

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **FRIENDSHIP FORCE INTERNATIONAL, INC**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address): **260 PEACHTREE STREET NW, STE 402**
 Room/suite _____
 City or town, state or province, country, and ZIP or foreign postal code: **ATLANTA GA 30303**

D Employer identification number: **58-1287754**
E Telephone number: **404-522-9490**
G Gross receipts \$: **1,783,315**

F Name and address of principal officer:
JEREMI SNOOK
260 PEACHTREE STREET NW, STE 402
ATLANTA GA 30303

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.THEFRIENDSHIPFORCE.ORG**
H(c) Group exemption number _____

K Form of organization: Corporation Trust Association Other

L Year of formation: **1977** **M** State of legal domicile: **GA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE GLOBAL UNDERSTANDING ACROSS THE BARRIERS THAT SEPARATE PEOPLE, USING SHORT-TERM EXCHANGE VISITS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	16000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	275,519	398,176
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,406,521	1,384,966
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	109	173
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,682,149	1,783,315
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	730,487	785,419
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	68,336	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	963,643	916,904
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,694,130	1,702,323	
19 Revenue less expenses. Subtract line 18 from line 12	-11,981	80,992	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	626,217	705,477
	22 Net assets or fund balances. Subtract line 21 from line 20	254,941	238,938
		371,276	466,539

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Jeremi Snook*
 Date: _____
JEREMI SNOOK
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only
 Print/Type preparer's name: **WILLIAM E. LONG, JR., CPA**
 Preparer's signature: _____
 Date: **08/01/16**
 Check if self-employed if PTIN **P00171899**
 Firm's name: **LONG & COMPANY, P.C.**
 Firm's EIN: **58-2026697**
 Firm's address: **1325 SATELLITE BLVD NW STE 1504 SUWANEE, GA 30024-4662**
 Phone no.: **678-327-4382**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No