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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2011, and ending 20 For the 2011 calendar year, or tax year beginning C Name of organization Friends of Amani US Inc D Employer identification number Check if applicable 27-3621599 Doing Business As Address change Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Name change 612-239-6776 15204 Crystal Lake Terrace \square Initial return City or town, state or country, and ZIP + 4 Terminated 244,711 Burnsville, MN 55306 G Gross receipts \$ Amended return F Name and address of principal officer H(a) Is this a group return for affiliates? Yes No Application pending H(b) Are all affiliates included? ☐ Yes ☐ No 808 York Street, Oakland, CA 94610 If "No," attach a list (see instructions) 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status H(c) Group exemption number ▶ Website: ▶ 2010 M State of legal domicile MN Form of organization:

Corporation □ Trust □ Association □ Other ► L Year of formation Part I Briefly describe the organization's mission or most significant activities: We have chosen to support Amani Centre for Street Children in Tanzania. Amani continues to meet or exceed our Board-approved funding criteria and expectations with ongoing Activities & Governance efforts rescuing homeless children; providing a safe and nurturing place for homeless children to heal, grow and learn; reuniting the children with their relatives when possible; and equipping reunited families with the tools they need to become self-reliant. 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) 3 Number of independent voting members of the governing body (Part VI, line 1b) 3 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 1 6 Total number of volunteers (estimate if necessary) . . . 25 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a o Net unrelated business taxable income from Form 990 Tine 34 7b Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) . 69,999 8 Revenue O 9 Program service revenue (Part VIII, line 2g) 174693 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 19 Other revenue (Part VIII, column (A), lines 5, 6d, 8c 0 11 Total revenue—add lines 8 through 11 (must equal Part VIII) column (A) 244 711 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 C 26,880 O 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) 13871 d 16a Professional fundraising fees (Part IX, column (A), line 11e) a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 7,450 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 48 201 Revenue less expenses. Subtract line 18 from line 12 196,510 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 500,513 21 Total liabilities (Part X, line 26) . 289003 22 Net assets or fund balances. Subtract line 21 from line 20 15000 211.510 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 ant Sign Signature of officer Date Secretary Here Type or print name and title Print/Type preparer's name Date Preparer's signature **Paid** Check ☐ rf self-employed Preparer Firm's ElN ▶ Firm's name **Use Only** Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🔲 No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2011)

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om 99	0 (2011) Page 2
Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: Support organizations which promote the health, education and safety of homeless children in Tanzania, East Africa and have
	among their goals: rescuing homeless children; providing a safe and nurturing place for homeless children to heal, grow and learn;
	reuniting homeless children with their relatives, when possible; and equipping reunited families with the tools they need to become
	independent and self-sustaining.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations 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.
	grams and anocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 813319) (Expenses \$ 26,880 including grants of \$ 26,880) (Revenue \$)
	Friends of Amani US Inc funds have been granted to Amani Centre for Street Children as they continue rescuing
	homeless children in Tanzania, East Africa and providing the nurturing care -education, food, medical, and a compassionate staff
	of teachers, social workers and care-givers - which will restore hope in their lives and help these most-vulnerable members of the
	community to become self-sustaining, independent young adults. All funds currently held by Friends of Amani US Inc have been
	approved to be granted to Amani Centre for Street Children as long as they continue meeting our Board-approved funding criteria
	and expectations as well as the intent of our donors, which our Board ensures with ongoing oversight.
	······································
4b	(Code:) (Expenses \$ 4428 including grants of \$ 0) (Revenue \$ 18803)
40	(Code:) (Expenses \$ 4,428 including grants of \$O) (Revenue \$18203) Holiday Fund-raising Program - Friends of Amani US Inc solicited support for the Amani children with a holiday mailing and the sale
	of holiday cards. The expense associated with this program was for postage -distributing the cards by mail and mailing holiday
	letters requesting support, and for staff time. The cards themselves were designed and printed by volunteers at no cost to
	Friends of Amani US Inc. A volunteer set up a page on the Amani web-site to promote the sale of holiday cards and accept sales.
	Although Friends of Amani US Inc will continue the holiday mailing portion of this program, the holiday cards have proven to be a
	less-successful endeavor and will be discontinued as inventories are sold.
	······································
4-	(Codes ACC) industry weeks of C
4c	(Code:) (Expenses \$ 4.428 including grants of \$ 0) (Revenue \$ 61,975) Fund-raising by Volunteers - Volunteers reaching out to their friends and families in their own communities and beyond is an
	important program for Friends of Amani US Inc and a vital source of ongoing funding. Amani's location at the foot of Mt. Kilimanjaro,
	has provided an ideal opportunity for volunteers to travel to Tanzania, climb the mountain and spend time volunteering with the
	children. Whether they climb or not, volunteers set up webpages with online fundraising sites, write personal emails /letters, have
	parties in their homes, all to raise awareness of the issue of homelessness, introduce their friends to Friends of Amani US Inc and
	our choice to support Amani Centre for Street Children and their wonderful programs designed to change the course of life for
	homeless children in Tanzania. The expenses involved with this program are primarily the fees charged by online sites, as well as
	some cost for stamps, paper (much of which is donated) and staff time to support the program and ensure its continued success.
4d	Other program services (Describe in Schedule O.)

