

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2012

Department of the Treasury

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

Open to Public

A		2012 0010	ander year or tay year beginning	d onding	D	24	20. 10			
			endar year, or tax year beginning January 1 , 2012, and	Decer	nber 31	, 20 12 er identification n	mher			
В		applicable.	C Name of organization Friends of Amani US Inc			D Linploy.		annoe:		
님	Address	-	Doing Business As)/		F T-lb	27-3621599			
뭐	Name ch	•	· ·	Room/suite		E Telephor				
님	Initial ret		15204 Crystal Lake Terrace			612-239-6776				
	Terminal	ted	City, town or post office, state, and ZIP code							
닏	Amende	d return	Burnsville, MN 55306			G Gross re		234,309		
Ш	Applicat	ion pending	F Name and address of principal officer Valerie Todd			-	for affiliates? 🔲 Yes			
	808 York Street, Oakland, CA 94610 H(b) Are all affiliates included? Yes No									
<u></u>		mpt status	✓ 501(c)(3)	527			list (see instructio	ns)		
<u>J</u>	Website		<u></u>			exemption				
K				of formation	2010	M State	of legal domicile:	MN		
Н	art I	Summ								
	1		escribe the organization's mission or most significant activities:							
ě			in Tanzania. Amani continues to meet or exceed our Board-approved							
Activities & Governance			scuing homeless children; providing a safe and nurturing place for h					+ -+-		
E	_		en with their relatives when possible; and equipping reunited familie					liant.		
Š	2		is box ▶☐ if the organization discontinued its operations or disp	osed of r	nore thar		its net assets.			
8	3		of voting members of the governing body (Part VI, line 1a)			3		3		
jes	4		of independent voting members of the governing body (Part VI, III	•		<u> </u>		3		
ξ	5		mber of individuals employed in calendar year 2012 (Part V, line 2)	a)		5		1		
PG	6		mber of volunteers (estimate if necessary)			6	-	30		
	7a		related business revenue from Part VIII, column (C), line 12			7a		0		
	b		lated business taxable income from Form 990-T, line 34		D.:	7b		0		
Revenue	١.		tions and grants (Part VIII, line 10)	ļ	Prior Ye		Current Yo			
	8	Contribu	tions and grants (Part VIII, line II)		69,999		50,264			
	9	Program	service revenue (Part VIII, Iline 20)		174,693		172,493			
Re.	10	Investme	ent income (Part VIII, dolumn (A), lines 3, 4, and 7d) (1)	• •		19		11,552		
_	11	Other rev	venue (Part VIII, column (A) lines \$ 6d, 8c, 9c, 10c, and 1e)	40		0		0		
	12	Total revi	enue - add lines 8 through (must equal Part VIII) column (A), line	12)		244,711	 	234,309		
	13		nd sımılar amounts paid (Part 12, colum (A), (ibes 1-3)	· •		26,880		118,658		
	14		paid to or for members (Part IX, column (A), line 4)	0			0			
es	15		other compensation, employee benefits (Part IX, column (A), lines 5-	·10)		13,871		13,880		
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	· ·		0		0		
ង្គ	_b			,121			· · · · · · · · · · · · · · · · · · ·			
_	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	· •		7,450		5,540		
	18	•	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	·		48,201		138,078		
	19	Revenue	less expenses. Subtract line 18 from line 12			196,510	= 1.4	96,231		
Net Assets or Fund Balances	~	T-4-1	cate (Dort V. line 10)	Beg	inning of Cu		End of Ye			
Rala	20		sets (Part X, line 16)	· · ├─		500,513		606,784		
a de	21		bilities (Part X, line 26)	· •		289,003		299,043		
			ets or fund balances. Subtract line 21 from line 20	·•		211,510		307,741		
	art II		ture Block							
			ury, I declare that I have examined this return, including accompanying schedules are lete Peclaration of preparer (other than officer) is based on all information of which				ny knowledge and	Deliet, it is		
	····	Th			· · · · · · · · · · · · · · · · · · ·		-10-5	21.2		
Sig	an	Sign	nature of officer		l_ Da	ate	2-12 0	71.2		
He	-	J. S.g.	Diam I Marrison Soc	to		110				
Here Diane L. Morrison, Secretary Type or print name and title							 			
_		1, ,,	/pe preparer's name Preparer's signature	Date		<u> </u>	ІРПИ			
Pa			- Topod of Origination	5000		Check self-em	□ ₫			
	epare				Т	_\	Picyeu			
Us	se On					n's EIN ▶				
1/10	v the II		address > s this return with the preparer shown above? (see instructions) .		Pho	one no		No		
_	-		action Act Notice, see the separate instructions.	Cont. No.	110000	· · · ·	Yes	90 (2012)		
LOI	rapen	MUIN NEGU	iouon noi nouce, see ille separate llistructions.	Cat No	112027		roim (/CU12)		

