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Department of the Treasury

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 20**1**1

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 20 11 January 1 December 31 For the 2011 calendar year, or tax year beginning 2011, and ending D Employer identification number C Name of organization AOET International Coordinating Office - USA Check if applicable Doing Business As AOET-USA 20-4145965 Address change Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change PO Box 19006 Initial return 503-954-3711 City or town, state or country, and ZIP + 4 Terminated Portland, OR 97280 G Gross receipts \$ 540.261 Amended return F Name and address of principal officer Ginger Damron, Executive Director Application pending H(a) Is this a group return for affiliates? Yes V No 8223 SW 12th Ave Portland, OR 97219 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) √ 501(c)(3) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or Tax-exempt status www.aoetusa.com Website: ▶ H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🔲 Trust Other ▶ 2006 M State of legal domicile WA Association [ L Year of formation Summary Part I Briefly describe the organization's mission or most significant activities: AOET-USA seeks to transform communities one child at a time through child sponsorship, holistic health care, orphan home placement, empowerment training for guardians, Activities & Governance and psychosocial support. Check this box ▶☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 5 **© 2012** 5 6 Total number of individuals employed in calendar year 2011 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . . . 6 75 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 7b SCANNED SEP **Current Year** Contributions and grants (Part VIII, line 1h) . Я 451,015 540,261 9 Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . O 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 451,015 540,261 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 318,342 343,868 14 n Benefits paid to or for members (Part IX, column (A), line 4) . . n 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 84,580 108,940 16a Professional fundraising fees (Part IX, column (A), line 11e) n n Total fundraising expenses (Part IX, column (D), line 25 ECEIVED 17 Other expenses (Part IX, column (A), lines 11a-11p, 11f-24e) 85,096 66.207 OSC Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 469.129 537,904 Revenue less expenses. Subtract line 18 from Fine 12AUG. 2.0.2012 19 -18,114 2,357 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 26,467 17,892 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 26.467 17.892 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 Signature of officer Date Sign 8/15/2012 Here Executive Director Damon Type of print name and title Print/Type preparer's name Preparer's signature Date Paid Check self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

🗌 Yes 🗌 No Form **990** (2011)

Cat No 11282)

Form 99	0 (2011) Page <b>2</b>
Part	• • • • • • • • • • • • • • • • • • • •
<u>`                                    </u>	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:  AOET-USA exists to build a community of support for the work of Action for Empowerment in Uganda and Kenya. This is done via child sponsorship, service teams, capital building projects, and healthy cross-cultural partnerships.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.  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 and section 4947(a)(1) trusts 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: 9100 ) (Expenses \$ 241,532 including grants of \$ 241,532 ) (Revenue \$ ) Child Sponsorship: Provided sponsorship for 800 orphans and vulnerable children in Uganda and Kenya, which includes formal education school fees, lunch at school, medical treatment, books, uniforms, and optional vocational training for guardians.
4b	(Code: 9000 ) (Expenses \$ 25,955 including grants of \$ ) (Revenue \$ )  Service Teams: Facilitated four service teams from the US to Uganda doing home visits with sponsored children, participating in medical outreaches, leading teacher training workshops, helping with capital construction projects, and coordinating leadership
	development workshops.
4c	(Code: 9110 ) (Expenses \$ 76,381 including grants of \$ 76,381 ) (Revenue \$ )  AOET-Uganda Support: Provided general funding support, capital project support, and empowerment project support for the work of AOET-Uganda. The scope of this work includes running two schools, as level 3 health center, mobile medical outreaches, vocational and empowerment training, and family-based fostering of orphans.
	vocational and empowerment training, and family-based fostering of orphans.
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 343,868

