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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Inter	nal Reven	ue Service	▶ Information ab	out Form 990	and its instru	ctions is at	www.irs.g	ov/form99	0.	Inspec	tion
A	For the	2014 caler	ndar year, or tax year beginn	n ing Jai	nuary 1	, 2014, a	and ending	Dece	mber 31	, 20 ¹⁴	
В	Check if	applicable:	C Name of organization Friends	of Amanı US Ir	nc			*	D Employ	er identification r	umber
	Address	change	Doing business as							27-3621599	
	Name ch	, i	Number and street (or P.O. box	if mail is not deli-	vered to street a	ddress)	Room/sulte		E Telephor	ne number	
$\overline{\Box}$	Initial ret		15204 Crystal Lake Terrace							612-239-6776	
ī		n/terminated	City or town, state or province,	country, and ZIP	or foreign posta	l code	1				
ī	Amende		Burnsville, MN 55306	•	· ·				G Gross re	aceints \$	516,008
n			F Name and address of principal of	officer: Valene	Todd		· · · · · ·	H(a) le this a		subordinates? Ye	
	гфріюці		1880 Jackson Street #301, Oa					1		s included? Tye	_
	Tay ava	mpt status:		·		947(a)(1) or	527	-1 ''		a list (see instructi	
<u> </u>	Website				135111107 4	547(a)(1) 07	<u> </u>	-1	exemption	•	·····,
K		<u>·</u>		sociation Othe		I Ves	ar of formation			of legal domicile:	MN
	art I	Summa		SOCIALION CUR	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	1 - 100	a or torridado	. 2010	IM State	or legal domicile.	
	1		scribe the organization's m	niccion or mo	et cianificani	activities:	We have	chosen to	cupport Ar	manı Centre for	Stroot
۵	'	-	Tanzania as they continue to		_						
යි Governance	1		safe nurturing shelter for the								
Ë											
Š	2		s box ▶ ☐ if the organizati						1 1	πs net assets.	
ည္သေ	3		of voting members of the g	-		-					3
© 3 8 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4		of independent voting men								3
itte.	5		ber of individuals employe			Part V, line	2a) .		5		1
Activities	6	Total num	iber of volunteels lestimate	e if\necessary)				6		25
્ ₹	7a	Total unte	elated business revenue fro	Part VIII, o	olumn (C), li	ne 12 .			. 7a		0
<u></u> سلا	b	Net unre	ated business taxable nco	ne from Form	n 990-T, line	34			7b		0
n		1	21 2100 2 0	7 /				Prior Y	ear	Current Y	'ear
ه. سا	8	Contribut	ons and grants (Part VI)	ine_11a)			[49,146		362,951
SC Revenue	9		service revenue Par VIII,				🗆		214,471		147,417
£	10		nt income (Part VIII, column		4, and 7d)		🗀		614		5,640
3	11		enue (Part VIII, column (A),						0		0
\mathcal{Q}	12		nue-add lines 8 through 1			-			264,231		516,008
(a)	13		d similar amounts paid (Pa						63,494		155,494
	14 Benefits paid to or for members (Part IX					0,	· ·		0		0
	15	=	other compensation, employ			n (Δ) lines	5-10)		13,519		13,465
Expenses	16a		nal fundraising fees (Part I				• —	•	0		10,400
ē	1 .		•		•		-				
滋	b		draising expenses (Part IX,						6.000	<u> </u>	4.000
	17		penses (Part IX, column (A)			(A) 15 - OF	⊢	<u> </u>	6,003		4,992
	18	-	enses. Add lines 13–17 (m	•		• • •	-		83,016		173,951
	19	Revenue	less expenses. Subtract lir	ne 18 from line	e 12	· . ·			181,215		342,057
Net Assets or Fund Balances		.					Be	ginning of C		End of Y	
sset Salar	20		ets (Part X, line 16)				· · _		787,902		831,478
A P	21		lities (Part X, line 26)				· · _		298,946		465
			s or fund balances. Subtra	ct line 21 fror	n line 20	· · · · ·	<u> </u>		488,956		831,013
P	art II	Signat	ure Block								
			y, I declare that I have examined							my knowledge an	d belief, it is
tru	e, correc	t, and comple	ete Declaration of preparer (other	than officer) is ba	ised on all infon	nation of whi	ch preparer h	as any know	ledge		
		1	lane dill	ORRIS	00				8-1	13-201	5
Sig	gn	Signa	ture of officer	_					ate		_
He	re	1	Diane L. Ma	rrison)	Sec	reta	ry 0	E AP	18 150a	.rd
		Туре	or print name and title					- (
Pa	id.	Print/Typ	e preparer's name	Preparer's	signature		Date)	Check	□ _{if} PΠN	
				1					self-em		
	epare		ame ▶					Fir	m's EIN ▶	··	
US	e Onl	Firm's ac							one no.		
Ma	y the IF		this return with the prepar	rer shown ab	ove? (see in:	structions)				Ye	s No
			tion Act Notice, see the ser	•			Cat No.	11282Y	<u>`</u>		990 (2014)

Other program services (Describe in Schedule O.)