917-20

		ray e Z
Part		
	Check if Schedule O contains a response to any question in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	Support organizations which promote the health, education and safety of homeless children in Tanzania, East Africa	
	among their goals: rescuing homeless children; providing a safe and nurturing place for homeless children to heal, g	
	reuniting homeless children with their relatives, when possible; and equipping reunited families with the tools they no independent and self-sustaining.	ea to become
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	000 000 F70	ີYes ☑No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		_Yes ☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services,	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants are required are required to report the amount of grants are required are required at the report of the property of the pr	ations to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: <u>813319</u>) (Expenses \$ <u>118,658</u> including grants of \$ <u>118,658</u>) (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 compass	
	of teachers, social workers and care-givers - which will restore hope in their lives and help these most-vulnerable me	
	community to become self-sustaining, independent young adults. All funds currently held by Friends of Amani US Inc	
	approved to be granted to Amani Centre for Street Children as long as they continue meeting our Board-approved fur and expectations as well as the intent of our donors, which our Board ensures with ongoing oversight.	ding chteria
	and expectations as well as the intent of our donors, which our Board ensures with ongoing oversight.	
	•	
		•••••
		*
4b	(Code: 813319) (Expenses \$ 3,335 including grants of \$) (Revenue \$	24,210)
	Holiday Fund-raising Program - Friends of Amani US Inc solicited support for the Amani children with a holiday mailing	ng and the sale
	of gift cards for the holidays. The expense associated with this program was for postage - distributing the cards by m	
	holiday letters to create awareness and request support - and for staff time. The gift cards themselves were designed	
	in-house at a minimal cost to the organization. A volunteer set up a page on the Amani web-site to promote the sale o	
	gift cards and accept their sales. For the 2012 holiday season, Friends of Amani US Inc discontinued the sale of holid	ay cards,
	successfully changing the focus of holiday fund-raising to these gift cards.	
	•••••••••••••••••••••••••••••••••••••••	
4c	(Code: 813319) (Expenses \$ 3,170 including grants of \$) (Revenue \$	86,151)
	Monthly Sponsorship Program - This program is ongoing and has a goal of establishing a dependable and sustainable	e funding
	source by asking donors to contribute at a specific level on a monthly basis. In return, monthly sponsors receive per	odic personal
	updates, communications and pictures from Amani Centre for Street Children's staff and children. During the year, Fr	
	Amani Us Inc has reached out to monthly sponsors to share an Operations Highlights Report from Amani exemplifying	
	their monthly sponsorship has had on Amani's ability to provide the nurturing care all children deserve in their lives.	
	Friends of Amani US Inc tries to maintain an ongoing connection with monthly sponsors to ensure the continuation a	
	this vital program. The primary expense associated with this program is for processing fees (charged by PayPal and	
	Additional expenses have been minimal - a volunteer set up promotional information and the ability to sign up on the	
	web-site, the cost of stamps and paper supplies (many of which have been donated) and staff time to oversee the pro	yram ano
	ensure its continued success.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 4,476 including grants of \$) (Revenue \$ 62,132)	
4e	Total program service expenses ► 129,639	
	· · · · · · · · · · · · · · · · · · ·	

Form **990** (2012)

² art	V 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	1	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	✓	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
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		✓
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		✓
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, 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	√	
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
C	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	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		▼
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	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 l	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		1
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		1
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		1
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
	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	\vdash	
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	051		1
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	25b 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		V
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):		34.	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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? <i>If "Yes," complete Schedule R, Part I </i>	33		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		T ✓
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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? <i>If "Yes," complete Schedule R, Part VI </i>	37		1
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	1	Ť

Form **990** (2012)

Part '	Statements Regarding Other IRS Filings and Tax Compliance			
,	Check if Schedule O contains a response to any question in this Part V	<u> </u>		
4			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	reportable gaming (gambling) winnings to prize winners?	1c	 ✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	16		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	Ì] .
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			L
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	<u> </u>	
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 chantable contributions?	60		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	 	-
~	gifts were not tax deductible?	6b	}	}
7	Organizations that may receive deductible contributions under section 170(c).	 		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	Ì	<u> </u>	
	and services provided to the payor?	7a	1	
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		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		 	ļ <u>.</u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	!
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	 ✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/11		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	ļ		1
	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1	ł	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	4		
11	Section 501(c)(12) organizations. Enter:			1
a b	Gross income from members or shareholders	-{		1
	against amounts due or received from them.)	1	ł	
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.	1	1	
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.		T	1
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans]		
C	Enter the amount of reserves on hand	<u> </u>	ļ	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	1

