Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No. 1545-0047

A	For the	2011 calendar year, or tax year beginning MAY 1, 2011 and ending	APR 30, 2012	
В	Check if	C Name of organization	D Employer identifi	cation number
	applicabi ∩Addre		Į.	
Ļ	chang	OBAKKI FOUNDATION USA		
Ļ	chang		44000000	644703
Ļ	return	Number and street (or P.O. box if mail is not delivered to street address) Room/su		
F	Termii ated Amen	ZUI-133 WEST /III AVE		669-9790
L	return	City or town, state or country, and ZIP + 4	G Gross receipts \$	968,543.
	tion pendi	VANCOUVER, BRITISH COLUMBIA, VSI 116 CAN	H(a) Is this a group re	
		F Name and address of principal officer: TREANA PEAKE	for affiliates?	Yes X No
8	T	201-135 7TH AVENEUE, VANCOUVER, BC, V5Y 1L5 empt status: X 501(c)(3)		
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 5 te: WWW • OBAKKIFOUNDATION • ORG		list. (see instructions)
_			H(c) Group exemption ar of formation: 2009	
		Summary	sai oi ioimation. 2005] N	a State of legal domicile. DC
		Briefly describe the organization's mission or most significant activities: TO ASSIS!	CHILDREN AN	D ADULTS IN
Activities & Governance		LOCAL VILLAGES OF DEVELOPING NATIONS IN BEGIN		
rna		Check this box if the organization discontinued its operations or disposed of the		
ove		Alumbar of voting mambars of the gravening back (Dath M. Line 4 s)	3	4
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)	4	4
es		Total number of individuals employed in calendar year 2011 (Part V. House)		0
Ϋ́		Total number of volunteers (estimate if necessary)		6
뒿	7 a		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
e	1	Contributions and grants (Part VIII, line 1h)	129,667.	905,689.
Revenue	1	Program service revenue (Part VIII, line 2g)	0.	0.
Ŗ		Investment income (Part VIII, column (A), lines 3 4, and 7d)	0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e	0.	1,987.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	129,667. 0.	907,676. 15,000.
		Grants and similar amounts paid (Par IX, column (A), lines 13) Benefits paid to or for members (Part IX, column (A)\line 4)	0.	0.
to.		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25)		
Ã		Other expenses (Part IX, column (A), lines 418-11d, 11f-24e)	0.	1,099,463.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	1,114,463.
		Revenue less expenses. Subtract line 18 from line 12	129,667.	-206,787.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	161,383.	255,176.
at As	21	Total liabilities (Part X, line 26)	0.	300,580.
ᅸ	22	Net assets or fund balances. Subtract line 21 from line 20	161,383.	-45,404.
	art II	Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and state		knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer nas any knowledge.	
e:-	_	Signature of officer	Date	
Sig Her		JAKE WIEBE, TREASURER	- 4	
ПСІ	•	Type or print name and title		
		Print/Type preparer's name Preparer's signature 1/	Date Check	PTIN
Paid	đ	LYDIA AHN Lydia Her	12/13/12 if self-employe	
	parer	Firm's name VSH, PLLC	Firm's EIN	45-4122247
	Only	Firm's address 2200 RIMLAND DR., STE. 205		<u> </u>
	-	BELLINGHAM, WA 98226	Phone no. 30	60-734-8715
May	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

	1 990 (2011) OBAKKI FOUNDATION USA	98-0644/0.	პ Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:	***************************************	······
•	TO ASSIST CHILDREN AND ADULTS IN LOCAL VILLAGES OF DEVE	тортис мат	TONS
	IN BECOMING SELF-SUFFICIENT WHILE SUPPORTING THEIR FUND		
		AMENTAL KI	JULO
	TO HEALTH AND EDUCATION.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?		es X No
	If "Yes," describe these new services on Schedule O.	······ — ·	00 1222110
_			. .
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	ШҮ	es X 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, as	measured by expen	ises.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and allocation	ns to
	others, the total expenses, and revenue, if any, for each program service reported.	•	
4a	(Code:) (Expenses \$ 1,092,208 • including grants of \$) (Reven		
70	DRILLING WATER WELLS AND REHABILITATING EXISTING BOREHO		TTDE ,
		DES TO PRO	AIDE
	CLEAN WATER TO THE PEOPLE OF SUDAN.		
			·
	15 000		
4b	(Code:) (Expenses \$ 15,000 ancluding its of \$ 15,000.) (Reven	ue \$)
	PROVIDING SUPPORT TO THE P PLE IN VAME OON THROUGH CLE	AN WATER	
	PROJECTS, FOOD PROGRAMS, I PROVED I FRASTRUCTURE TO ORP	HANAGES ANI)
	SCHOOLS, AND PROVIDING EDU ATIONAL JPPLIES TO LOCAL SC	HOOLS.	
		· · · · · · · · · · · · · · · · · · ·	
		·····	
4c	(Code:) (Expenses \$	ue \$)
		V 1000000000000000000000000000000000000	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	١	
40	Total program service expenses 1,107,208.		