Form 99 Part				Page
		-	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	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	V	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	•	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		\ \ \
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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
	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
	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		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	y	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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	10		,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

19

19

20a

20b

Part IV	Checklist o	f Required	Schedules	(continued)
. 41.00	OHOOMISE C	n nequire	Concadica	(COMMINGCO)

			Tes	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		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 25a	24a		√
	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 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
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		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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		<i>,</i>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
31	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32		√ √
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	33		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
JI	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	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	
			000	(2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	•••	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		165	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	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			
L	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	✓	ļ
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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	-		\vdash
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
	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			<u> </u>
L	and services provided to the payor?	7a	√	├—
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	>	
•	required to file Form 8282?	7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			-,
9	Sponsoring organization have excess business holdings at any time during the year?	8		✓
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders			
	against amounts due or received from them.)			1 :
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	About a second and the second and th			
c	Enter the amount of reserves on hand			1 :
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
			n 99 0	(2014)

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	truct	ions.				
Section	on 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 body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	_	-				
3	Did the organization delegate control over management duties customanly performed by or under the direct 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		1				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1				
6	Did the organization have members or stockholders?	6		√				
7a								
þ								
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 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1				
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.,					
			Yes	No				
10a b	Did the organization have local chapters, branches, or affiliates?	10a		√				
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		 				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	✓	 				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1					
, 20 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	V	 				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	./					
13	Did the organization have a written whistleblower policy?	13	<u> </u>	1				
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?							
а	The organization's CEO, Executive Director, or top management official	15a		1				
b	Other officers or key employees of the organization	15b	1	†'''				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	with a taxable entity during the year?	16a		7				
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	-					
	on C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed Minnesota Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)				
19 20	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and re			y, and				
_*	Diane Morrison, 15204 Crystal Lake Terrace, Burnsville, MN 55306, 612-239-6776	JUI 43						

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Part VII	Compensation of Officers, Directors	Trustees, Key Employees,	Highest Compensated E	mployees, 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	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office office or direct	unles	Pos ieck is pe	rson	than of the state	ee) Form	(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) Valene Todd, Chair	3	1		1				0	0	0
(2) Marshall Rowe, Treasurer	1	1		1				0		0
(3) Diane Morrison, Secretary	1	1		,				12,480	0	0
(4)										
(5)										
(6)										
(7)	<u> </u>									
(8)	1									
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form **990** (2014)

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees			lighes	st C	ompensated E	mployees (c	ontinue	d)		
					Pos:	C)								
	(A)	(B)	,	ot ch	eck	more	than o		(D)	(E)			F)	
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation		-	nated unt of	
		week (list any		_	_				from	related		ot	her	
		hours for related	T disk	Stitu	Officer	Key e	age of the	Former	the organization	organization (W-2/1099-MI		compe	nsation n the	1
		organizations		Ti on	🖣	employee	st Ω	1 9	(W-2/1099-MISC)				ization	
		below dotted line)	֓֟֝֟֟֓֟֟ <u>֚֚</u>	al tr		Q Q	흵						elated zations	i
		,	g 8	Institutional trustee		ľ	Highest compensated employee					_		
			1	•	ļ		藍	ļ			-			
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(DE)			 	╁	├-	├		\vdash		 				, , , , , ,
(25)		 	1								ŀ			
1b	Sub-total	<u> </u>	<u>. </u>	L	<u> </u>	<u> </u>		<u> </u>	12,480)	0		·	0
C	Total from continuation sheets to Part	VII. Section	n A					•	(0			0
ď	Total (add lines 1b and 1c)							•	12,480		0			0
2	Total number of individuals (including bu							e) w	vho received m	ore than \$10	00,000	of		
	reportable compensation from the organ													
													Yes	No
3	Did the organization list any former o							em			nsated			-
	employee on line 1a? If "Yes," complete							•				3		✓
4	For any individual listed on line 1a, is the													ľ
	organization and related organizations individual	•										4		1
5	Did any person listed on line 1a receive											-		
3	for services rendered to the organization											5		1
Section	on B. Independent Contractors							-	<u> </u>					
1	Complete this table for your five highest	compensa	ted in	dep	end	lent	cont	ract	tors that receiv	ed more tha	n \$100,	,000 of		
•	compensation from the organization. Re													ах
	year.													
	(A)								(B)			(C)		
	Name and business ad	dress						↓_	Description of	services		compens	ation	
								\perp						
								╁						
								+						
			•					+						
2	Total number of independent contract	ore (includi	na h	ı rt •	not	limi	ted t	1	hose listed at	nove) who				
~	received more than \$100,000 of comper							i	iisteu at	.510, 11110				