Part '							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S						
<u> </u>	Check if Schedule O contains a response to any question in this Part VI		::	✓			
Section	on A. Governing Body and Management	···		T			
40	Enter the number of voting members of the governing hady at the and of the tay year.		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1					
	if the governing 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 3						
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		1			
3							
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓_			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓			
6 70	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?			,			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	-	✓			
.,	stockholders, or persons other than the governing body?	7b		✓			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following:			}			
а	The governing body?	8a	1				
b	Each committee with authority to act on behalf of the governing body?	8b	✓				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
Casti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓			
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	1			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		 			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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 use to conflicts?	12b	✓	<u> </u>			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	100	,	ĺ			
12	Did the organization have a written whistleblower policy?	12c	✓				
13 14	Did the organization have a written document retention and destruction policy?	14		1			
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?			1			
a	The organization's CEO, Executive Director, or top management official	15a		1			
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).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	<u> </u>					
	with a taxable entity during the year?	16a	L	✓			
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	1					
	organization's exempt status with respect to such arrangements?	16b	 -				
Section	on C. Disclosure	וטט	L	<u> </u>			
17	List the states with which a copy of this Form 990 is required to be filed ► Minnesota						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.		-				
	☐ Own website ☐ Another's website ☑ 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	f inte	rest p	olicy,			
22	and financial 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 organization: Diana Morrison, 15204 Crystal Lake Terrace, Burnsville, MN, 55305, 612, 239, 6775	or the)				

	റററ	(2012)
"Ulli	ฮฮบ	120121

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 no	r any relate	d orga	anız	atio	n co	ompe	nsa	ted any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	Pos leck is pe	rson	e than of the than the both or Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Valerie Todd, Chair	3			1				0	0	
(2) Marshall Rowe, Treasurer	11			1				0		
(3) Diane Morrison, Secretary	16			/				12,480		
(4)				- <u>-</u> -		L		12,400		\
(5)										
(6)							ļ			
(7)			L							
(8)		ļ								
(9)										
(10)										
(11)				_						
(12)										
(13)					ļ					
(14)										

(A) Name and title		(B) Average hours per week (list any	box,	unles	Pos neck ss pe	rson	than of is both	an ee)	(D) Reportable compensation from	(E) Reportable compensation related	-	Este	(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		composition from comparts compared to the compared to the compared to the compared to the composition from the com	ensation m the nization related nizations	1
(15)						-	<u> </u>					- ,		
(16)														
(17)										· - · · · · · ·				
(18)														
(19)					_			_						<u>.</u>
(20)				-	-									
(21)			ļ		_	-								
(22)				-								 .		
(23)					_	-					-			
(24)			<u> </u>											
(25)			-			-		_						
1b	Sub-total		l		L	<u>.</u>			12,480		0			0
c d	Total from continuation sheets to Part				•			>	0 12,480		0			0
2	Total number of individuals (including but reportable compensation from the organic	t not limited						e) w				of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	ployee, or high	est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re greater th	portal	ble 150,	con	npei)? <i>I</i>	nsatio	s, "	complete Sch					/
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	fro	m any	un un	related organiz					V
Section	on B. Independent Contractors											1.	·	
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress					-		(B) Description of s	ervices	4	(C) Compens	ation	
			,								·			
			,								······			
2	Total number of independent contractor received more than \$100,000 of compensations.) th	nose listed ab	ove) who				

