist worked on molecular surface dynamics, 3D vascular networks for tissue engineering and studied the role of non-coding RNAs in DNA repair.

We produced research, hosted and conducted workshops, held strategic planning sessions and provided group and one-on-one mentoring and training for program managers in Latin America, Sub-Saharan Africa, South Asia, Europe, Middle East and North Africa on the effective development and delivery of public-private partnerships with foundations, corporations, multi-lateral agencies, public and educational institutions, high net worth individuals as well as local community service and non-profit organizations.

Form 990, Part III, Line 4b, Program Service Accomplishments: community radio programs creating platforms and channels to ensure the wider community has access to government information.

Schedule O (Form 990 or 990-EZ) (2014) Page 2 Name of the organization **Employer identification number** Friends of the British Council, USA 27-1976339 We worked with 4 bands of the Te-Moak tribe of Western Shoshone Native Americans in Nevada. Our program provided training in project development and management, teamwork, conflict resolution, identity, resiliency and self-expression to empower community members through to community-led projects on Native language retention, traditional arts and crafts, health and diabetes, community gardens, and strategic long term community plan. In partnership with Premiership Rugby we conducted a scoping study of the US rugby market to determine the viability of a rugby for social change, capacity building and youth development program model for the US sharing best practice in community outreach through rugby from the UK. Form 990, Part III, Line 4c, Program Service Accomplishments: Instituto Camoes, Italian Cultural Institute, Romanian Cultural Institute, and the Embassies of Cyprus, Denmark, Finland, Ireland, Romania, Slovenia, Spain and Sweden. We worked with the Youth Orchestra of Iraq to organize a study tour of the United States. Form 990, Part VI, Section B, line 11: The Form 990 will be circulated to the Board of Directors for approval

Form 990, Part VI, Section B, Line 12c:

before filing with the IRS.

The board members are asked about the compliance with the conflict of

Name of the organization Friends of the British Council, USA	Employer identification number 27-1976339
interest plolicy at every board meeting.	
Form 990, Part VI, Section B, Line 15a:	
The board members met and discussed the salary for the Ex	ecutive Director
and voted to approve compensation.	
Form 990, Part VI, Section C, Line 19:	
The organization makes its governing documents, conflict	of interest
policy, and financial statements available upon request.	
Form 990, Part XII, line 2c	
The process has not changed from prior year.	