Form **990** (2011)

Form 990 (2011) OBAKKI FOUND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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		x
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ł		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			١
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes, "mplete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then condition Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment X, line 10? If complete Schedule D,			
	Part VI	11a		X
D	Did the organization report an amount for investments - other sections in Part Y line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI			Х
	Did the organization report an amount for investments - program relates and X, line 13 that is 5% or more of its total	11b		A
٠	assets reported in Part X, line 16? If "Yes," complete School and VIII	11c		x
d	Did the organization report an amount for other assess in Part X, lines what is or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 7 If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidate in inance tatements for the tax year include a footnote that addresses			
	the organization's liability for uncertain at positions under the organization of the organization o	11f		X
12a	Did the organization obtain separate dependent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	x	
b	Was the organization included in constructed, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answeres to "to line" ta, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section of (b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
D	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	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	ושבו		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		.	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			х
20a	Complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
		200	200	

Form 990 (2011) OBAKKI FOUNDATION Part IV Checklist of Required Schedules (continued)

United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II Column (A), line 27 If "Yes," complete Schedule I, Parts I and III Column (A), line 27 If "Yes," complete Schedule I, Parts I and III Column (A), line 27 If "Yes," complete Schedule I, Parts I and III Column (A), line 27 If "Yes," complete Schedule I, Parts I and III Column (A), line 27 If "Yes," complete Schedule I, Parts I and III Column (A), line 27 If "Yes," complete Schedule I, Parts I and III Column (A), line 27 If "Yes," complete Schedule I, Parts I II Column (A), line 27 If "Yes," complete Schedule I, Parts I II Column (A), line 27 If "Yes," complete Schedule I, Parts I II Column (A), line 27 If "Yes," complete Schedule I, Parts I II Column (A), line 27 If "Yes," complete Schedule I, Parts I II Column (A), line 27 If "Yes," complete Schedule I, Parts I II Column (A), line 27 If "Yes," complete Schedule I, Parts I II Column (A), line 27 If "Yes," complete Schedule I, Parts II Column (A), line 27 If "Yes," complete Schedule I, Part II II Column (A), line 27 If "Yes," complete Schedule I, Part II II Column (A), line 27 If Yes, "complete Schedule I, Part II II Column (A), line 27 If Yes, "complete Schedule I, Part II II Column (A), line 27 If Yes, "complete Schedule I, Part II II Column (A), line 27 If Yes, "complete Schedule I, Part II II Column (A), line 27 If Yes, "complete Schedule I, Part II II Column (A), line 27 If Yes, "complete Schedule I, Part II II Column (A), line 27 If Yes, "complete Schedule I, Part III II Column (A), line 27 If Yes, "complete Schedule I, Part II II II Column (A), line 27 If Yes, "complete Schedule I, Part II			1	Yes	No
22 X 23 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 /l ** (** complete Schedule / Parts I and III ** (**) 24 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, fusiteses, key employees, and highest compensated employees? If ** "Yes, complete Schedule u" 25 X 26 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 becember 31, 2002? If ** "Yes, "answer lines 24b through 24d and complete Schedule K. If ** "No", go to line 25 26 Did the organization have a tax-exempt bonds beyond a temporary period exception? 27 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 28 Did the organization as an "on behalf of "issuer for bonds outstanding at any time during the year? 29 Did the organization as an "on behalf of "issuer for bonds outstanding at any time during the year? 29 Add 20 Did the organization as an "on behalf of "issuer for bonds outstanding at any time during the year? 20 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person our grant and that the transaction with a disqualified person our grant and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person our grant provided and contribution of the proper outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Vas a loan to or by a current or former officer, director, trustee, key employee "bit complete schedule upon year, and that the transaction aware the members of any of these persons? If "Yes," complete Schedule L, Part IV 27 Did the organization provide a grant or ot	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			٠,,
column (A), line 27 II "Yes," complete Schedule I, Parts I and III 22 X 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, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, If "No", go to line 25 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds on the same and			21		X
23 Did the organization answer "Yes" to Part VII, Section A, Ino 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. 24 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 affer becember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization was that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 28 Was a loan to or by a current or former officer, director, fusities, key employee "Estimation and provide grant or other assistance to an officer, director, fusities, key employee "Estimation and provides and that the transaction provide a grant or other assistance to an officer, director, fusities, key employee "Estimation and provides a grant or other assistance to an officer, director, fusities, key employee "Estimation and provides and provides a grant or other assistance to an officer, director, fusities, and provides and provides and provides a grant or other assistance to an officer, director, fusities, and provides an extension of the provides and provide	22				v
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 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 \$1,2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25 25 bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 26 bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 26 bid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? 27 bid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 501(x)3 and 501(x)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 28 Is the organization waver that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 29 Was a loan to or by a current or former officer, director, trustee, key employee in through a stream of the organization or such a grant or other assistance to an officer, direct parts assistance to an officer, direct pa	23		22	-	
Schedule J 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 5 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 6 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 6 Did the organization maintain an escrow account other than a refunding escrow at any time during the year of "Yes," and disqualified person during the year? If "Yes," complete Schedule L, Part I year If Yes, and I year If Ye	20				