Part	IV Checklist of Required Schedules			. ugo u
` .	le the experimentary described in section E01/oV(2) or 4047(oV(1) (other than a private foundation) 2 15 "Voc."		Yes	No
'	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	•	1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV </i>	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
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 as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		<b>√</b>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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	11d		<b>✓</b>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	11f 12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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.	146		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	14b 15	1	•
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	•	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>√</b>
18	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	18		<b>√</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a		20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>√</b>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>√</b>
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		<del>-</del>
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 Schedule K. If "No," go to line 25	24a		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	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	25b		<u>·</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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		<u>·</u>
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		1
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<b>√</b>
С	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		<b>√</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Part I	31		<b>√</b>
33	complete Schedule N, Part II	32		✓
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>✓</b>
34	IV, and V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<b>~</b>
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		<b>✓</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	✓	
		Forn	n <b>99</b> 0	(2011)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		. 🗆
		_	Yes	No
1a		0		
b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c		✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		ļ	
		6	/	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	<b>√</b>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>√</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			İ
	gifts were not tax deductible?	6b		
7_	Organizations that may receive deductible contributions under section 170(c).	į		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	and services provided to the payor?	7a		<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		-
С	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Ť
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	_	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<b>✓</b>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:			
a	' ' ' <del>                                </del>	2		
b		2		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	o de la composição de l		
a b	Gross income from other sources (Do not net amounts due or paid to other sources	4		
-	against amounts due or received from them.)	0		ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
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 organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>✓</b>
i in	it "vae " nac it tilad a borm //li to roport those pouments! It "No " prouide an evalenction in Cahadula 🔿	114h		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response to any question in this Part VI	See ins	struct	tions.
Secti	on A. Governing Body and Management			1
10	Enter the number of voting members of the governing body at the end of the tax year 1a 5	र ग्रं व्य	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.			7 7 8.7 8.7 9.8.4.
ь 2	Enter the number of voting members included in line 1a, above, who are independent .    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	, - , · , · , · , · , · , · , · , · , ·	1
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		1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?.	<b>4 5</b>		<b>√</b>
6 7a	Did the organization have members or stockholders?	6 7a		1
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<b>√</b>	
9 9	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	9	ode.	) <b>/</b>
36011	on b. Policies (This Section B requests information about policies not required by the internal Never	DE C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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	<b>✓</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	3" \(\frac{1}{2}\)	, , ,	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>√</b>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13 14	Did the organization have a written whistleblower policy?	13 14	<b>✓</b>	-
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?		· · · · · · · · · · · · · · · · · · ·	
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		<u> </u>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			<del>-</del>
b	with a taxable entity during the year?	16a	y 15	<b>-</b>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	,5° x 13	g very
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Oregon, Washington  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	c)(3)s	only)
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: AOET-USA, 7830 SW 40th St, Ste. 5&6, Portland, OR 97219	of the	•	

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Form 990 (2011)

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

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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week	box, office	ess person nd a direct		e than one is both an tor/trustee)		(D) Reportable compensation from	(E)  Reportable compensation from related	<b>(F)</b> Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Linda Stewart										
President, Board of Directors	5			✓				0	0	0
(2) Simon Hewat	1			ا ا						
Vice President, Board of Directors	5		<u> </u>	✓				0	0	0
(3) Rosemary Gibson Secretary, Board of Directors	5			1					o	
(A) James Preston	-		-	<b>-</b>				0	0	0
Treasurer, Board of Directors	5			<b>/</b>				0	o	0
(E) Donne Honny				Ť						
Member, Board of Directors	5							О .	o	0
(6)										
(7)									,	
(8)	-									
(9)	-									
(10)									-	·
(11)										-
(12)										
(13)										<u>-</u>
(14)						_				<del></del>

Part	VII Section A. Officers, Directors, Trust	lees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (conti	nued)
•					•	C)					
	(A)	(B) Position (do not check more than o							(D)	(E)	(F)
	Name and title	Average hours per	box,	unles	s pe	rson	ıs both	n an	Reportable compensation	Reportable compensation from	Estimated amount of
		week		T	_		or/trus	<del></del>	from	related	other
		(describe hours for	ו מין אַלאַי	nstitu	Officer	ey e	향	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		related	Individual trustee or director	tion	4	Key employee	yee c	역	(W-2/1099-MISC)		organization
		organizations in Schedule	٦٣	nal tr		Ş	) ag				and related organizations
		O)	🛱	Institutional trustee		"	Highest compensated employee				
				е _			řed.			•	
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
			ļ .								
(22)											
(23)						i					
(24)											
(25)			-								
1b	Sub-total							<u> </u>	0	0	0
C	Total from continuation sheets to Part	 VII. Sectio	n A	•	•		•	•			
ď	Total (add lines 1b and 1c)						•	<b>•</b>	0	0	0
2	Total number of individuals (including but	not limited	to th					e) w	ho received m	ore than \$100,00	00 of
	reportable compensation from the organi	zation > 0									Yes No
3	Did the organization list any former of	ficer, direc	tor. c	or tr	uste	ee.	kev e	ame	olovee, or high	est compensate	
-	employee on line 1a? If "Yes," complete										3 ✓
4	For any individual listed on line 1a, is the	sum of re	portal	ble (	con	nper	nsatio	n a	nd other comp	ensation from t	he <b>and a s</b>
	organization and related organizations										
_	Individual										
5	Did any person listed on line 1a receive of for services rendered to the organization										
Section	on B. Independent Contractors							-	, a o p o . o o	· · · · · · · · ·	13114
1	Complete this table for your five highest	compensat	ed ind	depe	end	ent	contr	acto	ors that receive	ed more than \$1	00,000 of
	compensation from the organization. Repyear.										
	(A) Name and business add	lress							(B) Description of s	ervices	(C) Compensation
					_				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
							_	$\vdash$			
		-						-			
		<del></del>						-		<del></del>	-
2	Total number of independent contractor							th	ose listed abo	ove) who	
	received more than \$100,000 of company	nation from	+ha a								

