/ Modernia Company of American Company		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was		
responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for		
the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard</i>	3b	

t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizat	ions	
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section	ovemb ions A	per 20, 1970. <b>See instruct</b> through E.	tions. All
tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
	2		
	3		
Add lines 1 through 3	4		
	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1 a		
Average monthly cash balances	1 b		
Fair market value of other non-exempt-use assets	1 c		
I Total (add lines 1a, 1b, and 1c)	1 d		
Discount claimed for blockage or other factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	+		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	-		
Minimum Asset Amount (add line 7 to line 6)	8		
etion C — Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	-		
Income tax imposed in prior year	5		
<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functionally-integrate (see instructions).	ed Typ		
	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Norther Type III non-functionally integrated supporting organizations must complete Section A — Adjusted Net Income  Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions).  Add lines 1 through 3 Depreciation and depletion 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)  Other expenses (see instructions)  Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  tion B — Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets  Total (add lines 1a, 1b, and 1c).  Discount claimed for blockage or other factors (explain in detail in Part VI):  Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d  Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)  Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by .035.  Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)  Enter 85% of line 1  Minimum asset amount for prior year (from Section A, line 8, Column A)  Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally-integrate temporary reduction (see instructions)	Check here if the organization satisfied the Integral Part Test as a qualifying trust on November Type III non-functionally integrated supporting organizations must complete Sections A tion A — Adjusted Net Income  Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 4 Depreciation and depletion 5 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 tion B — Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  Average monthly value of securities 1 to Average monthly cash balances 1 to Average monthly cash balances 1 to Discount claimed for blockage or other factors (explain in detail in Part VI):  Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1 d. 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 7 Minimum Asset Amount  Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instruction A — Adjusted Net Income  (A) Prior Year  Net short-term capital gain

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Schedule **A** (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509(a)(3) Sur	porting Organiza	ations (continued)	
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	s		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	ed organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6		. 4	
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions	on is responsive (provi	de details	
9	Distributable amount for 2015 from Section C, line 6		/	
10	Line 8 amount divided by Line 9 amount		<i></i>	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
ı	Carryover from 2010 not applied (see instructions)			
J	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			

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**e** Excess from 2015 . . . . . . . . . . . . . . . .

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

	FRIENDS OF WEST AFRICA THEOLOGICAL SEMINARY, INC 35-1950856
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.
	(a) Donor advised funds (b) Funds and other accounts
1	Total number at end of year
2	Aggregate value of contributions to (during year)
3	Aggregate value of grants from (during year)
4	Aggregate value at end of year
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?
Par	Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).
	Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area
	Protection of natural habitat Preservation of a certified historic structure
	Preservation of open space
2	Complete lines 2a through 2d if the organization held a qualified 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
	Total acreage restricted by conservation easements
	Number of conservation easements on a certified historic structure included in (a) 2 c
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic
	structure listed in the National Register
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►
4	Number of states where property subject to conservation easement is located ▶
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   \$\Bigsis\$ \frac{1}{2}\$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
k	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
	(i) Revenue included on Form 990, Part VIII, line 1
	(ii) Assets included in Form 990, Part X
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
	Revenue included on Form 990, Part VIII, line 1
L.	Accepts included in Form 990 Part Y