24a Did the organization have a taxexempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was seud after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 24a X 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization mantain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act is an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and the organizations provide a grant or organization and the organization on provide a grant or other assistance to an office, during the year? 35d Did the organization and to or by a current or other assistance to an office, during the year? 35d Did the organization and the organization and or other assistance to an office, during the year? 35d Did the organization and the proving the year of any of these persons? 37d Press, complete Schedule L, Part II/ 25d Did the organization provide a grant or other assistance to an office, during the year of any of these persons? 37d Did the organization receive more than 25d Did the organization receive more than 25d Did the organization receive more than 25d Did the organization receive co		Schodula I	22		x
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 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding eacrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf of issuer for bonds outstanding at the transaction with a disqualfilling benson in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualfill person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 o 10-127 if 'Yes, 'complete Schedule L, Part II' 25b Was a loan to or by a current or former officer, director, trustee, key employee_Time_complete Schedule L, Part II' 27c Did the organization provide a grant or other assistance to an officer, direct of trustee, or key an always the organization assistance of an applicable free for a family member thereofy was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV assistance or officer, director, trustee, or d	24a		25		
Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization of the 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 on 30-E27 If "Yes," complete Schedule L, Part I I					
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any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24	С				
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 50 (Ic)(3) and 50 (Ic)(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 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 30-E27 if "Yes," complete Schedule L, Part I 25b IX 26 Was a loan to or by a current or former officer, director, trustee, key employee, If this compt stated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule E, Part II 26 IX 27 Did the organization aparty to a fund to order assistance to an officer, direct order as tested as a controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 order any of these persons? If "Yes," complete Schedule L, Part IV 28 Was the organization a party to a business transaction with one of h. follows / parties (see Schedule L, Part IV 28 a C An entity of which a current or former officer, direct thrustee, or key entoyee, or a family member thereof) was an officer, director, trustee, or direct or indirect covere? If "Yes," complete Schedule L, Part IV 28 Did the organization receive more than \$25 stories in one had contributed by If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25 stories in one had contributed by If "Yes," complete Schedule M 29 Did the organization includate, termin Ps. or dissolve an escase operations? If "Yes," complete Schedule N, Part II 30 Did the organization on sell, exchange, disphalog, or by the more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, IV, and V			24c	1 1	
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 bit to transaction has not been reported on any of the organization was 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 serior forms 990 or 30-EZ? If "Yes," complete Schedule L, Part I	d	•	-		
disqualified person during the year? If "Yes," complete Schedule L, Part I					
b Is the organization aware that it engaged in an excess benefit transaction with a disqualifed person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 of 30-EZ? If "Yes," complete Schedule I, Part I 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, and the complete schedule of person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule state of part If 26 X 27 Did the organization provide a grant or other assistance to an officer, direct organization provide a grant or other assistance to an officer, direct organization and party to a business transaction with one of the following parties (see Schedule L, Part IV 27 instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee for a family member of a current or former officer, director trustee, or key employee for a family member thereof) was an officer, director trustee, or key employee for a family member thereof) was an officer, director trustee, or key entoyee (or a family member thereof) was an officer, director trustee, or key entoyee (or a family member thereof) was an officer, director trustee, or key entoyee (or a family member thereof) was an officer, director trustee, or key entoyee (or a family member thereof) was an officer, director trustee, or key entoyee (or a family member thereof) was an officer, director trustee, or key entoyee (or a family member thereof) was an officer, director trustee, or key entoyee (or a family member thereof) was an officer, director, trustee, or key entoyee (or a family member thereof) was an officer, director, trustee, or key entoyee (or a family member thereof) was an officer, director, trustee, or key entoyee (or a family member thereof) was an officer, director trustee, or key entoyee (or a family member thereof) was an officer, director trustee, or key entoyee (or a family member thereof) was an of		diam relified a super divine the conset of BVos II as made Cabadyda I. David	25a		X
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person outstanding as of the end of the organization's tax year? If "Yes," complete Son		Schedule L, Part I	25b		X
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instructions for applicable filing thresholds, conditions, and exceptions; a A current or former officer, director, trustee, or key employed in the Schedule L, Part IV b A family member of a current or former officer, direct by trustee, or key employed if "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, direct by trustee, or key employed in the complete Schedule L, Part IV c An entity of which a current or former officer, direct by trustee, or key employed in the properties of the complete Schedule L, Part IV c An entity of which a current or former officer, direct by trustee, or key employed in the properties of the same of the complete Schedule L, Part IV c An entity of which a current or former officer, direct by trustee, or key employed in the properties of the law in the same of th		of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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Note. All Form 990 filers are required to complete Schedule 0	38	· · · · · · · · · · · · · · · · · · ·			
		Note. All Form 990 filers are required to complete Schedule 0	38	Х	