o) (Revenue \$

93,915)

(Expenses \$. 3 526 including grants of \$

e Total program service expenses ▶ 40 296

Part	IV Checklist of Required Schedules			
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	ļ
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	Section 501(c)(3) organizations. 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? If "Yes," complete Schedule D, Part IV	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, 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		1
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	1	
e f	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	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 b		14a	-	✓
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓	ļ
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	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		1
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		1
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	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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		✓
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		✓
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		✓
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		1
b c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		1
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		1
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		1
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		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		/
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	33		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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,			
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	
		Fon	n 99 0	(2011)

Form **990** (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	• •		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ļ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
0-	reperture gamming (gameung) strannings to price transfer to	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 1			
L	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<u></u>	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		\ <u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			<u> </u>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	ł	1
ь	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.			ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	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			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
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?	7a	Ī	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	-	-
•	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	 		'
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		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
- b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
···	Gross income from members or shareholders	1		1
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L	
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.		1	
Ь	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	1	1	
C	Enter the amount of reserves on hand	<u> </u>	<u> </u>	ا ا
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	✓
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	1	I

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Soction	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	• •	<u> </u>
Secui	on A. Governing Body and Management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
ra	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.	[{
þ	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√
6	Did the organization have members or stockholders?	6_		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	[
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			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?	10ъ		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1]
	describe in Schedule O how this was done	12c	/	.
13	Did the organization have a written whistleblower policy?	13		/
14 15	Did the organization have a written document retention and destruction policy?	14		1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		ļ
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	1	 ▼
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<u> </u>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	İ	[
	with a taxable entity during the year?	16a	[1
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	,		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ Mnnesota			
18	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.	n 501((c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request			
19	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	of the	•	
	organization: ► Diane Myrrison, 15204Crystal Lake Terrace Burnsville, MN 5506 612-29-67/6			

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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 relate	d orga	aniz	atio	n ce	ompe	nsa	ted any curren	t officer, director	, or trustee.	
(A) Name and Title	(B) Average hours per week	(do n box, i	ot ch unles	Pos eck s pe d a d	tion more rson irect	than o	one an :ee)	(E) Reportable compensation from related	(F) Estimated		
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Valerie Todd, Chair	3	1	1	√)	o	ď		0
(2) Marshall Rowe, Treasurer	1			1				C	o		0
(3) Diane Morrison, Secretary	16			1				12,480	o		0
(4)				<u> </u>							
(5)	-									·	
(6)							T				
<u>(1)</u>											
(8)											
(9)											
(10)											
(11)	-										
(12)											
(13)											
(14)											

Part			mploy	/ees)	lighes	st C			ontinue			
	(A) Name and title	(B) Average hours per week	box, office	unles r and	eck spe dad	more rson rect	than on the state of the state	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) 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)	organizatio (W-2/1099-M		from organ and	ensation in the nization related izations	
(15)														
(16)						_								
(17)					<u> </u>						+	•		
(18)											_			
(19)								-		<u> </u>	_			
(20)		<u> </u>			ļ		,	-			-			
(21)					-	_		_						
(22)			<u> </u>	-	_			-						
(23)						-		-						
(24)										<u> </u>	-			
(25)				-				-			_			
1b	Sub-total		<u> </u>	<u> </u>	<u>_</u>	_	<u> </u>		12,480		a			
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	•					 	>	12,480		0		•	0
2	Total number of individuals (including bu reportable compensation from the organ	t not limited	d to th					e) w	no received m	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc	tor, o					emp	oloyee, or high	nest compe	nsated	3	Yes	No /
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re greater th	porta an \$	ble 150,	con ,000	npe)? <i>[</i>	nsatio	s, "	complete Sch					
5	individual	or accrue co	ompe	nsa	tion	fro	m any	y un	related organiz			5		1
	on B. Independent Contractors										4			
1	Complete this table for your five highest compensation from the organization. Rej year.													ax
	(A) Name and business add	iress							(B) Description of s	services	((C) Compens	ation	
								\vdash						
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who				