Part	VIII	Statement of Reve						
		Check if Schedule O	contains a respo	onse to any ques				<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats ots	1a	Federated campaigns	1a	0			-	,
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	0	·	1		
s, C Am	С	Fundraising events .	1c	0				
Sift lar	d	Related organizations	3 1d	0		j		
is,	е	Government grants (con	tributions) 1e	0		1		
tion S	f	All other contributions, gi				j		
the sta		and similar amounts not inc	cluded above 11	50,264				
	g	Noncash contributions include	ded in lines 1a-1f \$	0				
a C	h	Total. Add lines 1a-1	f	🕨	50,264			
_e				Business Code				
Ven	2a	Holiday Fund-raising P	Program	813319	24,210	24,210	0	0
2	b	Monthly Sponsorship I	Program	813319	86,151	86,151	0	0
<u>.</u>	С	Fund-raising by Volunt	teers	813319	11,186	11,186	0	0
ě	đ	Scholarship Program		813319	50,946	50,946	0	0
Ĕ	е							
Program Service Revenue	f	All other program sen	vice revenue .		0	0	0	0
<u> </u>	g	Total. Add lines 2a-2	f	•	172,493			
	3	Investment income		ends, interest,	·		·	
		and other similar amo	ounts)	•	11,552	11,552	o	0
	4	Income from investmen	t of tax-exempt b	ond proceeds ►	0	0	0	0
	5	Royalties	<u> </u>	<u> ▶</u>	0	0	0	0
			(i) Real	(ii) Personal				
	6a	Gross rents	0	0	i		:	
	b	Less: rental expenses	0	0				
	С	Rental income or (loss)		0				
	d	Net rental income or		🕨	0	0	0	0
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	0	0				
	b	Less: cost or other basis						
		and sales expenses .	0					'
	С	Gain or (loss)	0	0				
	d	Net gain or (loss) .		<u> ▶</u>	0	0	0	0
une	8a	Gross income from fu events (not including \$	undraising					
Other Reve		of contributions reporte			į			,
μ. Ε	İ	See Part IV, line 18 .	· · · · a		1			
ŧ	۱	Less: direct expenses		<u>_</u>				Ī
0		Net income or (loss) f						L
		Gross income from ga		events . P	0		0	
	"		· · · · a	o	Ì			
	ь	Less: direct expenses						
	C	Net income or (loss) f			0		0	
	_	Gross sales of in			<u> </u>			
		returns and allowance		o				
	h	Less: cost of goods s	_		1			
		Net income or (loss) f			0	0	0	
	<u> </u>	Miscellaneous F		Business Code				
	11a							
	Ъ							
	c							
	d	All other revenue .			<u> </u>			
	e	Total. Add lines 11a-	11d	•	0			
_	12	Total revenue. See II		•	234,309			

Form 990 (2012) Page 10 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). Check if Schedule O contains a response to any question in this Part IX . (A) Total expenses (B) Program service expenses (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b. 9b. and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . Grants and other assistance to governments, 3 organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . 118,658 118,658 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 4,992 12,480 6,240 1,248 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 Other salaries and wages 0 0 0 0 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 0 0 0 0 9 Other employee benefits 0 0 0 0 10 Payroll taxes 1,400 700 560 140 11 Fees for services (non-employees): Management 0 0 0 0 0 0 0 Accounting 0 0 0 0 Lobbying . . al ol 0 g 12 13 14 15 16 17 18 19 20 21 22 23 24

3	Lobbying	0	0	Ü	
•	Professional fundraising services. See Part IV, line 17	0			0
!	Investment management fees	0	0	0	0
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
	Advertising and promotion	0	0	0	0
	Office expenses	1,974	1,691	108	175
	Information technology [0	0	0	0
	Royalties [0	0	0	0
	Occupancy	0	0	0	0
	Travel	658	0	658	0
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	
	Conferences, conventions, and meetings .	0	0	0	0
	Interest	0	0	0	
	Payments to affiliates	0	0	0	0
	Depreciation, depletion, and amortization .	0	0	0	0
	Insurance	0	0	0	0
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				<u> </u>
	line 24e amount exceeds 10% of line 25, column				ŗ
	(A) amount, list line 24e expenses on Schedule O.)				
3	Bank Fees	1,392	1,042	0	350
•	Donation Processing Fees	1,516	1,308	<u> </u>	208
C					
d					
Э	All other expenses	0	0	0	0
	Total functional expenses. Add lines 1 through 24e	138,078	129,639	6,318	2,121
	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)		<u> </u>	<u> </u>	<u> </u>
					Form 990 (2012)

а b C d

33

34

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X . (B) Beginning of year End of year Cash—non-interest-bearing 61,053 41,756 2 2 Savings and temporary cash investments . . . 0 0 3 Pledges and grants receivable, net . . . 3 0 0 4 4 Accounts receivable, net . . . 0 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 0 Loans and other 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). Complete Part II of Schedule L. . . . 6 Assets Notes and loans receivable, net 7 7 0 0 Inventories for sale or use 8 8 o 0 9 9 Prepaid expenses and deferred charges 0 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0 10c Less: accumulated depreciation 10b 0 O 11 Investments—publicly traded securities . . . 0 11 0 12 Investments—other securities. See Part IV, line 11 ol 12 0 13 Investments-program-related. See Part IV, line 11. 150,985 13 266,522 14 14 0 0 15 Other assets. See Part IV, line 11 15 288,475 298,506 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 500,513 606,784 17 17 Accounts payable and accrued expenses 0 0 18 18 0 0 19 19 0 0 20 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 288,475 21 298,506 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . ol 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 528 <u>537</u> 26 26 Total liabilities. Add lines 17 through 25 289,003 299,043 Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 0 0 28 Temporarily restricted net assets . . . 28 0 0 29 29 0 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 0 Net Assets 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 0 0 32 32 Retained earnings, endowment, accumulated income, or other funds . 211,510 307,741

Total liabilities and net assets/fund balances .