	n 990 (2011) OBAKKI FOUNDATION USA 98-064 rt V Statements Regarding Other IRS Filings and Tax Compliance	- 7 0 .		age 5
	Check if Schedule O contains a response to any question in this Part V			$\overline{}$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	103	140
b		d		
c				
	(gambling) winnings to prize winners?	. 1c	E BINGSONG	is surrounced
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	- Carrier Street	(Alberta Maria)
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	8 K B		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		1	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► CANADA			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax sharer transaction?			X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that see a tributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under source 170			
а	Did the organization receive a payment in excess of \$75 made partly as a complution and thy for goods and services provided to the payor	? 7a		X
b	If "Yes," did the organization notify the donor of the value of the good or secrets provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible per an all property for which it was required			
	to file Form 8282?	7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	10 m		
е	Did the organization receive any funds, directly or in sectly, to pay pressums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, rectly or indirection on a personal benefit contract?			
g	If the organization received a contribution of the lifed lectual property, did the organization file Form 8899 as required?	7 <u>g</u>	<u> </u>	lacksquare
h	If the organization received a contributor of cars, boats, a other vehicles, did the organization file a Form 1098-C	? 7h		
8	Sponsoring organizations maintaining door advised funds and section 509(a)(3) supporting organizations. Did the supporting		115	W. Sal
	organization, or a donor advised fund matchined by a sponso organization, have excess business holdings at any time during the year?	8		
Q	Sponsoring organizations maintain adopor action and	2000	4.2	0.76 3 3

er section 4966?

10a

13b

donor advisor, or related person?

14b

9b

12a

13a

a Did the organization make any taxable of

10 Section 501(c)(7) organizations. Enter:

b Did the organization make a distribution to a

Section 501(c)(12) organizations. Enter:

outions.

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross income from other sources (Do not net amounts due or paid to other sources against

Section 501(c)(29) qualified nonprofit health insurance issuers.

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ______ 10b

a Is the organization licensed to issue qualified health plans in more than one state?

amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the

organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2011) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_	Check it Schedule O contains a response to any question in this Part VI				Δ.
Sec	tion A. Governing Body and Management				
		1 1	A PRODUCTION	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing				No.
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1 [
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other	\$ 111		
_	officer, director, trustee, or key employee?		2	X	ऻ
3	Did the organization delegate control over management duties customarily performed by or under the	-			۱
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			 	X
4	Did the organization make any significant changes to its governing documents since the prior Form			ļ	X
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		X
6	Did the organization have members or stockholders?		6	—	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				l
	more members of the governing body?	***************************************	7a	<u> </u>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) ambers,	stockholders, or	-		l
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken due to the year	ar by the following:			1
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9		ched at the	1		
	organization's mailing address? If "Yes," provide the names and address in Standale O		9	<u> </u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)			
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a	ļ	X
b	If "Yes," did the organization have written policies and preductive the activities of such control of the activities of the acti	-			
	and branches to ensure their operations are consisted with the organization's cempt purposes?		10b	L	
	Has the organization provided a complete copy of the Form 990 to all mbers of its governing boo	ly before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by organization to eview this Form 990.		1995		
	Did the organization have a written conflict the least of the last		12a	X	
	Were officers, directors, or trustees, and key imployees required interests that could give rise	***************************************	12b	X	
С	Did the organization regularly and constently monitor and enforce compliance with the policy? If "Y	'es," describe			
	in Schedule O how this was done		12c	X	
13	Did the organization have a written with leblower policy		13	X	
14			14	X	
15	Did the process for determining compensation. The following persons include a review and approve				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a		X
þ	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				v
	taxable entity during the year?		16a	Contract of	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	nization's		100	
<u> </u>	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure	-···			
	List the states with which a copy of this Form 990 is required to be filed NONE				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Section 501(c)(3)s only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books at	nd records of the organiz	ation:		
	JAKE WIEBE - (604)-669-9790 #201-135 WEST 7TH AVE VANCOUVED BC VEV 119 CAN	7 7 7			