Part	VIII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns	1a	0	·			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
s, G Am	С	Fundraising events	1c	0				
Sift lar	d	Related organizations	1d	0				
is, (	е	Government grants (contr	ributions) 1e	0				
tion S S	f	All other contributions, gifts						
		and similar amounts not inclu		540,261				
d tr	g	Noncash contributions include		0			,	
	h	Total. Add lines 1a-1f	<u> </u>	<u> ▶</u>	540,261			
Program Service Revenue				Business Code				
ě.	2a							
æ	b							
Ş.	С					_		
3	d							
a a	е							
go	f	All other program service		<u>.                                    </u>		<del></del>		
<u>-</u>	g	Total. Add lines 2a-2f	<del> </del>	<u> </u>			<u> </u>	Г
	3	Investment income (in and other similar amou	-		_	_	_	_
					0	0	0	0
	4	Income from investment of	•		0	0	0	0
	5	Royalties	(ı) Real	(ıi) Personal		U	0	0
	60	Gross rents	0	0				
	6a	Gross rents Less: rental expenses	0	0				
	b	Rental income or (loss)	0	0		1		
	d	Net rental income or (lo			0	0	0	0
	7a	Gross amount from sales of	(i) Securities	(ıı) Other				
		assets other than inventory	0	0				
	b	Less cost or other basis						
		and sales expenses	0	0				
	С	Gain or (loss)	0	0				
	d	Net gain or (loss)		▶	0	0	0	0
enne	8a	Gross income from fun	draising					-
		events (not including \$	0					
Other Rev		of contributions reported						
þ		See Part IV, line 18 .		0				
δ		Less: direct expenses		0			L	
		Net income or (loss) fro Gross income from gam		events . ►	0		0	0
	Ja	See Part IV, line 19 .		0				-
	b	Less. direct expenses	_	0		:		
		Net income or (loss) fro		,	0	0	0	0
		Gross sales of inve		VII.00 P				
		returns and allowances		o				
	b	Less. cost of goods sol		0				
	c	Net income or (loss) fro		entory .	0	0	0	0
		Miscellaneous Rev		Business Code			J	, , ,
	11a							
	b						_	
,	С							
	d	All other revenue .						
	е	Total. Add lines 11a-1						
	12	Total revenue. See ins	structions	<sub>.</sub> <u>▶</u>	540,261	540,261	0	0

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX										
	t include amounts reported on lines 6b, 7b, , 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 governments and									
	organizations in the United States. See Part IV, line 21	0	0							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	o							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	343,868	242.000							
			343,868							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
_		0	U	0						
7 8	Other salaries and wages	88,502	44,251	35,401	8,850					
9	Other employee benefits	1,862		1,862						
10	Payroll taxes	33,339	16,670	13,336	3,333					
11	Fees for services (non-employees).	30,000	10,010	10,000						
	Management	اه	o	0	0					
b	Legal	0	0	0	0					
C	Accounting	0	0	0	0					
d	Lobbying	0	0	0	0					
e	Professional fundraising services. See Part IV, line 17	0			0					
f	Investment management fees	0	0	0	0					
g	Other	0	0	0	0					
12	Advertising and promotion	0	0	0	0					
13	Office expenses	23,416	11,708	9,366	2,342					
14	Information technology	2,571	1,286	1,028	257					
15	Royalties	0	0	0	0					
16	Occupancy	7,770	3,885	3,108	777					
17	Travel	16,341	14,115	2,226	0					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0					
19	Conferences, conventions, and meetings .	0	0	0	0					
20	Interest	0	0	0	0					
21	Payments to affiliates	0	0	0	0					
22	Depreciation, depletion, and amortization .	0	0	0	0					
23	Insurance	5,149	0	5,149	0					
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 O)									
а	Fundraising	5,626	0	0	5,626					
b	Merchant Services	8,230	0	8,230	0					
С	Banking Fees	1,230	o	1,230	0					
d										
е	All other evenence									
25	Total functional expenses. Add lines 1 through 24e	537,904	435,783	80,936	21,185					
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 following SOP 98-2 (ASC 958-720)									