307,741

606,784

33

34

211,510

500,513

Page	12
raye	7 6-

•	,	•	•	•		•		
Fo	m	990	(20	12)				

	ID (2012)				age 1
Pari	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)	1		:	234,30
2	Total expenses (must equal Part IX, column (A), line 25)	2			138,0
3	Revenue less expenses. Subtract line 2 from line 1	3			96,2
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			211,5
5	Net unrealized gains (losses) on investments	5			
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	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		;	307,74
art	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: 🗹 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	xplain i	n		
	Schedule O.			1	ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	ipiled o	or 🗀		
	reviewed 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		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted on	a	1	
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versigh	nt 🗔		1
	of the audit, review, or compilation of its financial statements and selection of an independent acco				
	If the organization changed either its oversight process or selection process during the tax year, e	xplain ı	n 🗀	\dagger	+
	Schedule O.	•			
	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth i	n	-	-
За					
3a	the Single Audit Act and OMB Circular A-133?		l l	1	1
3a b			. За	-	✓

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Friends of Amani US Inc. 27-3621599 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **c** ☐ Type III—Functionally integrated **b** Type II **d** ☐ Type Itl–Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i)

h Provide the following	lowing informa	ition about the support	ed organi	ization(s).					
(i) 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 col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the US?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

11g(ii)

11g(iii)

Part	Support Schedule for Organiza (Complete only if you checked th						
•	Part III. If the organization fails to						,
Section	on A. Public Support		,			······································	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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.		1	<u> </u>	L		<u> </u>
	on B. Total Support	(-) 0000	(h) 0000	(-) 0010	(-0.0011	(-) 0010	(A Total
Calen 7	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			4			
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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	ne organizatio	n's first, secor	nd, third, fourth	n, or fifth tax y		
Coodi	organization, check this box and stop he	re		<u> </u>			
<u>Secti</u>	on C. Computation of Public Support Public support percentage for 2012 (line 6)			11 column (fi)		14	%
15 16a	Public support percentage from 2011 Sci 331/3% support test—2012. If the organization qua	nedule A, Part zation did not	II, line 14 . check the box		 d line 14 is 33	15 3% or more, c	% heck this
b	331/3% support test—2011. If the organ check this box and stop here. The organ					ອ 15 is 33¹a% 	or more,
17a	10%-facts-and-circumstances test—26 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- acts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	nd stop here. I as a publicly s	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part IV how the organization of t	tion meets the react	e "facts-and-c s-and-circums	ircumstances" stances" test.	' test, check ti The organizatio	his box and st on qualifies as	top here. a publicly
18	supported organization	d not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, chec	ck this box and	see

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

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

C 4'	n the organization rails to quality	under the te	sis listed Dell	DVV, piease CC	nipiele Falt II	·/	
	on A. Public Support	(-) 0000	(h) 0000	(-) 0010	1-0 004 ±	(2) 2042	(0.T.::
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees					-	
2	received (Do not include any "unusual grants.") Gross receipts from admissions, merchandise				240,681	222,757	463,438
2	sold or services performed, or facilities						
	furnished in any activity that is related to the			1			
	organization's tax-exempt purpose				4,011	0	4,011
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid		1				
	to or expended on its behalf				o	o	0
5	The value of services or facilities						
	furnished by a governmental unit to the			İ			
	organization without charge				ا ا	0	0
6	Total. Add lines 1 through 5				244,692	222,757	467,449
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				65,871	68,247	134,118
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				اه ا	o	0
С	Add lines 7a and 7b		<u> </u>	<u> </u>	65,871	68,247	134,118
8	Public support (Subtract line 7c from		1				
	line 6.)				[f		333,331
Secti	on B. Total Support			·····	· · · · · · · · · · · · · · · · · · ·	<u></u>	
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	, <u>, , , , , , , , , , , , , , , , , , </u>			244,692	222,757	467,449
10a	Gross income from interest, dividends,				1		
	payments received on securities loans, rents,			1			
	royalties and income from similar sources .				2	11,552	11,554
b	Unrelated business taxable income (less				1		
	section 511 taxes) from businesses			ľ			
	acquired after June 30, 1975				0	0	0
С	Add lines 10a and 10b				2	11,552	11,554
11	Net income from unrelated business						
	activities not included in line 10b, whether				1		
	or not the business is regularly carried on				اه	o	0
12	Other income. Do not include gain or			1	† <u>*</u>	-	<u> </u>
-	loss from the sale of capital assets						
	(Explain in Part IV.)				17	o	17
13	Total support. (Add lines 9, 10c, 11,		<u>† </u>	1	 	-	
	and 12.)			1	244,711	234,309	479,020
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth			
	organization, check this box and stop he	=					
Secti	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · ·			
15	Public support percentage for 2012 (line 8			13. column (f))		15	%
16	Public support percentage from 2011 Sch					16	%
-	on D. Computation of Investment In				·····		
17	Investment income percentage for 2012 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2011			-		18	%
19a	331/3% support tests-2012. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2011. If the organiz		-	· · · · · · · · · · · · · · · · · · ·		-	
_	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	-	_	-			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