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

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

section A. Officers, 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		org	aniz			mpe	nsat			ř
(A) Name and Title	(B)		(C) Position					(D)	(E)	(F)
Name and Title	Average hours per	(de	not o	check	more	than	one h an	Reportable compensation	Reportable compensation	Estimated amount of
	week		icer a					rom	from related	other
	(describe	çç						the	organizations	compensation
	hours for	Tustee or director				ted		organization	(W-2/1099-MISC)	from the
	related	stee	truste			bens		(W-2/1099-MISC)		organization
	organizations in Schedule	를 를 다	ional		ploye	1 CO III	4			and related organizations
	O)	Individual t	nstitutional trustee	Officer	sey employee	pes (o)	Ē			organizations
(1) TREANA PEAKE			Ī				4			
PRESIDENT	30.00	X		4				0.	0.	0.
(2) RYAN PEAKE				4					_	
VICE PRESIDENT	5.00	X	_	X.				0.	0.	0.
(3) LORI SIMEUNOVIC					Γ,	1			_	_
SECRETARY	5.00	X		X				0.	0.	0.
(4) JAKE WIEBE	15 00	٠,		١.,		١		_	0	0
TREASURER	15.00	X	┼	X		-		0.	0.	0.
		•	L	4						
2000					⊢	\vdash	┢		3 - 120 - 120	
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25	52 29				l					
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Pai	TVII Section A. Officers, Directors, Tr	ustees, Key E	mple	oyee	es, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			-	C)			(D)	(E)			(F)	
			Average Position (do not check more than one						Reportable	Reportable			stimate	-
		hours per week			es pe nd a d				compensation from	compensati from relate		ar	nount other	of
		(describe	횮						the	organization		com	pensa	ation
		hours for	ndividual trustee or director				sated		organization	(W-2/1099-MI	SC)		rom th	
		related organizations	stee	trustee		۵.	pensa		(W-2/1099-MISC)				anizat	
		in Schedule	las T	ional		훓	tcom	_				ı	d relat anizati	
		O)	Individ	Institutional (Officer	Key employee	Highest compens employee	Former				0.9	ai iizati	0113
														•
			-	\vdash			H							
	-			├	\vdash		├	\vdash						
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			-	_										
						$\left(-\right)$								
					Ĵ									
	Sub-total						N		0.		0.	<u> </u>		0.
	Total from continuation sheets to Part V	10						7	0.		0.			0.
2	Total (add iines 1b and 1c) Total number of individuals (including but n		ose	liste	ed at		e) wi	no re	eceived more than \$100	,000 of reportab				<u> </u>
	compensation from the organization												Yes	No.
3	Did the organization list any former descer,	director, or	ıste	e. ke	v en	olan	vee.	or I	highest compensated e	mplovee on		1		
	line 1a? If "Yes," complete Schedule for s								,			3		X
4	For any individual listed on line 1a, is													The state of
	and related organizations greater than \$											4	District Co.	X
5	Did any person listed on line 1a receive or a	•				-			•		š	Nest e		X
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	piete Scheaui	e J T	or si	icn į	oers	son .	•••••				5		Λ
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100.000 of cor	npens	ation 1	from	
	the organization. Report compensation for		-											
	(A) Name and business	address							(B) Description of s	ervices	C	(Compe	c) nsatio	n
RUI	RAL WATER AND SANITATIO)R'	r <i>7</i>	AGE	N(CY,	,	DRILLING WEL					
P.O. PRIVATE BAG, RUMBEK, SOUTH SUDAN, BOREHOLES								28	5,7	81.				
								T					·	
								\dashv						
								\dashv						
2	Total number of independent contractors (i	ncluding but n	ot lir	mite	d to	tho	se lis	sted	above) who received m	ore than				
	\$100,000 of compensation from the organi	zation 🕨					L					N.	l an	160

Рε	irt VI	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns 1a					BARAL PALE
ar our	b	Membership dues 1b					
S, C	С	Fundraising events1c					
ar F		Related organizations 1d	528,631.				
E,E	е	Government grants (contributions) 1e					
it is	f	All other contributions, gifts, grants, and]				
聲		similar amounts not included above	377,058.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$	74,477.				
<u>8 0</u>	h	Total. Add lines 1a-1f	<u></u>	905,689.			
			Business Code				
ice	2 a						ļ
e Z	b						
S E	С						
Re	d	- Parties					
Program Service Revenue	e	All at					
_	7	All other program service revenue					Constant the University
	<u>9</u> 3	Total. Add lines 2a-2f Investment income (including dividends, intere					
	3	other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a						
- 1	b						
	С	Rental income or (loss)					
	d	95,850			· · · · · · · · · · · · · · · · · · ·		
	7 a	Gross amount from sales of (i) Securities	(ii) Other				delicate Vagoria
		assets other than inventory		A STATE OF THE STA			
	b	Less: cost or other basis					
		and sales expenses					
	С						
		Net gain or (loss)					
an.	8 a	Gross income from fundraising even (not					
Ven		including \$					
Other Reve		contributions reported on line 1c). See	60,867.				
je	h	Part IV, line 18 a Less: direct expenses b	60,867.				
δ		Net income or (loss) from fundraising events	55,557.	0.			
		Gross income from gaming activities. See				and the second	
		Part IV, line 19a	l				
	b	Less: direct expenses b					
		Gross sales of inventory, less returns					
		and allowancesa					
	b	Less: cost of goods soldb					
	c	Net income or (loss) from sales of inventory					
ļ		Miscellaneous Revenue	Business Code				
	11 a	FOREIGN EXCHANGE GAIN	624230	1,987.	1,987.		
	b						
	c						
	d	All other revenue		1 007	William Street		
-	e	Total. Add lines 11a-11d		1,987.	1,987.		
13200	12	Total revenue. See instructions.		301,010.	1,30/.	0.	0.

OBAKKI FOUNDATION USA

Form 990 (2011) OBAKKI FOUNDA Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	15,000.	15,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		4		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а					· · · · · · · · · · · · · · · · · · ·
b		7.5		706.	
C		1.589		1,589.	
d	Lobbying		NA VIII NAME OF THE PARTY OF TH	WATER CHARLES IN THE REAL PROPERTY.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	16 100	16 100		
g	Other	16,100	16,100.		
12	Advertising and promotion	2.2	3,568.		
13	Office expenses	0.	3,300.		
14	Information technology	4			
15 16	Royalties	7,435.	7,435.		
16 17	Occupancy	5,937.	5,937.		
18	Travel	3,3371	3,331.		
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	-	ļ		
19	Conferences, conventions, and meetings				
20	Interest				
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule O.) WELL DRILLING AND REHAB	1,039,856.	1,039,856.		
a	AUTOMOBILE EXPENSE	11,149.	11,149.		
0	CUSTOMS AND IMMIGRATION	7,660.	7,660.		
d	BANK CHARGES	4,761.	7,000.	4,761.	
_	All other expenses	702.	503.	199.	
25	Total functional expenses. Add lines 1 through 24e	1,114,463.	1,107,208.	7,255.	0.
<u> </u>	Joint costs. Complete this line only if the organization	., = = =, = = =	., ,	,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			1	
	Check here if following SOP 98-2 (ASC 958-720)				
				· · · · · · · · · · · · · · · · · · ·	