Part III   Organizations Maintaini	ng Collections of Art, Histo	orical Treasures, or	Other Similar Asso	ets (continued)
3 Using the organization's acquisition, a items (check all that apply):	ccession, and other records, check	any of the following that a	re a significant use of its	collection
a Public exhibition	<b>d</b> Loan	or exchange programs		
b Scholarly research	e Other			
c Preservation for future generation	s			
4 Provide a description of the organizati Part XIII.		ey further the organization	's exempt purpose in	
5 During the year, did the organization s to be sold to raise funds rather than to	solicit or receive donations of art, his	torical treasures, or other	similar assets	Yes No
Part IV Escrow and Custodial A	rrangements. Complete if to bunt on Form 990, Part X, lin	ne organization ansv	vered 'Yes' on Form	990, Part IV,
1 a Is the organization an agent, trustee, on Form 990, Part X?	custodian or other intermediary for o	contributions or other asse	ets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement in Pa				
bili res, explain the arrangement in ra	at 7 and complete the following to	DIO.		Amount
c Beginning balance				
d Additions during the year			. 1d	
e Distributions during the year		A		
f Ending balance			. 1f	
2 a Did the organization include an amount				Yes No
<b>b</b> If 'Yes,' explain the arrangement in Pa				H
bit 103, explain the arrangement in 1	meyami eneok nere ii iiie explanatie	The second provinces and		
Part V Endowment Funds. Con	nplete if the organization ans	wered 'Yes' on Form	990, Part IV, line 10	0.
i dit v Elidevillelli i dilder son	(a) Current year (b) Prior yea	1988	(d) Three years back	(e) Four years back
1 a Beginning of year balance	(a) surroin you.	(c) ma juan ann		
<b>b</b> Contributions				
c Net investment earnings, gains, and losses		7		
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
<b>g</b> End of year balance				
2 Provide the estimated percentage of t	he current year end balance (line 1	g, column (a)) held as:		
a Board designated or quasi-endowmer				
<b>b</b> Permanent endowment ►	90			
c Temporarily restricted endowment	%			
The percentages on lines 2a, 2b, and	2c should equal 100%.			
3 a Are there endowment funds not in the	possession of the organization tha	t are held and administere	ed for the	
organization by:				Yes No
				3a(i)
(ii) related organizations				3a(ii)
<b>b</b> If 'Yes' on line 3a(ii), are the related o				3b
4 Describe in Part XIII the intended use	s of the organization's endowment	unds.		
Part VI Land, Buildings, and Ed				
Complete if the organizat	ion answered 'Yes' on Form	990, Part IV, line 11	a. See Form 990, Pa	art X, line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1 a</b> Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment			433.	12,567.
e Other			-155.	12,001.
Total. Add lines 1a through 1e. (Column (d.	Management of the Control of the Con	mn (B), line 10c.)		12,567.
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(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-of-year market value
) Financial derivatives		
) Closely-held equity interests		
Other		77/A
)		
<u>/</u>		
 )		
<u>,                                     </u>		
<u>,</u>		
)		
)		
)		
al. (Column (b) must equal Form 990, Part X, column (B) line 12.)▶		
art VIII Investments - Program Related.	Vaa' on Earm 000 I	Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
	(b) Dook value	(c) Method of Valadatori. Soot of ond of your market fa
1)		
2)		
3) 4)	45000	
5)	//-/ A	
6)		
7)	A . 1 - 17	
8)		
9)		
(0)		
	**************************************	
ntal. (Column (b) must equal Form 990, Part X, column (B) line 13.).		D. J. N. J. Live and J. Cone Forms 000 Port V. Jimo 45
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  art IX Other Assets. Complete if the organization answered	Yes' on Form 990, I	Part IV, line 11d. See Form 990, Part X, line 15
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) • art IX Other Assets.  Complete if the organization answered (a) De		Part IV, line 11d. See Form 990, Part X, line 15
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) • art IX Other Assets.  Complete if the organization answered (a) De (1)	Yes' on Form 990, I	Part IV, line 11d. See Form 990, Part X, line 15
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) • art IX Other Assets.  Complete if the organization answered (a) De (1)	Yes' on Form 990, I	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) •  art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3)	Yes' on Form 990, I	Part IV, line 11d. See Form 990, Part X, line 15
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) •  art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4)	Yes' on Form 990, I	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) •  art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5)	Yes' on Form 990, I	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) •  art IX Other Assets.  Complete if the organization answered (a) De (1)  (2)  (3)  (4)  (5)  (6)  (7)	Yes' on Form 990, I	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book vali
al. (Column (b) must equal Form 990, Part X, column (B) line 13.) •  art IX Other Assets.  Complete if the organization answered (a) De (a) De (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Yes' on Form 990, I	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
