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Form **990**

Department of the Treasury Internal Revenue Service

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable FRIENDS OF EDUCATION EXCHANGE LTD Address change C/O FERGUSON & WIDMAYER Name change 27-1164324 Doing Business As]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-538 N. DIVISION 734-665-3396 Amended 368,252, City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-ANN ARBOR, MI 48104 H(a) Is this a group return pendina F Name and address of principal officer GUNTER DUFEY Yes X No for affiliates? 2716 ASPEN CT, ANN ARBOR, MI H(b) Are all affiliates included? Yes Tax-exempt status: X 501(c)(3) __ 501(c) () ◀ (insert no.) [4947(a)(1) or If "No," attach a list (see instructions) J Website: ► FRIENDSOFEDUCATIONEXCHANGELTD.ORG H(c) Group exemption number ▶ Form of organization: X Corporation Year of formation: 2009 M State of legal domicile: MI Trust Association Other > Part I | Summary Briefly describe the organization's mission or most significant activities PROVIDE FINANCIAL SUPPORT AND Governance ADVICE ON EDUCATIONAL OPPORTUNITIES IN THE US AND SINGAPORE FOR US Check this box I 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 Activities & Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 2 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 180,000. 185,250. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 0 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 18,950. 22,768. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 198,950. 208.018. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 171,000 245,372. Grants and similar amounts paid (Part-IX, column;(A), lines 1.3) Benefits paid to or for mambers (Part X, Column (A), line 4) 0. 14 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,815. 4,078. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D)/June 25) 0. Other expenses (Part IX, column (A), lines-11a Frd, 11f-24e) 5,600. 1,836. Total expenses Add lines 3 17 must equal Part X, column (A), line 25)
Revenue less expenses. Subtract-line 18 from line 12 180,415. 251,286. 19 18,535. -43,268. **Beginning of Current Year** End of Year 245,278. 234,908. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 0. N. 245 278. 234 908 Net assets or fund balances. Subtract line 21 from line 20 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 Sign GUNTER DUFEY TREASURER Here Type or print name and title PTIN Print/Type preparer's name KATHLEEN M. UNDERHILL P00589677 Paid 13 sett-emptoyed Firm's name REHMANN ROBSON Preparer Fırm's EIN 🛌 38-3635706 Firm's address

555 BRIARWOOD CIRCLE #300 **Use Only** Phone no. 734 - 761 - 2005ANN ARBOR, MI 48108 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

				_
		·		
	<u> </u>			
d	Other program services (Desc	cribe in Schedule O)		
	(Expenses \$) (Revenue \$	
e	Total program service expen	nses ► 245,372.		

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Part IV Checklist of Required Schedules

			Yes	_No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		!	
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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 _		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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		<u> </u>
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,	44-	i	₩.
_	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		X
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1.10		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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		<u>x</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	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	14b	x	
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	х	
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		X
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	17	<u> </u>	X
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	<u> </u>	X
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	 	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2012)

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Pa	t IV 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	x	
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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			}
	Schedule J	23		x
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			^
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25	04-		X
		24a	<u> </u>	^-
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	├
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			٠,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	X
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	_	_ X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	.
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
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	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Farm	gan	(0040

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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			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	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 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	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 over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
С	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 as charitable contributions?	_6a		_X_
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).			
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		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
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.			
a	Did the organization make any taxable distributions under section 4966?	9a		
	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 Green receipts, included on Form 200, Part VIII, line 12 fee public use of all the feedbase.			
D 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
			ĺ	
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against		ŀ	
U		•		
120		40.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
	Is the organization licensed to issue qualified health plans in more than one state?	120	+	
а	Note. See the instructions for additional information the organization must report on Schedule O.	_13a		
٠,	Enter the amount of reserves the organization is required to maintain by the states in which the			
U			Ì	
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
			990	(2012)

C/O FERGUSON & WIDMAYER

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Form 990 (2012) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing	1							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent . 1b								
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		X					
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_		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a		X					
b	Each committee with authority to act on behalf of the governing body?	8b		X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
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	X						
11a									
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		X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c		177					
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14	-	_X_					
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?								
•	The organization's CEO, Executive Director, or top management official	15a		x					
a	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	135							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1					
	taxable entity during the year?	16a		x					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶MI								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fınar	ncial						
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨	·						
	<u>GUNTER DUFEY - 734-665-3396</u>								
7077°	2716 ASPEN CT, ANN ARBOR, MI 48108								
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C/O FERGUSON & WIDMAYER