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	161,373.	1	32,289
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	184,307
4	Accounts receivable, net	****	4	16,200
5	Receivables from current and former officers, directors, trustees, key	schinist with the Year	The state of	
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
- [4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)	A CONTRACT OF THE PROPERTY OF	6	
3 7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	13,580
9	Description of the second of t	····	9	8,800
1 -	Land, buildings, and equipment: cost or other		COLUMN TO	ESC SINGLES WEST SECOND
	basis. Complete Part VI of Schedule D 10a			
l b	Less: accumulated depreciation 10b	STATE OF THE PARTY	10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	OH	0.00	15	
16	Total assets Add lines 1 through 15 (must equal line 34)	161,383.	16	255,176
17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	0.	17	170,580
18	Granta navahla	***	18	170,300
19	Deferred revenue		19	
20	Deferred revenue Tax-exempt hond liabilities		20	
	Tax-exempt bond liabilities Escrow or custodial account liability. Complet Part IV of Schedt D		21	
22	Escrow or custodial account liability. Complet Part IV of Schedi D		E-moint Sm	
21 22	highest compensated employees, and the qualifity persons. Complete Part II			
i			22	
23	of Schedule L Secured mortgages and notes syable to unrelated third parties		23	
24	Unsecured notes and loans parable to unrelated aird parties		24	
25	Other liabilities (including federal come tax, pay lies to related third		24	
20	parties, and other liabilities not included on line (7-24). Complete Part X of			
	Schedule D	0.	25	130,000
26	Total liabilities. Add lines 17 through 25	0.	26	300,580
120	Organizations that follow SFAS 117, check here		20	300,300
,	lines 27 through 29, and lines 33 and 34.			
27 28 29 30 31 32	Unrestricted net assets	161,383.	27	-259,491
28	Temporarily restricted net assets		28	214,087
29			29	214,007
23	Permanently restricted net assets Organizations that do not follow SFAS 117, check here		25	
;	complete lines 30 through 34.			
30	•		20	
30	Capital stock or trust principal, or current funds		30	
31			31	
32	Retained earnings, endowment, accumulated income, or other funds		32	-45,404.
33	Total net assets or fund balances		33	
34	Total liabilities and net assets/fund balances	TOT, 303.	34	255,176.

Form	990 (2011) OBAKKI FOUNDATION USA	98-06	44703	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets	•			
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 76.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,114		
3	Revenue less expenses. Subtract line 2 from line 1	3	-206		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	161	L,3	83.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-45	5,4	04.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u>X</u>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				Olympia.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			37	<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tanyear, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	ed on a			
	separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate pasis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	i	. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If organization did not undergo the required	ired audit			

undergo

h audits

or audits, explain why in Schedule O and describe any steps take

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

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

2011

Inspection

Name of the organization

Employer identification number

OBAKKI FOUNDATION USA 98-0644703 Part I 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.) 3 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, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from col butions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no mo than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from esses equired 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 publ a)(4). An organization organized and operated exclusively for the benu of, to pl rm the functions of, or to carry out the purposes of one or more publicly supported organizations described in section ((a)(1) or se on 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lin ah 11h. a Type I b Type II J Tỳ Type III - Other Functionally integrated By checking this box, I certify that the organization tly or indirectly by one or more disqualified persons other than foundation managers and other than one or mo ations described in section 509(a)(1) or section 509(a)(2). publicly supp d org If the organization received a written determina n from the IRS t it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organ d any gift g ontribution from any of the following persons? A person who directly or indi ctly controls, eith No logether with persons described in (ii) and (iii) below, Yes the governing body of the oported organization? 11g(i) described in (i) (ii) A family member of a pers 11g(ii) (iii) A 35% controlled entity of son describe (i) or (ii) above? 11g(iii) Provide the following information a h the sup ted organization(s). (vi) is the organization in col. (iii) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization support (I) organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Nο Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2011