al. (Column (b) must equal Form 990, Part X, column (B) line 13.) •  art IX Other Assets.  Complete if the organization answered  (a) December 11  2)  3)  44)  55)  66)  77  88  99)	Yes' on Form 990, I	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) •  art IX  Other Assets.  Complete if the organization answered  (a) December 13.  (b) Part X, column (B) line 13.  (c) Complete if the organization answered  (d) December 13.  (e) December 13.  (f) Column (b) must equal Form 990, Part X, column (B) line 13.  (a) December 13.  (b) Part X, column (B) line 13.  (c) Part X, column (B) line 13.  (d) December 13.  (e) December 13.  (f) Column (b) must equal Form 990, Part X, column (B) line 13.  (a) December 14.  (b) Part X, column (B) line 13.  (a) December 14.  (b) Part X, column (B) line 13.  (a) December 14.  (b) Part X, column (B) line 13.  (a) December 14.  (b) Part X, column (B) line 13.  (a) December 14.  (b) Part X, column (B) line 13.  (a) December 14.  (b) Part X, column (B) line 13.  (a) December 14.  (b) Part X, column (B) line 13.  (a) December 14.  (b) Part X, column (B) line 13.  (c) Part X, column (B) line 13.  (a) December 14.  (b) Part X, column (B) line 13.  (a) December 14.  (b) Part X, column (B) line 13.  (c) Part X, column (B) line 13.  (d) Part X, column (B) line 13.  (e) Part X, column (B) line 13.	Yes' on Form 990, Inscription	(b) Book valu
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) •  art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B) and (Column (B) Equal Form 990, Part X, column (B) and (Column (B) Equal Form 990, Part X, column (B) Equal Form 990, Part X, column (B) and (Column (B) Equal Form 990, Part X, column (B) Equal Form 990, Part X, column (B) Equal Form 990, Pa	Yes' on Form 990, Inscription	(b) Book valu
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tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) •  art IX Other Assets. Complete if the organization answered (a) December (a) December (b) December (a) December (b) December (b) December (c)	Yes' on Form 990, Inscription	(b) Book valu
art IX Other Assets. Complete if the organization answered (a) De  (b) must equal Form 990, Part X, column (B) line 13.).  (c) Other Assets. Complete if the organization answered (a) De  (b) De  (c) De  (c) De  (c) De  (d) Description of liability	Yes' on Form 990, Inscription  Sine 15.)	(b) Book valu
art IX Other Assets. Complete if the organization answered (a) De  (b) must equal Form 990, Part X, column (B) line 13.).  (c) De  (d) De  (d) De  (e) De  (e) De  (f) De  (f) De  (g)	Yes' on Form 990, Inscription  Sine 15.)	(b) Book valu
and. (Column (b) must equal Form 990, Part X, column (B) line 13.).  The state of the organization answered (a) December 1.  The state of the organization answered (a) December 1.  The state of the organization answered (b) December 1.  The state of the organization answered (b) December 1.  The state of the organization answered (c) (d) Description of liability (d) Federal income taxes (d) (d) Description of liability (d) (d) December 1.	Yes' on Form 990, Inscription  Sine 15.)	(b) Book valu
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art IX Other Assets. Complete if the organization answered (a) De (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B) ine 13.).  Other Liabilities. Complete if the organization answered Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Yes' on Form 990, Inscription  Sine 15.)	(b) Book valu
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.).  The state of the Assets.  Complete if the organization answered (a) December (a) December (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (b) art X  Other Liabilities.  Complete if the organization answered 'Yes' on (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)	Yes' on Form 990, Inscription  Sine 15.)	(b) Book valu
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.).  The start IX Other Assets.  Complete if the organization answered (a) December (b) December (b) December (c) December	Yes' on Form 990, Inscription  Sine 15.)	(b) Book valu
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.).  The part IX Other Assets.  Complete if the organization answered (a) December (b) December (b) December (c) December (	Yes' on Form 990, Inscription  Sine 15.)	(b) Book valu
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.).  art IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, column (B) ine 13.).  otal. (Column (b) must equal Form 990, Part X, column (B) ine 13.).  art X  Other Liabilities.  Complete if the organization answered 'Yes' on 16.  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	Yes' on Form 990, Inscription  Sine 15.)	(b) Book valu
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.).  Tart IX  Other Assets.  Complete if the organization answered  (a) December (b) must equal Form 990, Part X, column (B) (C)  (B)  (C)  (C)  (C)  (C)  (C)  (C)	Yes' on Form 990, Inscription  Sine 15.)	(b) Book valu
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) •  art IX Other Assets. Complete if the organization answered (a) December (a) December (b) must equal Form 990, Part X, column (B) (Column (b) must equal Form 990, Part X, column (B) (Complete if the organization answered 'Yes' on Complete if the Organization answered 'Yes' on Compl	Yes' on Form 990, Inscription  Sine 15.)  Form 990, Part IV, line 1  (b) Book value	(b) Book valu