Par	VIII	Charlet School of Charlet	0	00000 or rote t	onu lina in Ahi-	Dort \/III		_
		Check if Schedule O contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns	1a	o				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b	0				
S, E	С	Fundraising events	1c	0				
ar E	d	Related organizations	1d	0				
ë jë	•	Government grants (contributions)	1e	0				
ttor er S	f	All other contributions, gifts, grants,	Ì					
ĕ₩		and similar amounts not included above	1f	362,951				
a de	9	Noncash contributions included in lines 1a	-			1		
	h	Total. Add lines 1a-1f			362,951			
E.	_	Manhie Occasion Barrer		Business Code	27.427	07.407		:
eve	2a	Monthly Sponsorship Program		813319	87,467	87,467	0	0
e e	b	Fundraising by Volunteers		813319	59,950	59,950	0	0
Ž	C							
Š	d			· · · · · · · · · · · · · · · · · · ·				
grar	•	All other program service reven	10					
Program Service Revenue	g	Total. Add lines 2a-2f		>	147,417		<u> </u>	
	3	Investment income (including			,,,,,			
				•	5,640	5,640	0	0
	4	Income from investment of tax-exe	mpt be	ond proceeds ▶	0	0	0	0
	5	Royalties	-		0	0	0	0
		(i) Rea	J	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)		, ,				
	_d	Net rental income or (loss) .	<u> </u>		0	0	0	0
	7a	Gross amount from sales of (i) Securion assets other than inventory	ties	(ii) Other				
	b	Less: cost or other basis and sales expenses .						
	١.	·	-					
	d	Gain or (loss)		ļ		0	0	0
0		- · · ·	• •		0	<u> </u>		
Other Revenue	Ba	Gross income from fundraising events (not including \$						
er Re		of contributions reported on line 1 See Part IV, line 18						
₽ E	b	Less: direct expenses	. b					
	9a	Net income or (loss) from fundra Gross income from gaming activ	ities.		0		0	0
	Ь р	See Part IV, line 19						
		Net income or (loss) from gamir			o	o	0	o
		Gross sales of inventory, returns and allowances	less					
		Less: cost of goods sold	. b					_
	_ <u>c</u>	Net income or (loss) from sales Miscellaneous Revenue	OI INV	Business Code	0	0	0	0
	11-			DUSITESS COOR	ļ			
	11a			<u> </u>				
	b			<u> </u>			· · · · · · · · · · · · · · · · · · ·	
	d	All other revenue						
	e	Total. Add lines 11a-11d			0			
	12	Total revenue. See instructions			516,008		-	

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 or note to any line in this Part IX											
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	o	o								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	155,494	155,494		,						
4	Benefits paid to or for members	0	0								
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0						
7	Other salanes and wages	12,480	6,240	4,992	1,248						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	. 0	0	0	0						
9	Other employee benefits	0	0	0	0						
10	Payroll taxes	985	493	394	98						
11	Fees for services (non-employees):										
а	Management	o	o	0	0						
b	Legal	0	0	0	0						
C	Accounting	0	0	0	0						
d	Lobbying	0	0	0	0						
8	Professional fundraising services. See Part IV, line 17	0			0						
f	Investment management fees	0	0	. 0	0						
g	Other. (If line 11g amount exceeds 10% of line 25, column										
40	(A) amount, list line 11g expenses on Schedule O.)	0	0	0							
12 13	Advertising and promotion	0 383	265	0 118	0						
14	Office expenses	0	0	0	0						
15	Royalties	0	0	0	0						
16	Occupancy	0	0	0							
17	Travel	765	0	765	0						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0	0	0	0						
19	Conferences, conventions, and meetings .	0	0	0	0						
20	Interest	0	0	0	0						
21	Payments to affiliates	0	0	0							
22	Depreciation, depletion, and amortization .	0	0	0							
23	Insurance	0	0	0	0						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
а	Denotion Processing Food	3,844	3,844	0	0						
ь	Duraum Frocessing Fees	5,311		-							
c		-									
d			·								
e	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	173,951	166,336	6,269	1,346						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	·		·							

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 122,292 160,229 2 Savings and temporary cash investments 0 2 0 0 ō 3 3 Pledges and grants receivable, net 0 ō 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. ol 5 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. Ó n 6 Assets 0 7 Notes and loans receivable, net 0 7 8 0 0 Inventories for sale or use 8 ol 0 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 0 Less: accumulated depreciation 0 10c Investments—publicly traded securities 0 11 0 11 0 0 12 Investments-other securities. See Part IV, line 11 . 12 367,136 13 Investments—program-related. See Part IV, line 11. 13 671,249 14 Intangible assets ol 0 14 298,474 0 15 Other assets. See Part IV, line 11 15 787,902 16 831,478 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 17 0 ol 17 Accounts payable and accrued expenses ō 0 18 18 Deferred revenue 0 19 0 19 ō 20 O 20 298,474 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 0 Secured mortgages and notes payable to unrelated third parties . . . 0 23 ō 23 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 472 465 25 26 Total liabilities. Add lines 17 through 25 298,946 26 465 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets o 27 O 28 Temporarily restricted net assets 0 28 0 29 ol 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 0 30 Capital stock or trust principal, or current funds Πİ Paid-in or capital surplus, or land, building, or equipment fund . . . 31 ol 31 0 32 Retained earnings, endowment, accumulated income, or other funds . 488.956 32 831.013 488,956 33 831,013 33 787,902 831,478 Total liabilities and net assets/fund balances