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Di	irectors, Trustees,	Key Employees, a	and Highest Compe	nsated 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 n	or any related	orga	nıza	tion	cor	npei	nsat	ated any current officer, director, or trustee.					
(A)	(B)			_ (0	2)			(D)	(E)	(F)			
Name and Title	Average Position (do not check more than one					than	one	Reportable	Reportable	Estimated			
	hours per	box	box, unless person i officer and a directo			son is both an		compensation	compensation	amount of			
	week		1 1 1		I I I I		iee)	from	from related	other			
	(list any	Se					l	the	organizations	compensation			
	hours for	5	8		ŀ	E E		organization	(W-2/1099-MISC)	from the			
	related	uste	Test		8	i i		(W-2/1099-MISC)		organization			
	organizations below	쿌	<u> </u>		l g	ខ្លួ	١.			and related organizations			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations			
(1) GUNTER DUFEY	5.00		_		_								
TREASURER AND TRUSTEE		X		X			Ь.	3,815.	0.	0.			
(2) FFELICIA KARNANI, MBA	0.10							_	_	_			
TRUSTEE	2.12	Х					_	0.	0.	0.			
(3) JACKIE TEGROTENHUIS	0.10		1		1		1		_	_			
TRUSTEE		X	<u> </u>	\vdash	\vdash	\vdash	-	0.	0.	0.			
		_	_		_	-							
		-	-	<u> </u>	-	-							
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Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees/	, and	<u>d Hi</u>	ghe	st C						
(A) Name and title	(B) Average hours per		not c	Pos heck	more	than		(D) Reportable compensation	(E) Reportable compensation			(F) timate nount	
	week (list any hours for	offi	cer an		irecto	or/trus	tee)	from the organization	from related organizations (W-2/1099-MIS	3	com	other pensa om th	ation
	related organizations below	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee		(W-2/1099-MISC)	,		org and	anızat d relat	ion ed
	line)	Individ	Institut	Officer	Key employee	Highesi	Former				orga	ınızatı	ons ——
		_									· .		
				<u> </u>									
		_											
			-										
									<u></u>				
		-									<u>. </u>		
1b Sub-total c Total from continuation sheets to Part V	/II. Section A				<u> </u>	>		3,815.		0.		_	0
d Total (add lines 1b and 1c) Total number of individuals (including but i		nose	liste	ed al	OOVE	e) wh	10 re	3,815.	000 of reportable	0.			0.
compensation from the organization									,000 01 1000114011			Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s		uste	e, ke	y en	nplo	yee,	or l	highest compensated ei	mployee on		3		Х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization		4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue comper	nsat	ion f	rom	any	unr			dual for services		5		X
Section B. Independent Contractors									*****				
Complete this table for your five highest countries the organization. Report compensation for								the organization's tax y		pensa			
(A) Name and business	address	N	ONE	<u> </u>				(B) Description of s	ervices	C	(Comper		n
					_		-						
				_			\downarrow						
2 Total number of independent contractors (including but n	ot lu	mited	d to	thos	se lis	ted	above) who received m	ore than				
\$100,000 of compensation from the organ						_						200	
20000										1	Form 9	99U (2	2012

Page 9

Form **990** (2012)

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512, 513, or 514 revenue revenue Federated campaigns 1a 1b **b** Membership dues Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and 185,250 similar amounts not included above 1f 33,250 9 Noncash contributions included in lines 1a-1f \$ 185,250 Total, Add lines 1a-1f Program Service Revenue f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 8,941. 8,941 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (i) Real 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 174,061 assets other than inventory b Less: cost or other basis 160,234 and sales expenses 13,827 c Gain or (loss) 13,827 13,827. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total, Add lines 11a-11d Total revenue. See instructions 208,018 0. 22,768.