Part	VIII	Statement of Reve	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
छ छ	1a	Federated campaigns	18	0				
5 5	b		1t					
عَ ق	c	Fundraising events .						
£ ₹	d	Related organizations						İ
9 =	-	Government grants (con						
Sign	e f	All other contributions, gr		·				
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not inc		mm				}
£ #								
5 5	g	Noncash contributions includ		*****				
	h	Total. Add lines 1a-1	<u> </u>		69,999			
Program Service Revenue	_			Business Code				
8	2a	Holiday Fundraising P		813319	18803		0	0
ě.	b	Fundraising by Volunt		813319	61,975		0	0
ξ	С	Monthly Sponsorship	Program	813319	85,215		0	0
Ser	d	Scholarship Program		813319	8,700	8,700	o	0
E	е				O	О	0	0
ogu	f	All other program sen	vice revenue .		0	0	0	0
4	g	Total. Add lines 2a-2		•	174,693			
	3	Investment income		dends, interest,				
		and other similar amo	ounts)	🕨	2	2	α	0
	4	Income from investment	t of tax-exempt	bond proceeds ►	0	o	0	0
	5	Royalties		🕨	O	O	0	0
			(i) Real	(ii) Personal				
	6a	Gross rents		0 0				
	b	Less: rental expenses		0 0				
	С	Rental income or (loss)		0 0				
	d	Net rental income or (· ·	0	0	O
	7a	Gross amount from sales of	(i) Secunties	(ii) Other				1
		assets other than inventory	9	a2 o				,
	ь	Less: cost or other basis						I
		and sales expenses .	ا م	75 0				1
	c	Gain or (loss)		17 0				
	ď	Net gain or (loss) .	L	·/ ₁	17	17	₋	0
	"	rect gain or (1033) .			<u>''</u>			
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reporte See Part IV, line 18		a				
£.	١							
Ò	Ь	Less: direct expenses		b[0				
	9a	Net income or (loss) f Gross income from ga						
	i	See Part IV, line 19 .		a c				
	ь	Less: direct expenses	s	b C	1	Ì		
	С	Net income or (loss) f	from gaming a	ctivities >	O	0	o	0
		Gross sales of in returns and allowance	nventory, less	3				
				a 0	1	1		
		Less: cost of goods s				<u> </u>		
	<u>c</u>	Net income or (loss) f		Business Code	ļ <u>.</u>			
	44-	Miscelandous		business code	<u>-</u>	<u> ,</u>		
	11a			-	0	 _	0	0
	b		·	-	0			
	C	All _Al-		-	0	 		
	d	All other revenue .		L	<u> </u>		C	0
	1 e	Total. Add lines 11a-		🟲	04474	 		
	12	Total revenue. See in	ristructions.	<u> P</u>	244,711	19	0	
								Form 990 (2011)

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	O	Q							
2	Grants and other assistance to individuals in									
3	the United States. See Part IV, line 22 Grants and other assistance to governments,	O	U							
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16	26,880	26,880							
4	Benefits paid to or for members	O	a							
5	Compensation of current officers, directors,									
	trustees, and key employees	12,480	6,240	4,992	1,248					
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> </u>	0	<u>o</u>					
7 8	Other salaries and wages									
0	section 401(k) and 403(b) employer contributions)		0	a	0					
9	Other employee benefits	0	0	0	0					
10	Payroll taxes	1,391	696	556	139					
11	Fees for services (non-employees):	_	_	_]	_					
a	Management	0	0	0	0					
b	Legal	0	0	O O	0					
C	Accounting	a	0		0					
d	Lobbying	G								
e f	Investment management fees	o o	o	0						
g	Other	G	o							
12	Advertising and promotion	a	a	0						
13	Office expenses	1,881	1,814	67	0					
14	Information technology	О	O	О	0					
15	Royalties	0	O	O	0					
16	Occupancy	0	0	O	0					
17	Travel	289	0	289	0					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	a	Q	a	O					
19	Conferences, conventions, and meetings .	0	0							
20	Interest	О	O	a	0					
21	Payments to affiliates	0	0	a	0					
22	Depreciation, depletion, and amortization .	α	O	Q	0					
23	Insurance	0	O	Q	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	Bank Fees	1,401	1,061	a	360					
b	Donation Processing Fees	3879		d	264					
C		a	0	a	0					
d		Q	0	a	0					
e	All other expenses	O	0	o	0					
_25	Total functional expenses. Add lines 1 through 24e	48,201	40,296	5,904	2001					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720)									
	tollowing SOP 98-2 (ASC 958-720)	<u> </u>		<u> </u>	Form 990 (2011)					
					(UIII)					