Part >	Balance Sheet	·		
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash—non-interest-bearing	9,840	1	6,492
2	Savings and temporary cash investments	503	2	2,905
3	Pledges and grants receivable, net	16,124	_3_	8,495
4	Accounts receivable, net	0	4	0
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
6	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			
<u>ب</u>	employees' beneficiary organizations (see instructions)	0	6	0
Assets	Notes and loans receivable, net	0	7	0
ĕ   8	Inventories for sale or use	0	8	0
9	Prepaid expenses and deferred charges	0	9	0
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			
b	Less: accumulated depreciation 10b 0	0	10c	0
11	Investments—publicly traded securities	0	11	0
12	Investments—other securities. See Part IV, line 11	0	12	0
13	Investments—program-related. See Part IV, line 11	0	13	0
14	Intangible assets	0	14	0
15	Other assets. See Part IV, line 11	0	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	26,467	16	17,892
17	Accounts payable and accrued expenses	0	17	0
18	Grants payable	0	18	0
19	Deferred revenue	0	19	0
20 21	Tax-exempt bond liabilities	0	20	0
1	Escrow or custodial account liability Complete Part IV of Schedule D .		21	U
Liabilities 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L	0	-00	
평   <sub>23</sub>	Secured mortgages and notes payable to unrelated third parties	0	22 23	0
-   23   24	Unsecured notes and loans payable to unrelated third parties	0	24	0
25	Other liabilities (including federal income tax, payables to related third		24	
25	parties, and other liabilities not included on lines 17-24). Complete Part X	0		0
	L		25	
26 8	Total liabilities. Add lines 17 through 25	0	26	0
E 27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	, <u></u>
о 29	Permanently restricted net assets		29	
Net Assets or Fund Balances 22 8 23 33 33	Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.			
တ္ဆ   30	Capital stock or trust principal, or current funds	0	30	0
9 31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
<b>४</b> 32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
<b>≱</b>   33	Total net assets or fund balances	0	33	0
34	Total liabilities and net assets/fund balances	26,467	34	17,892

ronn <del>s</del> :	70 (2011)			Pa	ge ız
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· · ·			
	Tabel second (second assert Dart VIIII) askesse (A) line 10)	ا م			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6			
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990:		ļ		
	If the organization changed its method of accounting from a prior year or checked "Other," expl	ain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	•			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explision Schedule O.	aın ın			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	were			
	issued on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the			
•	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	lits	3b		
			Forn	990	(2011)

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number AOET International Coordinating Office - USA** 20-4145965 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☑ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III-Functionally integrated d Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (IV) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support governing document? col (i) of your (i) organized in the above or IRC section support? (see instructions)) Yes No Yes No Yes (A) (B) (C) (D) (E)

Total

Schedu	le A (Form 990 or 990-EZ) 2011						Page <b>2</b>
Part	Support Schedule for Organiza (Complete only if you checked th Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
	on A. Public Support				_		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				<u> </u>		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		L			<u> </u>	
	on B. Total Support	(=) 0007	(h) 0000	(-) 0000	(-1) 0040	(-) 0044	T 10 T
Calen 7	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) 2011	(f) Total
8	İ						+
•	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.		-			12	
13	First five years. If the Form 990 is for the						
Secti	organization, check this box and stop her on C. Computation of Public Suppor			• • • • •		· · · ·	· · · • <u> </u>
14	Public support percentage for 2011 (line 6			1. column (fl)		14	%
15	Public support percentage from 2010 Sch		-			15	<del></del>
16a	331/3% support test—2011. If the organization qual	zation did not	check the box	on line 13, and	d line 14 is 33¹	•	check this
b	331/3% support test—2010. If the organicheck this box and stop here. The organic				•	e 15 is 33 <sup>1</sup> /3%	or more,
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part IV how the organization meets the "fact organization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	on meets the eets the	facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and st	top here.
18	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see