Schedule D (Form 990) 2015 FRIENDS OF WEST AFRICA THEOLOGICAL SEMINARY, INC 35	5-1950856 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	. 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	. 2 e
3 Subtract line 2e from line 1	. 3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	_
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	<u></u>
1 Total expenses and losses per audited financial statements	. 1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	_
b Prior year adjustments	_
c Other losses	_
d Other (Describe in Part XIII.)	_
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	. 3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	-
b Other (Describe in Part XIII.)	- 46
c Add lines 4a and 4b	
o Total expenses. Add lines o and 4c. (This must equal Form 990, Fart I, line To.)	

Part XIII Supplemental Information.

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.

Schedule **D** (Form 990) 2015

### SCHEDULE F (Form 990)

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.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS OF WEST AFRICA THEOLOGICAL SEMINARY, INC

on Form 990, Part IV, line 14b.

Employer identification number 35-1950856

General Information on Activities Outside the United States. Complete if the organization answered 'Yes'

1				stantiate the amount of its grant tion criteria used to award the gr		XYes No
2	For grantmakers. Describe United States.	in Part V the orgar	nization's procedur	res for monitoring the use of its g	rants and other assistand	ce outside the
3	Activities per Region. (The fo	ollowing Part I, line	3 table can be du	plicated if additional space is nee	eded.)	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Sub-Saharan Africa	0	0	Support of seminary	see previous	512,916.
(2)						
(3)				6		
(4)			1 47			
(5)						
(6)						
(7)	Market and the second	4				
(8)		4				
(9)						
10)						
11)	4					
12)						
13)						
14)						
15)						
(16)						
(17)						
	a Sub-total	0	0			512,916.
	b Total from continuation sheets to Part I					
	<b>C Totals</b> (add lines 3a and 3b) .	0	0			512,916.

35-1950856

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FRIENDS OF WEST AFRICA THEOLOGICAL SEMINARY, INC

Schedule F (Form 990) 2015

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

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, EMV, appraisal, other)
(1)		Sub-Saharan Africa Support of Seminary					
(2)		Sub-Saharan Africa Support of Church			,		
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	tions listed above that ection 501(c)(3) equiva	are recognized as charities by the for alency letter	reign country, recogn	ized as tax-exempt	by the IRS, or for w	:	2
3 Enter total number of other organizations or entities	s or entities.						Schedule F (Form 990) 2015
						STATES AND STATES STATES STATES AND STATES A	

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FRIENDS OF WEST AFRICA THEOLOGICAL SEMINARY, INC

Schedule F (Form 990) 2015

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) Schedule F (Form 990) 2015 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) BAA (10) (11) (12)(13) (14) (15) $\Xi$ (2) (3) 4 (2) 6 (16) (17) (9) 3 8

Part IV Foreign Forms 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 X No Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately 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).............. X No 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 X No 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 X No 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 X No Did the organization have any operations in or related to any boycotting countries during the tax year? 

BAA

TEEA3505 05/27/15

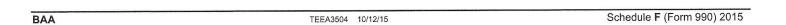
Schedule F (Form 990) 2015

## Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Pt I Line 2

The organization designates classes of funds restricted for programs in Nigeria at the Seminary. The seminary returns audited financial statements which show the designated expenditures. Also the organization's international director makes on-site visits, as well as regular telephone contact to monitor the proper use of funds.



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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS OF WEST AFRICA THEOLOGICAL SEMINARY, INC

Employer identification number

35-1950856

The tax return is examined by the treasurer in consultation with tax Pt VI, Line 11b preparer.