	•				
Form 9:	90 (2014)			Pε	ige 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		51	6,008
2	Total expenses (must equal Part IX, column (A), line 25)	2		17	3,951
3	Revenue less expenses. Subtract line 2 from line 1	3		34	2,057
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		48	8,956
5	Net unrealized gains (losses) on investments	5			C
6	Donated services and use of facilities	6			0
7	Investment expenses	7			C
8	Prior period adjustments	8			C
9	Other changes in net assets or fund balances (explain in Schedule O)	9			C
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		83	31,013
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. \Box
		•	· · · ·	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	plain in			
	Schedule O.	•			
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				-
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				ļ
h	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	ed on a			<u> </u>
	separate basis, consolidated basis, or both:	- u			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
	Coparato papio Controllegios papio Composidates and opposite pagio			1	•

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Form **990** (2014)

2c

3a

3b

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.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer Identification number

Frien	ds of Amani US Inc					27-362	21599
Par	Reason for Public Char	rity Status (All	organizations must	complet	te this pa	art.) See instructio	ns.
The c	rganization is not a private founda	tion because it is	s: (For lines 1 through	11, chec	k only on	e box.)	
1	A church, convention of church			bed in se	ction 17	0(b)(1)(A)(i).	
2	☐ A school described in section	170(b)(1)(A)(ii). ((Attach Schedule E.)				
3	☐ A hospital or a cooperative hos	spital service org	janization described ir	n section	170(b)(1)(A)(iii).	
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subst	tantial part of its supp				n the general public
8	☐ A community trust described in			Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	receives: (1) mode to its exempt ant income and	re than 331/3% of its functions—subject to unrelated business t	support for certain of	exception ncome (le	ns, and (2) no more ess section 511 tax	than 331/3% of its
10 11	☐ An organization organized and one or more publicly supported the box in lines 11a through 11a	operated exclusions de organizations de	vely for the benefit of, escribed in section 50	to perfori 9(a)(1) or	n the fun r section	ctions of, or to carry 509(a)(2). See sect i	on 509(a)(3). Check
а		ation operated, s	supervised, or controllegularly appoint or ele	led by its	supporte	ed organization(s), ty	pically by giving
b	☐ Type II. A supporting organic control or management of the organization(s). You must ce	e supporting org	anization vested in th		-		
С	☐ Type III functionally integrated its supported organization(s)						y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstributı	on requirement and	
е		ation received a	written determination	from the	IRS that	ıt is a Type I, Type I	I, Type III
f	Enter the number of supported		, j j				
g		_	orted organization(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 o	ır governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
		<u> </u>					

Total

Part								
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under	r
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)		
$\overline{}$	on A. Public Support	4 3 2 2 2 2	<u> </u>	r		Υ		
	idar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						<u>[</u>	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3		<u> </u>					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
	on B. Total Support					T	·	
Caler 7	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar							
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 VI.)							
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			d third fourth	or fifth toy	12	501(a)(3)	_
	organization, check this box and stop he			a, uma, roura		ear as a secur	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Secti	on C. Computation of Public Suppor		е					
14	Public support percentage for 2014 (line 6			1, column (f))	· · · · ·	14		%
15	Public support percentage from 2013 Sch					15		%
16a	331/3% support test—2014. If the organization qua	lifies as a publ	icly supported	organization			. , ▶	
b	331/3% support test—2013. If the organ check this box and stop here. The organi					%15 is 33 ¹ ه. 		
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part VI how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta ımstances" tes	nces" test, che st. The organiz	eck this box ar ation 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 organizate Explain in Part VI how the organization m supported organization	on meets the eets the	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the organization	nis box and st on qualifies as a	op here. a publicly	
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and		