Pi	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	15000	1	61,053
	2	Savings and temporary cash investments	a	2	0
	3	Pledges and grants receivable, net	O	3	0
	4	Accounts receivable, net	a	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of	į		
		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 employees' beneficiary organizations (see instructions)	O	6	
Assets	7	Notes and loans receivable, net	o	7	0
As	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	O	11	О
	12	Investments—other securities. See Part IV, line 11	a	12	0
	13	Investments—program-related. See Part IV, line 11		13	150,985
	14	Intangible assets	0		0
i	15	Other assets. See Part IV, line 11	o	15	288,475
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15000		500,513
	17	Accounts payable and accrued expenses	o		0
	18	Grants payable	o		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		.0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	a	21	288,475
ies	22	Payables to current and former officers, directors, trustees, key			,
₩.		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			لے ۔ ۔
Liabilities	~~	·			0
_	23 24	Secured mortgages and notes payable to unrelated third parties	0		0
		Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	<u> </u>
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			528
		of Schedule D		25	, Jen
	26	Total liabilities. Add lines 17 through 25	0	26	289,003
		Organizations that follow SFAS 117, check here ▶ ☐ and complete			
Ses		lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	O	27	O
Bal	28	Temporarily restricted net assets	0	28	0
ᅙ	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			1
ā	30	Capital stock or trust principal, or current funds	O		_ o
350	31	Paid-in or capital surplus, or land, building, or equipment fund	° O	31	0
Ž	32	Retained earnings, endowment, accumulated income, or other funds .	15000	32	211,510
Š	33	Total net assets or fund balances	15000	33	211,510
	34	Total liabilities and net assets/fund balances	15000	34	500,513
					Form 990 (2011)

Form 9	90 (2011)		Pa	ge 12
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)		24	4711
2	Total expenses (must equal Part IX, column (A), line 25)		4	8,201
3	Revenue less expenses. Subtract line 2 from line 1		19	6,510
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1	5000
5	Other changes in net assets or fund balances (explain in Schedule O)			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		21	1,510
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: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			:
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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			'
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		For	n 99 0	(2011)

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2011 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Frien	ids of Amani US Inc								27-36	21599
Par	t Reason fo	or Public Char	rity Status (All organ	nizations	s must co	omplete	this par	t.) See ir	nstructio	ns.
The o	organization is not a	a private founda	tion because it is: (For	r lines 1 t	hrough 1	1, check	only one	box.)		
1	A church, conv	ention of church	nes, or association of	churches	describe	d in sect	ion 170(i	b)(1)(A)(i)		
2	A school descr	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)								
3	☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	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.)									
6 7	☐ An organizatio	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	I part of	scribed in its suppo	section rt from a	170(b)(1) governn)(A)(v). nental un	it or from	the general public
8	☐ A community t	rust described in	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II.)				
9	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			operated exclusively							
11	purposes of o	ne or more pub	d operated exclusive dicly supported organ describes the type of s	nizations	described	d ın secti	on 509(a)(1) or se	ection 509	9(a)(2). See section
	a 🗌 Type I	b □	Type II c	☐ Type	III-Functi	onally int	tegrated		d□	Type III-Other
€	☐ By checking th	ndation manage	that the organization ers and other than one	is not co	ntrolled d	rectly or	indirectly	y by one zations d	or more d lescribed	disqualified persons in section 509(a)(1)
f	If the organiza		written determination		the IRS t	hat it is	а Туре	l, Type I	l, or Typ	e III supporting
g		17, 2006, has t	he organization accep	oted any	gift or co	ontributio	n from a	ny of the	•	
	(i) A person v	who directly or i	ndirectly controls, eithody of the supported of	her alone	or togeti	her with	persons (described	d in (ii) ar	
		=								11g(i)
		•	on described in (i) abo							11g(ii)
ř			a person described in on about the supporte							1.18(m)
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the organization in coi (i) listed in your governing document? (v) Did you notify the organization in coi. (i) of your		nization in	(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support	
	_		(see insudedons)/	Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	al									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