Form 990 (2012)

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respon		s Part IX (B)	(C)	<u>(D)</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	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	115,372.	115,372.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	130,000.	130,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	3,815.		3,815.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				- ·
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0.63		0.60	· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes	263.		263.	
11	Fees for services (non-employees)				
а	Management	1 100		1 100	· · · · · · · · · · · · · · · · · · ·
b	Legal .	1,182.		1,182.	
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
Ţ	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion Office expenses	654.		654.	
13	Information technology	034.		034.	
14 15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
c					
d			-		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	251,286.	245,372.	5,914.	0.
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)				

Form 990 (2012)
Part X Balance Sheet

C/O FERGUSON & WIDMAYER

_	Check if Schedule O contains a response to any question in this Part X	(4)		<u></u>
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing		1	
2	Savings and temporary cash investments	4,207.	_2	53,242
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,		:	
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
1	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 instr). Complete Part II of Sch L		6	
7 8	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other			
1	basis. Complete Part VI of Schedule D 10a			
b	Less accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	241,071.	11	181,666
12	Investments - other securities. See Part IV, line 11		12	
13	Investments · program-related See Part IV, line 11		13	
14	Intangible assets .		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	245,278.	16	234,908
17	Accounts payable and accrued expenses	_	17	
18	Grants payable .		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	· <u>-</u>
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
21 22	key employees, highest compensated employees, and disqualified persons			
'	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow SFAS 117 (ASC 958), check here ▶			
3	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 30 31 32	Unrestricted net assets		27	· · · · · · · · · · · · · · · · · · ·
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
!	Organizations that do not follow SFAS 117 (ASC 958), check here			
;	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0.	30	0
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
32	Retained earnings, endowment, accumulated income, or other funds	245,278.	32	234,908
33	Total net assets or fund balances	245,278.	33	234,908
34	Total liabilities and net assets/fund balances	245,278.	34	234,908

Form **990** (2012)

	1990 (2012) C/O FERGUSON & WIDMAYER	<u> </u>	3 <u>4324</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20	8,0	18.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25	1,2	86.
3	Revenue less expenses. Subtract line 2 from line 1	3	<u> </u>	3,2	68.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24	5,2	78.
5	Net unrealized gains (losses) on investments	5	3	2,8	98.
6	Donated services and use of facilities	6			
7	Investment expenses	7	-		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	23	4,9	08.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ite basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audıt,			
	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 Sc	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

232012 12-10-12 Form 990 (2012)

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FRIENDS OF EDUCATION EXCHANGE LTD C/O FERGUSON & WIDMAYER

Employer identification number 27-1164324

		 										
Part I	Reason	for Public Char	rity Status (All organiz	ations mu	st complet	te this par	t.) See ins	tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)					
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i).				
2 🖳	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🔲	A hospital or	a cooperative hosp	ıtal service organization (described	ın section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization	operated in conjunction	with a hos	prtal desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter	the hospita	al's na	me,
	city, and stat	e:										
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or or	perated by	a govern	mental un	t describ	oed in		
		(b)(1)(A)(iv). (Compl		•		_	_					
6			nent or governmental unr	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 X		=	ceives a substantial part				<i></i>	or from the	general	public des	cribed	lın
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8 🗌	-		section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗔			ceives. (1) more than 33			rom contr	ihiitione n	nembershi	n fees s	and arnee r	ecointi	e from
			nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete	•		ix) 110111 bu	1311103303	acquired L	y ine orga	inzation	aiter ourie	50, 15	,, J.
10			perated exclusively to te	et for nubl	ic safety S	Soo contic	n 500(a)/	4\				
11 🗔	_	<u>-</u>	perated exclusively for the	•	•			•	y out the	nurnoene	of one	or
	-	-	ations described in secti						•			e Oi
			organization and compl				2) See Se	cuon sos(a)(3). Oi	ieck ii ie bo	x ınaı	
	a Type	· · · · · · · · · · · · · · · · · · ·	· — ·	ype III - Fu	•		۱ .	TVD	a III. Na	a function	مقدد مطاد	
										n-function	•	-
e			at the organization is not									
			than one or more publicly						9(a)(1) or	section 50	9(a)(2)).
f	_		tten determination from t	ine ins tha	atitisa iy	pe i, Type	ıı, or ıype	∃ III				
		rganization, check t				_			_			
g	_		organization accepted ar			•		• •				
		•	directly controls, either al	one or tog	ether with	persons of	described	ın (ıı) and ((III) below		Yes	No
	_		upported organization?							. 11g(i		
		•	n described in (i) above?							11g(i		_
		-	a person described in (i) o							11g(ii	<u> 1</u>	
h	Provide the f	ollowing information	about the supported or	ganization	(s)							
			 			1						
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) is organizati		(vii) Amou	nt of m	onetary
orga	anızatıon		(described on lines 1-9	in col. (i) la			tion in col.	(i) organiz	ed in the	su	pport	
			above or IRC section (see instructions))		document?	(i) oi you	r support?	U.S	5.7			
			(000 111011 20110110)	Yes	No	Yes	No	Yes	No			
							}					
					i							
											·	
				-				-	 			
Fotol												