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

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

Secti	on A. Public Support	under the te	SIS listed belo	w, please col	implete Fart II	•)	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(8) 2010	(5) 2011	(0) 2012	(4) 2010	(6) 2014	(i) rotal
•	received. (Do not include any "unusual grants.")		240,681	222,757	263,617	510,368	1,237,423
2	Gross receipts from admissions, merchandise		2 70,00		200,011	0.10,000	1,201,420
	sold or services performed, or facilities			ļ	ŀ		
	furnished in any activity that is related to the organization's tax-exempt purpose		4,011	o	o	o	4,011
3	Gross receipts from activities that are not an		1,011	1			
_	unrelated trade or business under section 513			ol	o	ol	0
4	Tax revenues levied for the	·			-		
	organization's benefit and either paid					1	
	to or expended on its behalf		l	o	o	ol	0
5	The value of services or facilities				<u>-</u>		
	furnished by a governmental unit to the		1	[
	organization without charge		o	o	o	o	0
6	Total. Add lines 1 through 5		244,692	222,757	263,617	510,368	1,241,434
7a	Amounts included on lines 1, 2, and 3						·
	received from disqualified persons .		65,871	68,247	71,948	62,000	268,066
b	Amounts included on lines 2 and 3						
	received from other than disqualified					j	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		0	0	0	0	0
	Add lines 7a and 7b		65,871	68,247	71,948	62,000	268,066
8	Public support (Subtract line 7c from					1	
	line 6.)		l		1		973,368
	on B. Total Support				4 m in	T	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6		244,692	222,757	263,617	510,368	1,241,434
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .			11,552	614	5,640	17,808
ь	Unrelated business taxable income (less			11,552	014	3,040	17,000
	section 511 taxes) from businesses						
	acquired after June 30, 1975		o	اه	o	o	0
c	Add lines 10a and 10b	<u> </u>	2	11,552	614	5,640	17,808
11	Net income from unrelated business						
• -	activities not included in line 10b, whether						
	or not the business is regularly carried on		o	o	o	o	0
12	Other income. Do not include gain or			*			
	loss from the sale of capital assets						
	(Explain in Part VI.)		17	o	o	0	17
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		244,711	234,309	264,231	516,008	1,259,259
14	First five years. If the Form 990 is for the	-	n's first, second	d, third, fourth,	or fifth tax ye	ar as a section	1 501(c)(3)
	organization, check this box and stop he				· · · · ·		▶ ☑
	on C. Computation of Public Suppor					 	
15	Public support percentage for 2014 (line		•			15	<u>%</u>
16	Public support percentage from 2013 Sch			· · · · ·	· · · · ·	16	%
	on D. Computation of Investment In				(0)	1491	
17	Investment income percentage for 2014 (17	<u>%</u> %
18	Investment income percentage from 2013 3318% support tests—2014. If the organ					18 ore than 331a94	
19a	17 is not more than 331/3%, check this box						
L	331/2% support tests—2013. If the organiz		_			-	
D	line 18 is not more than 33½%, check this						
20	Private foundation. If the organization di		=				

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and F. If you checked 11d of Part I. complete Sections A and D. and complete Part V.)

ecti	on A. All Supporting Organizations	art v	· <u>/</u>	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		_
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		-
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	-	
b b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	9b		
10a	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	9c		ļ
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer (b) below.	100	-	

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			ugo o		
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?	İ				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	١	-	-		
_	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a	<u> </u>			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b				
Section	on B. Type I Supporting Organizations	TIIC	<u> </u>	l		
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		ŀ			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1				
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported]	ŀ			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-	1	_		
•		1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	l	1			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			<u> </u>		
	supervised, or controlled the supporting organization.	2	İ	-		
Section	on C. Type II Supporting Organizations	_ 	L	L		
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors					
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control]				
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).					
Soction	on D. All Type III Supporting Organizations	1	l	L		
Secui	on b. An Type in Supporting Organizations		Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140		
-	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax					
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the					
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	_			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported					
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how					
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	├—	ļ		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's		Ì			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's					
	supported organizations played in this regard.	3				
Section	on E. Type III Functionally-Integrated Supporting Organizations	1		L		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetru	ction	e).		
a	The organization satisfied the Activities Test. Complete line 2 below.	11300	CUOII	3).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.					
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).		
•			·			
2	Activities Test. Answer (a) and (b) below.		Yes	No		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify					
	those supported organizations and explain how these activities directly furthered their exempt purposes,		ļ			
	how the organization was responsive to those supported organizations, and how the organization determined	1	ļ			
	that these activities constituted substantially all of its activities.	2a	-			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more					
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1		
	reasons for the organization's position that its supported organization(s) would have engaged in these			~		
_	activities but for the organization's involvement.	2b	<u> </u>	ļ		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		1			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .		1	}		
L	•••	3a		├		
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must cor			•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		_
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	[]
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		1
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			j
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		, , , , , , , , , , , , , , , , , , ,	
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of pnor-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-in	tegrated Type III support	ting organization (see
instructions).	-		•

Part		3) Supporting Organi	zations (continued)	
Sect	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations	<u></u>	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	_		
6	Other distributions (describe in Part VI). See instructions.		· · · · · · · · · · · · · · · · · · ·	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	ch the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		W	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
_3	Excess distributions carryover, if any, to 2014:			
a				
b	· · · · · · · · · · · · · · · · · · ·			
C				
<u>d</u>				
Θ.	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			·
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see	ł		
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
•	and 4c.			
	Breakdown of line 7:			
8	DIEGROUMN OF TIME 7:			
a		 		
b				
	Excess from 2013			
<u>d</u>	· · · · · · · · · · · · · · · · · · ·	-		
е	Excess from 2014	l		<u></u>