	of Amani US Inc		27-3621599
Par		or Advised Funds or Other Similar Fu	nds or Accounts. Complete if the
	organization answered "Yes" to F	The state of the s	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		· · · · · · · · · · · · · · · · · · ·
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and		
	funds are the organization's property, subject	ct to the organization's exclusive legal conti	rol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, do	nors, and donor advisors in writing that gra	ant funds can be used
	only for charitable purposes and not for the		
	conferring impermissible private benefit?		· · · · · · Yes 🗌 No
Part	Conservation Easements. Comp	plete if the organization answered "Yes'	' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held	by the organization (check all that apply).	
	☐ Preservation of land for public use (e.g.,	recreation or education) Preservation	of an historically important land area
	☐ Protection of natural habitat	☐ Preservation	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribut	ion in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation eas	sements	2b
С	Number of conservation easements on a ce		
d	Number of conservation easements include	ded in (c) acquired after 8/17/06, and not	t on a
	historic structure listed in the National Regis	ster	2d
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	rminated by the organization during the
	tax year ▶		, ,
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written po		spection, handling of
	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservatio	
	>	3, 1 3, 3	3
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation eas	sements during the year
-	▶ \$, , , , , , , ,	someone damig and year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)
			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization re	enorts conservation easements in its revenu	
	balance sheet, and include, if applicable, the		
	organization's accounting for conservation		
Part	Organizations Maintaining Colle	ections of Art, Historical Treasures, o	r Other Similar Assets.
		vered "Yes" to Form 990, Part IV, line 8	
	If the organization elected, as permitted un		
	works of art, historical treasures, or other	, , , , , , , , , , , , , , , , , , , ,	
	public service, provide, in Part XIII, the text	The state of the s	
b	If the organization elected, as permitted u	inder SFAS 116 (ASC 958), to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other		
	public service, provide the following amount		, , , , , , , , , , , , , , , , , , , ,
	(i) Revenues included in Form 990, Part VIII		▶ \$
	(ii) Assets included in Form 990, Part X.	.,	• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works		
-	following amounts required to be reported u		
•	Revenues included in Form 990, Part VIII, lir	· · · · · · · · · · · · · · · · · · ·	
a	Assets included in Form 990, Part X		
b	ASSETS INCIDUCU III I UIIII 330, Fail A	<i></i>	5