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

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

	1 the organization rane to quality	diadi tilo tot	oto notog bot	it, picase se	inploto rait	<u>'''</u>	
	on A. Public Support		<del></del>				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011_	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	294,044	430,034	432,901	451,015	540,261	2,148,255
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	o	0	o	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	o	0	0	o	o	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	o	0	o	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	o	o	0
6	Total. Add lines 1 through 5.	294,044	430,034	432,901	451,015	540,261	2,148,255
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	· • • • • • • • • • • • • • • • • • • •	0	135,417	58,665	78,198	108,041	380,321
_	Add lines 7a and 7b	0	135,417	58,665	78,198	108,041	380,321
8	Public support (Subtract line 7c from line 6.)	_					1,767,934
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶ [	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	294,044	430,034	432,901	451,015	540,261	2,148,255
10a	Gross income from interest, dividends, payments received on securities loans, rents,						-
	royalties and income from similar sources .	0	0	0	0	0	0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	o	0	0	o	0	0
С	Add lines 10a and 10b	0	0	0	0	0	
11	Net income from unrelated business	<del>`</del>			<del></del>		
"	activities not included in line 10b, whether or not the business is regularly carned on	o	o	o	o	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0:	0	0.	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)					-	
14	First five years. If the Form 990 is for th						2,148,255 n 501(c)(3)
Co.	organization, check this box and stop her				• • • • •	<del></del>	
	on C. Computation of Public Suppor					1 := 1	<del></del>
15	Public support percentage for 2011 (line 8		•			15	82 %
16	Public support percentage from 2010 Sch			<u> </u>	<u></u>	16	84 %
	on D. Computation of Investment Inc					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2011 (I					17	0 %
18	Investment income percentage from 2010					18	0 %
19a	331/3% support tests—2011. If the organi 17 is not more than 331/3%, check this box a	and stop here.	The organization	on qualifies as a	publicly suppo	orted organization	on . 🕨 🗸
b	331/3% support tests—2010. If the organize line 18 is not more than 331/3%, check this b	oox and stop he	ere. The organi	zation qualifies	as a publicly su	pported organi	zation 🕨 🗌
~~	Drivete foundation If the eventuation du	d not abook a b	nov on line 14	100 or 10h o	hook this how	and ago inct-	tions -

	Form 990 or 990-EZ) 2011	Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		•••••

### SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AOET International Coordinating Office - USA

Employer identification number 20-4145965

Par	General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organization ans	wered "Yes" to
1	For grantmakers. Does the assistance, the grantees' el	organization	e grants or as	ords to substantiate the am sistance, and the selection	ount of its grants and other	, )
	grants or assistance?			• • • • • • • •	• • • • • • •	☑Yes ☐No
2	For grantmakers. Describ assistance outside the Unit		he organizati	on's procedures for moni	toring the use of its gran	ts and other
3	Activities per Region. (The fo	ollowing Part I	l. line 3 table o	can be duplicated if addition	nal space is needed )	
	(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)	(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)						
(2)						
(3)						
(4)						
(5)		1				
(6)						
(7)						_
(8)						
(9)						
(10)						
(11)						
(12)						
(13)	<u> </u>		_			
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С	Totals (add lines 3a and 3b)			<b>"</b> 在行。""是""表现	Section 1	

			space is needed				nore than \$5,000	•
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)
)		Jinja, Uganda	Sponsorship	215,587	wire transfer			
)		Jinja, Uganda	Capital Projects	84,802	wire transfer			
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by the IRS, or 3 Enter total nu		-	I has provided a sectio	n 501(c)(3) equivale	ency letter	•	<b>&gt;</b>	2

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Schedule F (Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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Schedůle F (	(Form 990) 2011

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Part_	V 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)		☑ 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)	1	☑ 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)		✓ 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)	ı	☑ 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)		☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? In "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)		✓ No

Schedule F (Form 990) 2011

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Part V	Supplemental Information  Complete this part to 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)

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

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.

AOET International Coordinating Office - USA	20-4145965
Part VI, line 11: The 990 form is distributed to the Board of Directors and reviewed by the Finance Con	nmittee to verify the accuracy and
compliance.	
Part VI, line 19: The organization's governing documents, policies, and financial statements are availa	ble to the public upon request through
our website or via email. An annual report of program activities and financial reporting was sent to all	donors with year-end receipts in
January 2012.	