Schedule A (F	chedule A (Form 990 or 990-EZ) 2014				
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)				
Part III Sup	ort Schedule for Organizations Described in Section 509(a)(2)				
Line 12	Other Income - \$17 gain on the sale (in 2011) of stock donated to Friends of Amani US Inc				
	·				
-					
••••					
J					

SCHEDULE D (Fòrm 990)

Supplemental Financial Statements

► 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Employer Identification number

Friends	of Amani US Inc	27-3621599			
Par			ds or Accounts.		
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4 5	Aggregate value at end of year	advisor in white that the coate h	old in donor od ional		
3	Did the organization inform all donors and donor funds are the organization's property, subject to the				
6	Did the organization inform all grantees, donors, a	•			
U	only for charitable purposes and not for the bene				
			• • •		
Part					
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the				
	Preservation of land for public use (e.g., recrea	ation or education) Preservation of	f a historically important land area		
	☐ Protection of natural habitat	☐ Preservation of	f a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	· · · · · · · · · · · · · · · · · · ·		
	easement on the last day of the tax year.		Held at the End of the Tax Year		
a					
b	Total acreage restricted by conservation easemen				
c d	Number of conservation easements on a certified Number of conservation easements included in				
u			· · 2d		
3	Number of conservation easements modified, tran				
-	tax year ▶	,	······································		
4	Number of states where property subject to conse	ervation easement is located >			
5	Does the organization have a written policy re	garding the periodic monitoring, ins	pection, handling of		
	violations, and enforcement of the conservation ea	asements it holds?	· · · · · · · □ Yes □ No		
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation	easements during the year		
	>				
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation ease	ements during the year		
	> \$	0/5	4 700 MAYOYO		
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of			
•			· · · · · · · U Yes 🗆 No		
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of				
	organization's accounting for conservation easeme		ianolai statements that describes the		
Part			Other Similar Assets.		
	Complete if the organization answered				
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet		
	works of art, historical treasures, or other similar				
	public service, provide, in Part XIII, the text of the				
b	If the organization elected, as permitted under S				
	works of art, historical treasures, or other similar	·	ducation, or research in furtherance of		
	public service, provide the following amounts relat				
	(i) Revenue included in Form 990, Part VIII, line 1		• 5		
2	(ii) Assets included in Form 990, Part X	historical treasures or other similar	r accete for financial gain provide the		
-	following amounts required to be reported under S	•	9 , ,		
а	Revenue included in Form 990, Part VIII, line 1	, , ,			
	Assets included in Form 990 Part X		• • • • • • • • • • • • • • • • • • •		

Schoo	tule D	(Form	900/	2014
JUIU.	JUIG D	TO CHILL	2501	2014

Part	Organizations Maintaining	Coll	ections of	Art, His	torical 1	reasures,	or Ot	her Similar A	ssets (co	intinued)
3	Using the organization's acquisition, collection items (check all that apply):	acces								
а	☐ Public exhibition			d	☐ Loan	or exchange	e prog	rams		
ь	☐ Scholarly research			е	☐ Other	•				
С	☐ Preservation for future generations	s								
4	Provide a description of the organiza XIII.	tion's	collections	and expla	ain how t	hey further t	the org	janization's exe	empt purp	ose in Part
5	During the year, did the organization assets to be sold to raise funds rather									es 🗌 No
Part	IV Escrow and Custodial Arra	ange	ments.							
	Complete if the organization 990, Part X, line 21.					-	•	·		Form
1a	Is the organization an agent, trustee included on Form 990, Part X?									es 🗌 No
þ	If "Yes," explain the arrangement in P	art XII	II and compl	ete the fo	ollowing to	able:	_		Amount	··-·
С	Beginning balance						10	:		
d	Additions during the year						10			-
e	Distributions during the year						16			
f	Ending balance						11			····
2a	Did the organization include an amou								h⁄2 □ Y ⁄	es 🗆 No
	If "Yes," explain the arrangement in P									
	V Endowment Funds.			0 1110 0	, p. a a		or o via	Ja IIII at XIII	• • • •	<u> </u>
	Complete if the organization	n ansv	wered "Yes	" to Fon	m 990. P	Part IV. line	10.			
			Current year		or year	(c) Two years		(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance		····		· · · · · · · · · · · · · · · · · · ·				-+ ``	
b	Contributions	 								
C	Net investment earnings, gains, and	-								
_	losses	1								
d	Grants or scholarships		.							
e	Other expenditures for facilities and	· · · · · · ·				<u> </u>			- 	
_	programs									
f	Administrative expenses		· · · · · · · · · · · · · · · · · · ·	 						
9	End of year balance		-							
2	Provide the estimated percentage of	the cu	irrent vear ei	nd haland	e (line 1c	Column (a)) hold	ae.		
- а	Board designated or quasi-endowme				oc (iiilo ig	, column (a)	Tiola	a 3.		
b	Permanent endowment ►	%		'0						
C	Temporarily restricted endowment ▶		%							
·	The percentages in lines 2a, 2b, and 2			100%						
3a	Are there endowment funds not in th				ization the	at are held s	and ad	ministered for t	tha	
-	organization by:	o pos	00000011 01 0	io organi	zudon di	at are note t	1110 00	ministered for		Yes No
	(i) unrelated organizations								. 3a(i)	163 140
	(ii) related organizations								. 3a(i)	
b	If "Yes" to 3a(ii), are the related organ								. 3b	
4	Describe in Part XIII the intended uses								. 30	
Pari				on a cride	JWINEIN II	urius.				
r all	Complete if the organization			" to Eon	~ 000 E	Part IV lina	110	200 Earm 000	Dort V I	ino 10
	Description of property	1 0115								
	Description of property		(a) Cost or o (investro		1	or other basis ther)		Accumulated epreciation	(d) Boo	x value
	Land		,	•	 					
1a	Land	•			-					
b	Buildings	•					· · · · · · · · ·			
C	Leasehold improvements	•			-					
d	Equipment	•			 	-			·	
Total	Other	·	aual Farra	00 Do-	V 00/4	(P) line 10	<u> </u>			