				,,,			
	on A. Public Support					r	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	ı					
	include any "unusual grants.")	ı	l				
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						
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.						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4			ļ			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the 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 organization, check this box and stop her	-	n's tirst, secon				
Secti	on C. Computation of Public Suppor	t Percentaç	je				
14	Public support percentage for 2011 (line 6	6, column (f) d	livided by line 1	1, column (f))		14	%
15	Public support percentage from 2010 Sch					15	%
16a	331/3% support test—2011. If the organiz						
	box and stop here. The organization qual	•	•	_			_
b	331/23% support test—2010. If the organicheck this box and stop here. The organic					15 is 331/3%	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box ar ation qualifies	nd stop here.	lıne 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization members are the organization members and the organization members are the organization members are the organization members and the organization members are the organization of the organization members are the organization of t	tion meets the	e "facts-and-c ts-and-circums	ircumstances" stances" test. 1	test, check th	his box and st	top here. a publicly
40	supported organization				 476 -6		-> [
18	Private foundation. If the organization di instructions	a not check a	DOX on line 13	i, 16a, 16b, 17a	a, or 1/b, chec	K this dox and	see ► F

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					240,681	240,681
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		1			1	
	furnished in any activity that is related to the	ļ				ļ	
	organization's tax-exempt purpose					4011	4011
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	ļ 				a	0
4	Tax revenues levied for the		1			′	
	organization's benefit and either paid				ļ	1	
	to or expended on its behalf	ļ	-		<u> </u>	O	0
5	The value of services or facilities	ĺ				1 1	
	furnished by a governmental unit to the						_
_	organization without charge		<u> </u>			0	0
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		<u> </u>		<u> </u>	244,692	244,692
7a	received from disqualified persons .	1	1		1	65,871	65,871
					 	<u> </u>	
b	Amounts included on lines 2 and 3 received from other than disqualified	l	ļ		}	1	
	persons that exceed the greater of \$5,000	ĺ	Ì	E 	<u> </u>	li	
	or 1% of the amount on line 13 for the year					ا ا	۵
c	Add lines 7a and 7b					65,871	65,871
8	Public support (Subtract line 7c from		 		· · · · · · · · · · · · · · · · · · ·		
	line 6.)	ļ		ļ]	1 1	178,821
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	l		<u> </u>		244,692	244,692
10a	Gross income from interest, dividends,	1	1				
	payments received on securities loans, rents,					1	
	royalties and income from similar sources .				ļ	2	2
b	Unrelated business taxable income (less	1	1	1	Ï		
	section 511 taxes) from businesses acquired after June 30, 1975	l	ł	l	1		•
_						Q 2	0
С 11	Add lines 10a and 10b		 			 	
• • •	activities not included in line 10b, whether			l			
	or not the business is regularly carried on	1	1	İ	1		0
12	Other income. Do not include gain or	-	1			1	<u>~</u>
	loss from the sale of capital assets	1	1		}	1	
	(Explain in Part IV.)			İ		17	17
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					244,711	244,711
14	First five years. If the Form 990 is for the	_	n's first, secon	id, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u> </u>		· · · ·	· · > 🗸
	on C. Computation of Public Suppo			101 (0)		Last	
15	Public support percentage for 2011 (line		•			15	<u>%</u>
_16	Public support percentage from 2010 Sc on D. Computation of Investment In			<u></u>	· · · · · · · ·	16	<u>%</u>
17	Investment income percentage for 2011			v line 13 colu	mp (fl)	17	
18	Investment income percentage from 201	•		•			70 %
19a	331/3% support tests—2011. If the organ						
130	17 is not more than 331/3%, check this box						
b	331/3% support tests—2010. If the organization		_			-	
	line 18 is not more than 331/2%, check this						•
		=	-				
20	Private foundation. If the organization d	id not check a	LOOK OIT line 14	, 19a, Oi 19b,	CHECK THIS DOX	and see monut	CHOIS P

		_
Part IV	Supplemental Information. 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).	Page 4
Part III Sup	pport Schedule for Organizations Described in Section 509(a)(2)	
Line 12	Other Income - \$17 gain on the sale of stock donated to Friends of Amani US Inc.	
		- -
		••••••
		·

SCHEDULE D (Form 990)

Supplemental Financial Statements

2b

2c

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Friends of Amani US Inc 27-3621599 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 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 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. 2a Total number of conservation easements .