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 C/O FERGUSON & WIDMAYER 27-1164324 Page 2

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

	(Complete only if you checke fails to qualify under the tests				n failed to qualify i	under Part III. If the	e organization
Sec	ction A. Public Support			,			
_	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	107=000	(2) ====	10/20.0	(4) = 0	(0) 2012	
•	membership fees received. (Do not						
	include any "unusual grants ")			199,712.	180,000.	185,250.	564,962.
2	Tax revenues levied for the organ-			•	<u> </u>	1	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge						
4	Total. Add lines 1 through 3			199,712.	180,000.	185,250.	564,962.
5	The portion of total contributions	ļ					
	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)						366,951.
	Public support. Subtract line 5 from line 4						198,011.
	ction B. Total Support	Т				 	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4			199,712.	180,000.	185,250.	564,962.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			10	<i>c</i> 404	0.044	45 454
	and income from similar sources			19.	6,191.	8,941.	<u> 15,151.</u>
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						
44	assets (Explain in Part IV)						580,113.
11	Total support. Add lines 7 through 10 Gross receipts from related activities.	ata (aga inatmisti				40	360,113.
	First five years. If the Form 990 is fo		•	ural facultin ar fifth to		12 - 501(a)(3)	
13			s iirst, second, tii	ina, iourni, or intii ta	ix year as a section	11 50 1(0)(3)	►X
Se	organization, check this box and storection C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (-	column (f))		14	%
15	Public support percentage from 2011		-	("		15	<u>%</u>
16a	33 1/3% support test - 2012. If the			on line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	on			
Ł	33 1/3% support test - 2011. If the	organization did no	ot check a box or	n line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly :	supported organi	zation			
178	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not	check a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check	this box and stop h	ere. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as	a publicly supported	dorganization		
t	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not	check a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets ti	he "facts-and-circu	mstances" test,	check this box and	stop here. Explair	ı ın Part IV how the)
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	cly supported orga	anızatıon	ightharpoons
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s . •

Schedule A (Form 990 or 990-EZ) 2012 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
gualify under the tests listed below places complete Dort II.)	

Section A. Public Support	OW, please com	piete r art ii j			·- · · ·	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not						, , , , , , , , , , , , , , , , , , ,
include any "unusual grants ")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge					,	
6 Total, Add lines 1 through 5						
7a Amounts included on lines 1, 2, and			1			
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from tine 6)						
Section B. Total Support			_			
Calendar year (or fiscal year beginning in) 🕨 📘	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					_	_
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	1	1	F04()(2)	L <u></u>
14 First five years. If the Form 990 is for t	ne organization	s tirst, second, thi	ra, tourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here Section C. Computation of Public	Support Pe	rcentage				<u> </u>
15 Public support percentage for 2012 (lin			column (fl)		15	9
16 Public support percentage from 2011 S		•	colditiii (ijj		16	
Section D. Computation of Invest						
17 Investment income percentage for 201					17	
18 Investment income percentage from 20	•		116 10, 00141111 (1//		18	
19a 33 1/3% support tests - 2012. If the co			on line 14, and lin	e 15 is more than		
more than 33 1/3%, check this box and	-					IS NOT
b 33 1/3% support tests - 2011. If the o	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
line 18 is not more than 33 1/3%, chec			•		-	▶ <u> </u>
20 Private foundation. If the organization	did not check a	<u>box on line 14, 19</u>	a, or 19b, check t	his box and see ir	structions	<u> </u>

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

FRIENDS OF EDUCATION EXCHANGE LTD

Employer identification number

C/O FERGUSON &				27-1164	324
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organization answere	d "Yes"
to Form 990, Pa					
1 For grantmakers. Doe	s the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
the grantees' eligibility	for the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes X No
2 For grantmakers. Des	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance	outside the
United States					
	1		an be duplicated if additional space is i	needed)	· ,
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	offices in the region	agents, and	(by type) (e.g., fundraising, program services, investments, grants to	is a program service, describe specific type	expenditures for and
	In the region	independent contractors	recipients located in the region)	of service(s) in region	investments
	-	ın region	resipione legated in the region,	Or der vice(s) in region	ın region
TIACO ACTA AND OUR			D		
EAST ASIA AND THE			GRANTS TO RECIPIENTS		120.000
PACIFIC	<u> </u>	0	LOCATED IN THE REGION		130,000.
					ľ
					:
	 				