Part VII	Investments—Other Securities. Complete if the organization answ	vered "Yes" to For	m 990	Part IV line	11h See Form	990 Part X line 12
•	(a) Description of security or category (Including name of security)	VOICO 103 101 01	1	Book value	(c) Me	thod of valuation
(1) Financial	derivatives		 			
	neld equity interests					
`(A)					 	· - · · · · · · · · · · · · · · · · · ·
(B)			<u> </u>			
(C)						
(D)			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
(E)			<u> </u>			
(F)						
(G)			 			· · · · · · ·
(H)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶			·		
Part VIII	Investments-Program Related		1			
	Complete if the organization answ		m 990.	Part IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment			Book value		thod of valuation:
	(.,		"			f-of-year market value
(1) Money M	larket Fund - will be granted to Amani Centr	e for Street Children	 	671.249	End-of-year market	value
(2)	3				, , , , , , , , , , , , , , , , , , , ,	
(3)			 			
_(4)	· - · · · · · · · · · · · · · · · · · ·		 			
(5)		······································	 			
(6)						
(7)	· ···· · · · · · · · · · · · · · · · ·		<u> </u>			 _
(8)		· · · · · · · · · · · · · · · · · · ·	+	· · · · · · · · · · · · · · · · · · ·		
(9)		· · · · · · · · · · · · · · · · · · ·	 			
	b) must equal Form 990, Part X, col. (B) line 13.)		 	671,249		
Part IX	Other Assets.			011,210	L	
	Complete if the organization answ	vered "Yes" to For	m 990	Part IV line	a 11d See Form	990 Part X line 15
) Description	000	, , , , , , , , , , , , , , , , , , , ,	7 1101 000 1 01111	(b) Book value
(1)	<u>.</u>			·· · · · · · · · · · · · · · · · · · ·		
(2)		· · · · · · · · · · · · · · · · · · ·				
(3)					.,	
(4)					······································	
(5)		······································	··	· · · · · · · · · · · · · · · · · · ·		
(6)	 					
		· · · · · · · · · · · · · · · · · · ·				
<u>(7)</u>		 			<u> </u>	
(8)						
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			. >	
Part X	Other Liabilities.	(2)				!
· are x	Complete if the organization answ	vered "Yes" to For	m 990	Part IV line	11e or 11f See	Form 990 Part X
	line 25.	100 101 01	000	,	, , , o o, , , , , o o,	5 1 Om 600, 1 are 21,
1.	(a) Description of liability	(b) Book value	<u>1</u>			
	ncome taxes	(2) 200	200			
(2) State inc			75			
	employment insurance	·····	31			
(4) FICA	empoyment modulator		159			
(5)		· · · · · · · · · · · · · · · · · · ·				
(6)						
(7)		······································				
(8)						
(9)						
	h) must count form 000. Dort V and /D) line 05 1		405			
	b) must equal Form 990, Part X, col. (B) line 25.) Truncertain tax positions. In Part XIII, provi	do the text of the fact-	465	ho organization	n'a financial atata	anta that reports the
	s liability for uncertain tax positions under					