_	historic structure listed in the National Register	2d				
3	Number of conservation easements modified, transferred, released, extinguished, or terminated tax year ▶	by t	he organization	on duri	ng th	ne
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, violations, and enforcement of the conservation easements it holds?			Yes		No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easeme	ents	during the ye	ar		
	•					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements o	durin	ig the year			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section (i) and section 170(h)(4)(B)(ii)?		, ,, ,, ,	Yes		No
۵	In Part XIV describe how the organization reports conservation assements in its revenue and ex	nan	co etatoment	and	-	

organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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 XIV, the text of the footnote to its financial statements that describes these items.

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

- b 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$
- 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:
- a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Total acreage restricted by conservation easements .

Number of conservation easements on a certified historic structure included in (a) . . .

Number of conservation easements included in (c) acquired after 8/17/06, and not on a

No

Nο

Page	2

Part	III Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Ot	her Similar As	sets (c	ontinu	ıed)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of the	follov	ving that are a s	ignifica	nt use	of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e prog	rams			
b	☐ Scholarly research		е	Other	r					
C	☐ Preservation for future generations	•								
4	Provide a description of the organizat	ion's collections a	and expl	ain how ti	hey further t	the org	ganization's exer	npt pur	pose in	1 Part
	XIV.			_						
5	During the year, did the organization									٠
	assets to be sold to raise funds rather								Yes _	
Part	IV Escrow and Custodial Arra				janization a	ınswe	red "Yes" to Fo	orm 991	u, Pan	ίΙV,
	line 9, or reported an amoun	t on Form 990, I	Part X, I	ne 21.	ar contributi		other penate n	<u> </u>		
1a	Is the organization an agent, trustee, included on Form 990, Part X?								V [7	1 Ma
								Ц,	Yes ✓] NO
b	If "Yes," explain the arrangement in Pa	art XIV and compl	ete the id	ollowing to	able:		A	mount		
	Beginning balance					10	+			
c d	Additions during the year					10				
e	Distributions during the year					1e	 			
f	Ending balance					11				
2a	Did the organization include an amoun							(V)	Yes [No
	If "Yes," explain the arrangement in Pa	•								
	Endowment Funds. Complete	ete if the organiz	zation a	nswered	"Yes" to F	orm 9	90, Part IV, line	10.		
-		(a) Current year		or year			(d) Three years bac		ur years	back
1a	Beginning of year balance									
b	Contributions					_				
С	Net investment earnings, gains, and				1			1		
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									1
_	programs		<u> </u>							
f	Administrative expenses		ļ					+		
g	End of year balance	ho averant vans er	d bolone	o (line 1e	- column (a)	\ bold	00:			
2	Board designated or quasi-endowmer		OZ	e (iine 1g	, column (a)) neiu	as.			
a b	Permanent endowment ►	%	70							
C	Temporarily restricted endowment ▶	%								
•	The percentages in lines 2a, 2b, and 2		00%.							
3a		•		ization th	at are held a	and ad	lministered for th	ne .		
	organization by:	•							Yes	No
	(i) unrelated organizations							3a(i	i)	
	(ii) related organizations							3a(i	1)	
b	If "Yes" to 3a(ii), are the related organi							3b	1	
4	Describe in Part XIV the intended uses									
Part				art X, lin	<u>ie 10.</u>					
	Description of property	(a) Cost or o		1 ' '	or other basis other)		Accumulated epreciation	(d) B	ook value	e
1a	Land									
b	Buildings			ļ						
C	Leasehold improvements			ļ						
đ	Equipment	·		 		<u></u>				
<u>e</u>	Other	<u> </u>		<u> </u>						
Total.	Add lines 1a through 1e. (Column (d) n	nust eaual Form 9	190. Part	X. columi	n (B). line 10	(C).)	• 1			