	ı				
	-				
	1				
	ļ				
3 a Sub-total	0	0_			130,000.
b Total from continuation	1				
sheets to Part I		00			0.
c Totals (add lines 3a					
and 3b)	0	0		<u>L </u>	130 000
LHA For Paperwork Reduc	tion Act Notice.	see the instruc	tions for Form 990.	Schedule	F (Form 990) 2012

C/O FERGUSON & WIDMAYER

Page 2

27-1164324

Schedule F (Form 990) 2012

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE PACIFIC	SUPPORT STUDENT EXCHANGES	130.000	BANK TRANSFER	0		
2 Enter total number of the IRS, or for which t	frecipient organization the grantee or counse	ns listed above that are related as provided a section	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	foreign country,	recognized as tax-ex	empt by		1
3 Enter total number of other organizations or entities	other organizations of	r entities				•		

Schedule F (Form 990) 2012

FRIENDS OF EDUCATION EXCHANGE LTD C/O FERGUSON & WIDMAYER

Page 3

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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) 2012

(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 (b) Region					

Schedule F (Form 990) 2012

"Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions

Schedule F (Form 990) 2012 C/O FERGUSON & WIDMAYER 27-1164324 Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see Instructions for Form 926) 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 Yes X No a U.S. Owner (see Instructions for Forms 3520 and 3520-A) 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 Yes X No Certain Foreign Corporations (see Instructions for Form 5471) 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. Yes X No (see Instructions for Form 8621) 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 Yes X No Foreign Partnerships. (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If 6

Schedule F (Form 990) 2012

X No

☐ Yes

for Form 5713)

Schedule F (Form 990) 2012 C/O FERGUSON & WIDMAYER Part V Supplemental Information	27-1164324	Page 5
Part V Supplemental Information		
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line		
amounts of investments vs. expenditures per region), Part II, line 1 (accounting method); Part III (account		III, column
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional in	formation.	
SCHEDULE F, PART I, LINE 2: THE ORGANIZATION IS A "FRIEND	C OF"	
SCHEDULE F, FARI I, LINE 2: THE ORGANIZATION IS A FRIEND	5 OF	
ORGANIZATION THAT SUPPORTS EDUCATION EXCHANGE LTD, A NONP.	ROFTT	
ORGANIZATION IN SINGAPORE.		
		
		
		
		
		
	·····	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No 1545-0047	2012
	i

Open to Public Inspection

Name of the organization FRIENDS O	FRIENDS OF EDUCATION EX C/O FERGUSON & WIDMAYER	FRIENDS OF EDUCATION EXCHANGE LID C/O FERGUSON & WIDMAYER	s L'TD				Employer identification number 27-1164324
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance?	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion X Yes No
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	toring the use of grant	funds in the Unite	d States.]
I⋤I	Governments an	d Organizations in the	e United States. C	Complete if the org	anization answered "\	res" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated	\$5,000. Part II can	be duplicated if addit	I if additional space is needed	ded.			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN							
3003 S. STATE ST							SUPPORT INTERNATIONAL
ANN ARBOR, MI 48109	38-6006309	501(C)(3)	30,372.	0			STUDENT EXCHANGES
BOWDOIN COLLEGE							
4100 COLLEGE STATION							SUPPORT INTERNATIONAL
BRUNSWICK, ME 04011	01-0215213	501(C)(3)	83,000.	0			STUDENT EXCHANGES
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government or	rganizations listed in th 1 table	ne line 1 table				2.
4	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) C/O FERGUSON & WIDMAYER

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Individuals in the United States.

Page 2

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
			:		
Part IV Supplemental Information. Complete this part to provide the	de the information	required in Part I,	line 2, Part III, colum	information required in Part I, line 2, Part III, column (b), and any other additional information.	ormation.
SCHEDULE I, PART I, LINE 2: THE ORGANIZATION INFORMS THE COLLEGES OF	GANIZATI	ON INFORMS	THE COLLE	GES OF	
AMOUNTS AWARDED. THE COLLEGES THEN APPLY	- 1	SUCH FUND	SUCH FUNDS TO THE STUDENTS'	TUDENTS'	
TUITION ACCOUNTS.					