Pa	ae	2

Schedule D (Form 990)	2012	2
-----------------------	------	---

Part	III Organizations Maintaining							
. 3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	other reco	rds, chec	k any of the	follow	ving that are a sign	gnificant use of its
а	☐ Public exhibition				or exchange			
b	Scholarly research		е	☐ Other	·			
_	Preservation for future generations							
4	Provide a description of the organizat	tion's collections	and expla	ain how th	hey further t	the org	anization's exem	pt purpose in Part
_	XIII.							
5	During the year, did the organization							
	assets to be sold to raise funds rather							
Part	line 9, or reported an amoun	•	•	_	anization a	ınswer	red Yes to Fo	m 990, Part IV,
1a	Is the organization an agent, trustee,				or contribution	ons or	other assets no	<u> </u>
,	included on Form 990, Part X?							☐ Yes ☑ No
b	If "Yes," explain the arrangement in Pa							
_	100, oripiani in a miningenioni in i					· · ·	An	nount
С	Beginning balance					1c		
đ	Additions during the year					1d	1	
е	Distributions during the year					1e		
f	Ending balance					1f		
2 a	Did the organization include an amour	nt on Form 990,	Part X, line	21? .				✓ Yes ☐ No
	If "Yes," explain the arrangement in Pa							
Part	V Endowment Funds. Comple							
_		(a) Current year	(b) Pn	or year	(c) Two years	s back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							ļ
b	Contributions	 	ļ					
С	Net investment earnings, gains, and losses				ļ			ļ
d	Grants or scholarships							-
e	Other expenditures for facilities and		+					
_	programs	1			}			
f	Administrative expenses							
g	End of year balance	- ",' '' , , , . '	1	***				
2	Provide the estimated percentage of t			e (line 1g	, column (a)) held a	as:	
а	Board designated or quasi-endowmer	nt 🕨	%					
b	Permanent endowment ▶							
C	Temporarily restricted endowment ▶							
•	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	e possession of	tne organi	zation tha	at are neid a	and ad	ministered for the	
	organization by:							Yes No
	(i) unrelated organizations (ii) related organizations					• • •		3a(i) 3a(ii)
b	If "Yes" to 3a(ii), are the related organi					• • •		3b
4	Describe in Part XIII the intended uses							
Part								
	Description of property	(a) Cost or (invest		1 ' '	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land			L_		$\langle t, t \rangle$	-0.27/5/7/450	
b	Buildings							
C	Leasehold improvements							·
d	Equipment							
е	Other			<u> </u>				
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form	990, Part	X, column	n (B), line 10	(c).)	▶	

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-I	neld equity interests			
	·			
(A)				
(B)	***************************************			
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(i)				······································
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments-Program Relate	d. 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	
	Fund - will be granted to ACSC	\$266,522	End-of-year market value	
(3)			 	
(4)		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
(5)		<u> </u>		
(6)				
(7)				·····
				
(8)		 		
(10)	······································			· · · · · · · · · · · · · · · · · · ·
	(b) must equal Form 990, Part X, col. (B) line 13.)	\$266,522		
Part IX	Other Assets. See Form 990, Pa		<u> </u>	
		a) Description		(b) Book value
(1) Custod	lial Assets Held in Money Fund for Amar	i Centre for Street Children		\$298,506
(2)	nai Assets field if Money i and for Amai	in ochae for outer officer		\$230 ₁ 300
(3)				
(4)				
(5)		······································	• • • • • • • • • • • • • • • • • • • •	
(6)				
(7)			* +	
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)	······································			· · · · · · · · · · · · · · · · · · ·
(10)				
	ımn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		\$298,506
Part X	Other Liabilities. See Form 990		· · · · · · · · · · · · · · · · · · ·	4200,000
1.	(a) Description of liability	(b) Book value	· · · · · · · · · · · · · · · · · · ·	
(1) Federal	income taxes	\$338		I
	ncome Taxes	\$75		1
(0)	nemployment Insurance	\$124		
(4)	memproyment insurance	412 4		
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)				
(7)		 		l l
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·			
(10)		 		ĺ
(11)				
	(b) must equal Form 990, Part X, col. (B) line 25.)	A-17-7	1	
	GC 740) Footnote. In Part XIII, provide the	text of the footnote to the org	anization's financial statements the	t reports the organization's
liability for un	ncertain tax positions under FIN 48 (ASC	740). Check here if the text of	the footnote has been provided in F	Part XIII

Page	4

Schedule D (Form 990) 2012	Schedule	D	(Form	990	201	2
----------------------------	----------	---	-------	-----	-----	---

Schedule D (Form 990) 2012 Page 4							
Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents 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	2a					
b	Donated services and use of facilities	2b	1				
С	Recoveries of prior year grants	2c	1				
ď	Other (Describe in Part XIII.)	2d	1				
е	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:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b	1				
C	Add lines 4a and 4b		4c				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5				
Part			<u> </u>				
1	Total expenses and losses per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
a	Donated services and use of facilities	2a					
b	Prior year adjustments	2b	1 1				
c	Other losses	2c	1				
ď	Other (Describe in Part XIII.)	2d	1				
e	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1		3				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	()					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)		-				
_	•						
c Add lines 4a and 4b							
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional							
Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.							
Part IV, Line 2b - Escrow and Custodial Arrangements - In February 2011 the Friends of Amani US Inc Board thoughtfully considered and							
unanimously approved a request by Amani Centre for Street Children to hold and help manage their emergency buffer funds, reflecting							
unanimously approved a request by Amain Centre for Succestimusers to hold and their manage their effective burier funds, reflecting							
their sound fiscal policy. Such contingency planning and foresight is not the norm in Tanzania and we agree with the Amani Board							
and sound note pointy. Out of contriguing the foreign to not the form in function and we agree with the Allian board							
that it is vitally important. At the time of their request, these funds were being held by another US non-profit organization acting as a fiscal							
agent	on their behalf. The Friends of Amani US Inc Board wrote and approved a prop	osal to open a custodial acc	ount specifically to be	old			
130.11			openion, to it				
and m	and manage these funds. The funds are reported in Part X Line 15 as Other Assets and in Part X Line 21 as Custodial Account Liability in						
und manage and or management and reported in the action to as other Assets and in fact A Line 21 as outstoud Account Liability III							
the amount of \$298,506, which was the yearend balance of this account. The funds will remain under the management of the Friends of							
ure amount of \$250,500, which was the yearend balance of this account. The funds will remain under the management of the Friends of							
Amani US Inc Board until requested by the Executive Director of Amani Centre for Street Children.							
71190111	So me board and requested by the Executive birector of Amain Centre for St	a co. Omiai on.	Schadula D /Fa	990) 2012			
			Schedule D (Form	55 0) 2012			