Total

Schedule A (Form 990 or 990-EZ) 2011 OBAKKI FOUNDATION USA 98-06447 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21 - 105		510,395.	129,667.	905,689.	1,545,751.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1			15		
	or expended on its behalf		53835	9		0.00	
3	The value of services or facilities					3	
	fumished by a governmental unit to		(i				
	the organization without charge				200000		
4	Total. Add lines 1 through 3			510,395.	129,667.	905,689.	1,545,751.
5	The portion of total contributions				Cast Mark 1		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					4	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				*		
	column (f)						917,062.
	Public support. Subtract line 5 from line 4.				Carle Marie		628,689.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 109	(a) 2010	(e) 2011	(f) Total
7	Amounts from line 4			(c) 109 510 395.	129,667.	905,689.	1,545,751.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					8	
9	Net income from unrelated business						8000
	activities, whether or not the	The state of the s		1			
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)			2552		1,987.	1,987.
11	Total support. Add lines 7 through 10	(A THE SAME SEED					1,547,738.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	: : : : : : : : : : : : : : : : : : :
13	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	x year as a section	n 501(c) (3)	
_	organization, check this box and stor	here					> X
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2011 (14	%
	Public support percentage from 2010					15	%
16a	33 1/3% support test - 2011. If the o	_				•	x and
	stop here. The organization qualifies						▶□
b	33 1/3% support test - 2010. If the o						
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						*
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶∐
<u> 18</u>	Private foundation. If the organizatio	n did not check a t	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u></u> ▶∟
					Sche	dule A (Form 990	or 990-F7) 2011

Schedule A (Form 990 or 990-EZ) 2011 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities fumished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
•	Add lines 7a and 7b			•			
8	Public support (Subtract line 7c from line 6.)			A Trime		SERVICE OF B	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)	4b	Street and the state of the sta	al dan mala de esta e	<u> </u>	- 504(-)(0)	
14	First five years. If the Form 990 is for	_			•		ation,
Ser	check this box and stop here ction C. Computation of Publi		rcentage				P
	Public support percentage for 2011 (li			olumn (fl)		15	n/
	Public support percentage from 2010					16	<u>%</u>
	ction D. Computation of Inves					10	<u>%</u>
	Investment income percentage for 20			e 13. column (f)		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2011. If the						
138	more than 33 1/3%, check this box ar						, is linf
b	33 1/3% support tests - 2010. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	
^	line 18 is not more than 33 1/3%, chec Private foundation. If the organization		_				

Schedule A (Form 990 or 990-EZ) 2011 OBAKKI FOUNDATION USA	98-0644703 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line	10; Part II, line 17a or 17b;
and Part III, line 12. Also complete this part for any additional information. (See instructions).	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
FOREIGN EXCHANGE GAIN	
	1800

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2011

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	100,000.	69,045
	878,972.	848,017
· · · · · · · · · · · · · · · · · ·		

otal Excess Contributions to Schedule A, Part II, Line 5		917,062

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Name of the organization **Employer identification number** OBAKKI FOUNDATION USA 98-0644703 Organization type (check one): Filers of: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private for 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for th the c eral Rule and a special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-P the year, \$5,000 or more (in money or property) from any one d. dù contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization ig Form 990 or 990 met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and (eived from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Pa /III, line 1h, or (il orm 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) or ation fill Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for aclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Page 2 Name of organization **Employer identification number** OBAKKI FOUNDATION USA 98-0644703

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 252,857.	Person X Payroll
(a) No.		(c) Total contributions	(d) Type of contribution
2		\$ 100,000.	Person X Payroll
(a) No.		(c) Total o htributions	(d) Type of contribution
3		\$528,631.	Person X Payroll
(a) No.		(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

OBAKKI FOUNDATION USA

98-0644703

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1		\$63,934.	_10/01/11_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		5	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
100450 04 00	40	Schedule P / Earm O	00 000 E7 or 000 DE\ (2011)

Name of orga	nization	<u> </u>		Employer identification number				
OBAKKI	FOUNDATION USA			98-0644703				
Part III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if addition	ividual contributions to section 501(c) the following line entry. For organization tc., contributions of \$1,000 or less for the space is needed.)(7), (8), or (10) organiz ins completing Part III, er the year. (Enter this information	ations that total more than \$1,000 for the leter once.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held				
		(e) Transfer of gif						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee				
(a) No.			4					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held				
				100 000 000				
		(a) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held				
		1						
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee				
(a) No. from	400							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held				
- 1				200				
		- 1200						
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee				
-								
-								