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. 2012

pen to Publi Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FRIENDS OF EDUCATION EXCHANGE LTD

C/O FERGUSON & WIDMAYER

Employer identification number 27-1164324

Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining amounts reported on contributions or applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 9 Securities - Publicly traded X 33,250. STOCK MARKET PRICE 10 Securities · Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts Other 25 26 Other 27 Other Other 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Х b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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Schedule M (Form 990) (2012)

describe in Part II.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2012
Open to Public Inspection

Name of the organization

FRIENDS OF EDUCATION EXCHANGE LTD C/O FERGUSON & WIDMAYER

Employer identification number 27-1164324

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STUDENTS AND STUDENTS FROM ASIA.
FORM 990, PART VI, SECTION A, LINE 8A: THE ORGANIZATION DOES NOT KEEP
WRITTEN DOCUMENTATION OF MEETINGS.
FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT KEEP
WRITTEN DOCUMENTATION OF MEETINGS.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE
TREASURER BEFORE BEING FILED WITH THE IRS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS ARE MADE AVAILABILE UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2012 Open to Public

OMB No 1545-0047

Inspection

Employer identification number 27-1164324

▶ See separate instructions. FRIENDS OF EDUCATION EXCHANGE LTD ▶ Attach to Form 990. C/O FERGUSON & WIDMAYER Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2012 S × entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) **Exempt Code** section 501(C)(3) Legal domicile (state or foreign country) SINGAPORE C/O ESTEEM MGMT SERVICES PTE LTD 133 CECIL S STUDENTS REGARDING STUDENT EXCHANGE OPPORTUNITIES Primary activity SUPPORT AND ADVISE Name, address, and EIN of related organization EDUCATION EXCHANGE LTD SINGAPORE 06953

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

232181 12-10-12 LHA

Page 2

27-1164324

C/O FERGUSON & WIDMAYER

Schedule R (Form 990) 2012

General or Percentage managing ownership partner? 3 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Yes Code V-UBI amount in box n 20 of Schedule ate allocations? Disproportion-Yes Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization <u>a</u> Part III

ŝ (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Yes Percentage ownership Ξ Share of end-of-year assets Share of total income Type of entity (C corp, S corp, or trust) <u>e</u> Direct controlling entity Legal domicile (state or foreign country) <u>છ</u> Primary activity Name, address, and EIN of related organization Part IV

Schedule R (Form 990) 2012

30

232162 12-10-12

Schedule R (Form 990) 2012 C/O FERGUSON & WIDMAYER

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

					\vdash	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			!		Kes	2
1 During the tax year, did the organization engage in any of the following transaction	s with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		1	;
	•			+	;	4
b Gift, grant, or capital contribution to related organization(s)				₽	4	
c Gift, grant, or capital contribution from related organization(s)				ٻ		×
d Loans or loan quarantees to or for related organization(s)				₽		×
				1e		×
f Dividends from related organization(s)				*		×
a Sale of assets to related organization(s)				1g		×
				÷		×
				;=		×
j Lease of facilities, equipment, or other assets to related organization(s)				Ę		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
1 Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			£		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uo			1n		×
				10		×
p Reimbursement paid to related organization(s) for expenses				4		×
q Reimbursement paid by related organization(s) for expenses				5		×
r Other transfer of cash or property to related organization(s)				÷		×
 S Other transfer of cash or property from related organization(s) 				1\$		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	s line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1)						
(2)						
					;	
(4)						
			100			
	21		2 chipodeo) (E ₂ , 2)	Į	5
232163 12-10-12	1		Schedule K (Form 990) 2012	Loria Loria	iggs Sg	S

27-1164324 Page 4.