Part VII	Investments - Other Securities.	See Form 990, Part X, I	ine 12.	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(A)				
(B)				
(C)				
(D) (E)				
(C) (F)				
<u>(</u> G)				
(H)				
<u>`</u> (I)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related	I. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) Money F	und - will be granted to ACSC	150,985	End-of-year market value	
(2)				
_(3)				
_(4)		· · · · · · · · · · · · · · · · · · ·		
_(5)				
(6)				
<u>(7)</u>				
<u>(8)</u> <u>(9)</u>				
(10)	····			
	b) must equal Form 990, Part X, col. (B) line 13.)	150,985	·	····
Part IX	Other Assets. See Form 990, Pa			<u> </u>
	(8	a) Description		(b) Book value
(1) Custodi	al Assets Held in Money Fund for Amani	Centre for Street Children		288,475
(2)				
_(3)		- <u></u>		
(4)				
<u>(5)</u>				
<u>(6)</u>				
<u>(7)</u>		<u>.</u>		
_(8) _(9)				
(10)				
Total. (Colu	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		288,475
Part X	Other Liabilities. See Form 990,	Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
	income taxes	453		i
(2) State in	come taxes	75		
(3)				1
(4)				
(4) (5) (6) (7) (8) (9)				,
(7)				ı
(8)				i
(9)				!
(10)			1	
(11)		 		,
	b) must equal Form 990, Part X, col. (B) line 25.)	528		
	SC 740) Footnote. In Part XIV, provide	1		ments that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedul	e D (Form 990) 2011	Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10		10
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return
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:	
а	Net unrealized gains on investments	4
b	Donated services and use of facilities	4 1
C	Recoveries of prior year grants	4
đ	Other (Describe in Part XIV.)	<u></u>
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4 1
b	Other (Describe in Part XIV.)	<u> </u>
_c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		
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	4
b		-
C	Other losses	-
đ		+ <u></u> -
9	Add lines 2a through 2d	2e 3
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV.)	1 1
	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIV Supplemental Information	
_	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b:
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	
any ad	dditional information.	
Part N	Line 2b - Escrow and Custodial Arrangements - In February 2011 the Friends of Amani US Inc Board thou	ightfully considered and
unani	mously approved a request by Amani Centre for Street Children to hold and help manage their emergency	buffer funds, reflecting
their	ound fiscal policy. Such contingency planning and foresight is not accepted in Tanzania and we agree wi	th the Amani Board
that it	is vitally important. At the time of their request, these funds were being held by another US non-profit org	anization acting as a fiscal
	and the body West State of Association Consideration and annual and annual and annual and annual and annual and	
agent	on their behalf. The Friends of Amani US Inc Board wrote and approved a proposal to open a custodial ac	count specifically to hold
and m	anage these funds. The funds are reported in Part X Line15as Other Assets and in Part X Line 21 as Cust	odial Account Liability
in the	amount of \$288,475 which was the yearend balance of this account, and will remain under the manageme	nt of the
Friend	is of Amani US Board until requested by the Executive Director of Amani Centre for Street Children.	

Scheanle D (For	m 990) 2011	age o
Part XIV	Supplemental Information (continued)	

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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.

2011 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Inspection

OMB No 1545-0047

Employer identification number Name of the organization 27-3621599 Friends of Amani US Inc General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the √Yes □No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other 2 assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (b) Number of offices in the (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total (a) Region employees, agents, and independent region (by type) (e g , fundraising, program services, investments, a program service, describe specific type of service(s) in region expenditures for and investments region in region grants to recipients located in the region) contractors in region (1) (2) (3) (4)(5) (6) (7) (8) (9) (10) (11)(12)(13)(14)(15) (16)(17)Sub-total Total from continuation sheets to Part I

Totals (add lines 3a and 3b)

Page 2

Schedule F (Form 990) 2011

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, (i) Method of valuation (book, FMV, appraisal, other) . (h) Description of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 O O o O (g) Amount of non-cash assistance (f) Manner of disbursement 13618 Electronic funds 5153 Electronic funds 130 Electronic funds cash 150 Credit card 150 Credit card 229 Credit card 126 Credit card 1,011 Check 120 Check 4187 Check 2006 Check (e) Amount of cash grant (d) Purpose of grant Part II can be duplicated if additional space is needed. ACSC Info. Tech. ACSC health ins. ACSC supplies ACSC printing **ACSC Travel ACSC Travel ACSC Travel** ACSC Staff ACSC Staff **ACSC Staff** ACSC Staff Sub-Sahar. Africa Sub-Sahar. Africa Sub-Sahar. Africa Sub-Sahar. Africa Sub-Sahar. Africa Sub-Sahar. Africa Sub-Sahar. Africa Sub-Sahar. Africa Sub-Sahar. Africa Sub-Sahar. Africa Sub-Sahar, Africa (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II 12) 2 4 15) 6 E 3 <u>0</u> 9 <u>@</u> 6 Ξ 2 ල E

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 Enter total number of other organizations or entities

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Schedule F (Form 990) 2011

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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.