Part	Αŀ	Complete if the or	•				•	er Ketum.	
1	Total	revenue, gains, and						. 1	
2		unts included on line						· -	
a		nrealized gains (losse				. 2a		1 1	
ь		ted services and use						 	
c		veries of prior year gr							
ď		r (Describe in Part XII							
е		ines 2a through 2d .	*					. 2e	
3		ract line 2e from line						. 3	
4		unts included on Form							·
а		tment expenses not i							
b	Othe	r (Describe in Part XIII	.)			. 4b		 1	
C									
5	Total	revenue. Add lines 3	and 4c. (This m	nust equal For	rm 990, Part I,	line 12.) .		. 5	
Part	XII	Reconciliation of						s per Return.	
		Complete if the or					line 12a.		
1		expenses and losses						. 1	
2		unts included on line				1 1			
а		ted services and use						l i	
ь		year adjustments .						-	
C		r losses							
d		r (Describe in Part XII							
θ		lines 2a through 2d .						. 2e	
3		ract line 2e from line				· ; · ;		. 3	
4		unts included on Forr				40			
a		itment expenses not i r (Describe in Part XII							
b		•	•						
5		expenses. Add lines	3 and 4c . (This	must equal F	orm 990 Part	 L line 18)		. 4c	
		Supplemental In		made oqual i		.,			
		descriptions required nes 2d and 4b; and Pa							e 4; Part X, line
·									
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Part XIII Supplemental Information (c	ontinued)
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization 27-3621599 Friends of Amani US Inc General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total employees, agents, and independent contractors region (by type) (e g., fundraising, program services, investments, grants to recipients a program service, describe specific type of service(s) in region offices in the expenditures for and investments in 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

Totals (add lines 3a and 3b)

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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)
1)			Sub-Sahar, Africa	ACSC - Op Expense	86,836	Wire transfer			
2)		1	Sub-Sahar, Africa	ACSC - Staff Support	17,733	EFT			.
3)			Sub-Sahar, Africa	ACSC - Cap Expense	40,000	Wire Transfer	_		
1)			Sub-Sahar, Africa	ACSC - Travel	10,925	EFT			
5)									
5)									
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i)									
9)	**								
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3)									
4)									
5)									
6)									

Schedule F (Form 990) 2014

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Schedule F	· (Form	990)	2014
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Part	V	Foreign Forms		
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	☐ Yes	☑ No
2	may Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	☑ No
3	the d	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to ain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	qual <i>Infoi</i>	the organization a direct or indirect shareholder of a passive foreign investment company or a ified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing d (see Instructions for Form 8621).	☐ Yes	☑ No
5	the	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain eign Partnerships (see Instructions for Form 8865)	Yes	☑ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to file Form 5713, International Boycott Report (see Instructions Form 5713; do not file with Form 990)	Yes	☑ No

Part V S

Supplemental Information

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 1 - General Information on Activities Outside the United States
Line 2 - Monitoring of Funds - Funds are granted to organizations based on Friends of Amani US Inc Board-approved criteria which must
be met on an ongoing basis. Based on these criteria, the Board approved Amani Centre for Street Children (ACSC) in Tanzania, East Africa to
be supported during 2014. To verify funds are used as intended, ACSC has provided our Board and donors with a report of Operations Highlights
outlining program accomplishments and challenges during 2014 as well as shared a vision and plans for the future. In addition, our Board met
personally with the ACSC Executive Director in October of 2014 to receive an overview of Amani operations, participate in a frank discussion about
Amanı and were given the opportunity to have any and all questions answered satisfactorily. The Board was pleased with the way Amanı is canng
for homeless children and investing in their future, helping them to become independent young adults and as a result, the Board
unanimously approved the continuation of support for ACSC without hesitation or reservation

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

27-3621599

Department of the Treasury Internal Revenue Service

Friends of Amani US Inc

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer Identification number**

Part III - Statement of Program Service Accomplishments, Line 4d - Other Program Services (Code 813319) (Expenses \$3,118 including grants of \$0) (Revenue \$362,951) One time contributions from donors, grants, holiday giving and special gifts totalled \$362,951 during 2014. This revenue was not directly attributable to or solicited by any structured program appeals and the associated expense was for processing fees and staff time to acknowledge our donors' generosity. Related postage and printing costs were all donated. Part VI - Governance, Mangement and Disclosure Section B, Policies, Line 11b - A copy of the 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, input and approval. Form 990 and the accompanying schedules were not filed with the IRS until there was unanimous approval by the Board of the information they contained. Section B, Policies, Line 12c - The Friends of Amani US Inc Board is a small group communicating on a regular basis throughout the year The Conflict of Interest Policy is monitored through this close relationship and compliance is ensured through ongoing communications between Board members and between the Board and the Executive Director of Amani Centre for Street Children. Section B, Policies, Line 15b - Friends of Amani US Inc has one part-time staff employee. The compensation for this position was originally approved by the Friends of Amani US Inc Board based on a review of compensation for similar positions requiring similar qualifications and has not changed since the organization was established Section C, Disclosure, Line 19 - Governing documents of Friends of Amani US Inc, including the Conflict of Interest Policy, will be gladly provided to the public upon request. Financial statements will also be shared with anyone who may be interested, upon request. There have been no questions or requests from donors, or the public at large, regarding the organization's financial situation during the tax year of 2014.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer Identification number
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