Schedule D (For	m 990) 2012 P.	age 5
Part XIII	Supplemental Information (continued)	
`		
		·
		·

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 **2012**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number Friends of Amani US Inc 27-3621599 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 assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of offices in the region (c) Number of (a) Region (d) Activities conducted in (e) If activity listed in (d) is (f) Total 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 in region contractors grants to recipients located in the region) 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 c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2012

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. Part II

gro •	organization s	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(t) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
£			Sub-Sahar. Africa	ACSC Op Expenses	\$75,000	\$75,000 Wire transfer	0		
<u>8</u>			Sub-Sahar. Africa	ACSC Education	\$20,990	\$20,990 Wire transfer	0		
(3)			Sub-Sahar. Africa	ACSC Staff	\$12,697	\$12,697 Wire transfer	0		
(4)			Sub-Sahar. Africa	ACSC Travel	\$7,927	\$7,927 Wire transfer			
(2)			Sub-Sahar, Africa	ACSC Technology	\$1,045	\$1,045 Credit card	0		
9			Sub-Sahar, Africa	ACSC Health Ins	641	641 Wire transfer			
9			Sub-Sahar. Africa	ACSC Printing	358	358 Credit card	0		
(8)									
6									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)			·						

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 က

Schedule F (Form 990) 2012

Page 3

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

Part III Grants al

Page	4

Schedule F (Form 990) 2012

Part	IV Foreign Forms		
`1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	☐ Yes	☑ No
6	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)		☑ No

Schedule F (Form 990) 2012

• > *	
Schedule F (F	orm 990) 2012 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 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 - Gen	eral Information on Activities Outside the United States
Line 2 - Mo	nitoring of Funds - Funds are granted to organizations based on Friends of Amani US Inc Board-approved criteria which must
be met on a	an ongoing basis. Based on these criteria, the Board approved Amani Centre for Street Children (ACSC) to be supported during
2012. To ve	erify funds are used as intended, ACSC has provided our Board with a report of Operations Highlights outlining program
accomplish	nments, challenges and plans for the future. The Board met personally with the ACSC Executive Director one time during the year
to receive a	n overview and have any of their guestions discussed and answered. The Board was pleased with the way Amani was
investing in	n the future of the children helping them to become independent young adults.
	······································

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization Employer identification number Friends of Amani US Inc 27-3621599

Part III - Statement of Program Service Accomplishments, Line 4d - Other Program Services
(Code 813319) (Expenses \$2,391 including grants of \$0) (Revenue \$11,186)
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 web pages with online fund-raising 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.
(Code 813319) (Expenses \$2,085 including grants of \$0) (Revenue \$50,946)
Scholarship Program - Friends of Amani US Inc fully supports the Amani Centre for Street Children goal of helping homeless children to
beome independent, self-sustaining young adults. Beyond this, we would liek 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 even 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, Square and bank fees) and for staff time allocated to this program's ultimate success.
Part VI - Governance, Management and Disclosure
Sections 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 990 and the accompanying schedules were not
filed with the IRS until there was a unanimous approval by the Board of the information they contained.

Schedule O (Form 990 or 990-EZ) (2012)	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	for this position was approved by
the Friends of Amani US Inc Board based on a review of compensation for similar positions requiring sim	ilar qualifications.
Section C. Disclosure, Line 19 - Governing documents of Friends of Amani US Inc, including the Conflict	of Interact policy will be gladly
provided to the public upon request. Financial statements will also be provided to anyone interested, upo	
questions or requests from the public regarding this organization's financial situtation during the tax year	r of 2012.
	······································
	······································