Schedule F (Form 990) 2011 (h) Method of valuation (book, FMV, appraisal, other) (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 Ξ (10) (12) (E) 14 (15) Ξ ල ₹ <u>(5</u> (16) (17) <u>8</u> 9 E <u>®</u> <u>6</u>

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Schadula	E (Fon	m 990) 2011	

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 Corporation (see Instructions for Form 926)	Yes	☑ No
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)	☐ Yes	☑ 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 Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	☑ 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 Instructions for Form 8621)	☐ Yes	☑ 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 Partnerships. (see Instructions for Form 8865)	☐ Yes	☑ No
Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ Yes	☑ No
THE ENGLY COMP COMP	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)	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," he 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)

Schedule F (Form 990) 2011

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Part V.	Supplemental	Information
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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).

Part I - General Information on Activities Outside the United States.
Line 2-Monitoring of Funds
Funds are granted to organizations based on Friends of Amani US Inc Board-approved criteria which must be met on an ongoing
basis. Based on these criteria, the Board approved Amani Centre for Street Children (ACSC) to be supported during 2011. To verify funds
are used as intended, ACSC has provided our Board with a report of Operations Highlights outlining program accomplishments, challenges
and plans for the future and an independently audited ACSC Annual Report. The Board also met personally with the ACSC
Executive Director one time during the year to receive an overview and have any of their questions discussed and answered. In addition,
two Board members personally visited ACSC during 2011 and were able to see how effectively the funds are being used.

SCHEDULE O (Form 990 or 990-EZ)

same. 🕨

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.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Friends of Amani US Inc

Employer identification number 27-3621599

Part III - Statement of Program Service Accomplishments, Line 4d - Other Program Services
(Code:) (Expenses \$ 3.294 including grants of \$ 0) (Revenue \$ 85,215)
Monthly Sponsorship Program - This program is ongoing and has a goal of establishing a dependable and sustainable funding
source by asking donors to contribute at a specific level on a monthly basis. In return, monthly sponsors receive periodic personal
updates, communications and pictures from Amani Centre for Street Children's staff and children. During the year, Friends of
Amani US Inc has reached out to monthly sponsors to share an Operations Highlights Report from Amani exemplifying the impact
their monthly sponsorship has had on Amani's ability to provide the nurturing care all children deserve in their lives. In addition,
Friends of Amani US Inc tries to maintain an ongoing connection with monthly sponsors to ensure the continuation and growth of
this vital program. The primary expense associated with this program is for processing fees (by PayPal and the bank). Additional
expenses have been minimal - a volunteer set up promotional information and the ability to sign up on the Amani web-site, the cost
of stamps and paper supplies (many of which have been donated) and staff time to support the program and ensure its continued
SUCCESS.
(Code:) (Expenses \$ 232 including grants of \$ 0) (Revenue \$ 8,700)
Scholarship Program - Friends of Amani US Inc fully supports the Amani Centre for Street Children goal of helping homeless children to
become independent, self-sufficient young adults. Beyond this, we would like to see the Amani children soar to reach their full potential.
Key to achieving this goal is a quality education. Realizing there are high-potential students at Amani who could do so much more in
their lives than merely becoming self-sufficient, but understanding the financial realities of such a prospect, this program has been started
to specifically address the needs of Amani's higher potential children - those who could be successful in better schools which cost more
money, and eventually perhaps attend university. The Scholarship Program has been established and donors are being sought to support
the idea of formerly homeless children realistically achieving their dreams. The expenses associated with this program, thus far have been
for donation processing (PayPal and bank fees) and for staff time allocated to this program's ultimate success.
Part VI – Governance, Management, and Disclosure
Section B. Policies, Line 11b – A copy of IRS Form 990 with its accompanying schedules was given to each member of the Friends of Amani
US Inc Board of Directors for their review, questions, comments and input. Form 990and the accompanying schedules were not filed with
the IRS until there was unanimous approval by the Board of the information they contained.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
Friends of Amani US Inc	27-3621599
Section B. Policies, Line 15b - Friends of Amani US Inc has one part-time staff person. The compensation	n for this position was approved by
the Friends of Amani US Inc Board based on a review of compensation for similar positions requiring sin	nilar qualifications.
Section C. Disclosure, Line 19- Governing documents of Friends of Amani US Inc., including the Conflict	of Interest policy, will be gladly
Section 6. Discosure, Line 10 Soverning accumulation of Financial Company of the	
provided to the public upon request. Financial statements will also by provided to anyone interested, up	on request during the tax year.
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