FRIENDS OF EDUCATION EXCHANGE LTD

Schedule R (Form 990) 2012 C/O FERGUSON & WIDMAYER

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

ള പ		1		 		 		 	2
bispropor- bispropor- bispropor- bindications? Ves No (Form 1065) (I) (K) Code V-UBI General or Percentage managing ownership of Schedule K-1 partner? Ves No (Form 1065) Yes No									Schedule R (Form 990) 2012
o Period									86 E
(j) General or managing partner? Yes No							·		For
25 - 28									Je R
(i) e V-UBI t in box edule K n 1065									ched
Code of Schi (Forn									۷,
(h) Disproportionate allocations?							-		
Disp. Das Alloc									
(g) Share of end-of-year assets									
(g) Share end-of-y asset									
	-								
of Je									
(f) Share of total income									
_									
Predominant income pariers set (related, unrelated, excluded from tax under section 512-514) Yes No		<u> </u>				į.			
me pa d, ix X									
nt incolured rom ta rom ta									
(d) ominanited, un luded fr									
Pred (rela exc under								1	
icile eign)									
(c) gal domic ste or fore country)									
(c) Legal domicile (state or foreign country)									
tivity									
(b) Primary activity									
Primi									
					, , ,				
								$ \ \ \ $	
N N								$ \ \ \ $	
(a) Name, address, and EIN of entity									
(a) dress f entit									
he, ad о		$ \ \ \ $						$ \ \ \ $	
Nan		$ \ \ \ $						$ \ \ \ $	
		$ \ \ \ $				$ \ \ \ $		$ \ \ \ $	

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension	n, complete only Pa	rt I and check this box			$\triangleright \mathbf{x} $			
If you are filing for an Additional (Not Automatic) 3	-Month Extension, c	omplete only Part II (on page 2 of	f this form)					
Do not complete Part II unless you have already bee	n granted an automa	tic 3-month extension on a previou	sly filed Fo	rm 8868				
Electronic filing (e-file). You can electronically file Fo	-	•	•		corporation			
equired to file Form 990-T), or an additional (not autor	•		-		-			
of time to file any of the forms listed in Part I or Part II		·						
Personal Benefit Contracts, which must be sent to the								
risit www.irs.gov/efile and click on e-file for Charities &		(see instructions). For more details	On the elec	tronic ming or	ins ioni,			
Part I Automatic 3-Month Extension		ubmit original (no conies no	andad)					
								
A corporation required to file Form 990-T and requesti	ng an automatic o-mo	of the extension - check this box and	Complete		. \Box			
Part I only	6 DELMO							
All other corporations (including 1120-C filers), partner to file income tax returns.	snips, REMICs, and ti	rusts must use Form 7004 to reque	est an exten	sion of time				
			Τ					
Type or Name of exempt organization or other filer	Employer	Employer identification number (EIN) or						
I	FRIENDS OF EDUCATION EXCHANGE LTD							
C/O FERGUSON & WIDMAY	C/O FERGUSON & WIDMAYER							
due date for Number, street, and room or suite no. If a								
iling your eturn See 538 N. DIVISION	<u> </u>							
nstructions City, town or post office, state, and ZIP co	de. For a foreign add	ress, see instructions.						
ANN ARBOR, MI 48104								
Enter the Return code for the return that this applicati	on is for (file a separat	te application for each return)			0 1			
		•						
Application	Return	Application			Return			
s For	Code	Is For			Code			
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07					
Form 990-BL	02	Form 1041-A	08					
Form 4720 (Individual)	03	Form 4720	09					
Form 990-PF	04	Form 5227	10					
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
Form 990-T (sec. 401(a) of 400(a) (tust)	06	Form 8870	12					
GUNTER DU		F01111 8670			12			
• The books are in the care of ▶ 2716 ASPE		ADDOD MT 40100						
	N CT - AMM							
Telephone No. ► <u>734-665-3396</u>		FAX No						
If the organization does not have an office or place								
If this is for a Group Return, enter the organization's				-				
oox . If it is for part of the group, check this b	··-			<u>ers the extensi</u>	on is for			
1 I request an automatic 3-month (6 months for a		·						
	the exempt organizat	tion return for the organization nan	ned above.	The extension				
is for the organization's return for:								
\blacktriangleright X calendar year 2012 or								
tax year beginning, and ending								
2 If the tax year entered in line 1 is for less than 12	months, check reason	on Initial return	Fınal retur	n				
Change in accounting period								
3a If this application is for Form 990-BL, 990-PF, 99	0-T, 4720, or 6069. e	nter the tentative tax, less anv						
nonrefundable credits. See instructions.	, , , ,		3a	\$	0.			
b If this application is for Form 990-PF, 990-T, 472	0. or 6069, enter any	refundable credits and						
• •	•		3ь	\$	0.			
	imated tax payments made Include any prior year overpayment allowed as a credit. 3b 9 9 9 9 9 9 9 9 9							
by using EFTPS (Electronic Federal Tax Paymen		•	0.5	.	0.			
			3c	S .				
Caution. If you are going to make an electronic fund v			<u>-um 8879-</u>		I Instructions.			

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