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

OBAKKI FOUNDATION USA

Employer identification number

Pa	irt I Organizations Maintaining Donor Advised Funds or Other	Similar Funds or A	ccounts. Complete if the
1	organization answered "Yes" to Form 990, Part IV, line 6.	J	Complete ii tile
	(a) Donor advis	sed funds (1	b) Funds and other accounts
1	Total number at end of year	(
2	Aggregate contributions to (during year)		
3			
4	Aggregate grants from (during year)		
5	Aggregate value at end of year	bold in dones advised for	<u>.</u>
3			
•	are the organization's property, subject to the organization's exclusive legal control		
6	Did the organization inform all grantees, donors, and donor advisors in writing that g	=	-
	for charitable purposes and not for the benefit of the donor or donor advisor, or for impermissible private benefit?		
Pa	int II Conservation Easements. Complete if the organization answered "Y		
			iffle /.
1	Purpose(s) of conservation easements held by the organization (check all that apply		
			y important land area
		eservation of a certified his	stone structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation control	ioution to form of a co	nservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of concernation accompate	V	
a	Tatal company working all humans and the same and the sam		2a
b	41100		2b
C			2c
d		on a historic structure	
_			2d
3	Number of conservation easements modified, transfered, released, executive and red, red, released, executive and red, red, released, executive and red, red, red, red, red, red, red, red	r terminated by the organ	ization during the tax
4	year -		
4	Number of states where property subject to servation easement is a cated		
5			Yes No
	violations, and enforcement of the conservation easements it holds?		Yes L. No
6	Staff and volunteer hours devoted to onitoring, inspecting, and enforcing conserved to provide the provider and enforcing conserved to the provider and enforced to the provider and enforc		
7	Amount of expenses incurred in month log, inspecting and enforcing conservation		
8	Does each conservation easement report on line 2 above satisfy the requirement		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation easements in its rev		
	include, if applicable, the text of the footnote to the organization's financial statemen	nts that describes the org	anization's accounting for
Pai	conservation easements. rt III Organizations Maintaining Collections of Art, Historical Tr	ressures or Other S	Similar Assets
T. CI	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	reasures, or other t	minai Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in	ita ravanua atatamant an	d balance about works of art
Ia	historical treasures, or other similar assets held for public exhibition, education, or re		
	the text of the footnote to its financial statements that describes these items.	escarcii in furtherance or	public service, provide, in Fart XIV,
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	rovenue statement and be	dence about works of out historical
U	treasures, or other similar assets held for public exhibition, education, or research in		·
	•	i furtherance of public ser	vice, provide the following amounts
	relating to these items:		*
	(i) Revenues included in Form 990, Part VIII, line 1		
^	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar	•	provide
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to		•
a	, , , , , , , , , , , , , , , , , , , ,		
þ	Assets included in Form 990, Part X		\$

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2011

0.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

(10)

130,000.

	edule D (Form 990) 2011 OBAKKI FOUNDATION USA	98-	0644703 Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	temen	AND THE PROPERTY OF THE PROPER
1	Total revenue (Form 990, Part VIII, column (A), line 12)		907,676.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,114,463.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-206,787
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses 6		
7	Prior period adjustments 7		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		
10 Dat	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	Detum	-206,787.
1	Table	Return 1	1,032,676.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,032,070
a	T I		
b	Donated services and use of facilities 2b 125,000		
C	Recoveries of prior year grants 2c	-	
ď		-	
-		30	125,000.
3	Subtract line 2e from line 1	2e 3	907,676.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	307,070.
a	Investment expenses not included on Form 990, Part VIII, line 7b	Euch V	
b	Other (Describe in Part XIV.)		
_	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, Ing 12.)	5	907,676.
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe		
1	Total expenses and losses per audited financial statements	1	1,239,463.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		33000000 Wa
а	Donated services and use of facilities 2a 125,000	•	
b	Prior year adjustments2b		
C	Other losses 2c		
d	CONTRACTOR AND	1.00	
е	Add lines 2a through 2d	2e	125,000.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	1,114,463.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	47 (1987)	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)	12.4	_
С	Add lines 4a and 4b		0.
	Total expenses. Add lines 3 and 4c. (This most equal Form 990, Part I, line 18.)	5	1,114,463.
	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		
<, line	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any a	dditional	information.
_			
			10.00

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** OBAKKI FOUNDATION USA 98-0644703 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to 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 grants or assistance? X Yes 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.) (f) Total (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) employees, agents, and independent expenditures offices (by type) (e.g., fundraising, program is a program service, for and in the region services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in region in region in region PROVIDING SUPPORT TO THE PEOPLE IN CAMEROON GRANTS TO RECIPIENTS THROUGH DEVELOPMENT CAMEROON 0 LOCATED IN REGION PROJECTS. 15,000. DRILLING WATER WELLS AND ABILITATING BOREHOLES ROVIDE SOUTH SUDAN PROGRAM RVICES CLEAN WATER. 1,092,000. 3 a Sub-total 1,107,000. 4 **b** Total from continuation sheets to Part I ol O 0. c Totals (add lines 3a

1,107,000.

and 3b)

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ı	е
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- 1	 Enter total number of recipient organizations listed at the IRS, or for which the grantee or counsel has prov Enter total number of other organizations or entities 							1 (a) Name of organization	recipient who re Part II can be du
S	recipient organization the grantee or counse other organizations o							(b) IRS code section and EIN (if applicable)	recipient who received more than \$5,000. Check this because if additional space is needed.
	s listed above that are has provided a section rentities					CAMEROON		(c) Region	janizations or Entitle: 000. Check this box if space is needed.
	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter					ORPHANAGES, AND SCHOOLS.	PHILANTHROPIC WORK IN LOCAL COMMUNITIES	(d) Purpose of grant	recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 check this box if no one recipient received more than
	foreign country,			X		15,000.		(e) Amount of cash grant	than \$5,000
	recognized as tax-e)					15,000 CASH PAYMENT		(f) Manner of cash disbursement	ganization answered
	as tax-exempt by					0.		(g) Amount of non-cash assistance	1"Yes" to Form 9
Schedi								(h) Description of non-cash assistance	90, Part IV, line 15, for
Schedule F (Form 990) 2011	1 1				-	PMV		(I) Method of valuation (book, FMV, appraisal, other)	rany ▼

Page 3

Schedule F (Form 990) 2011 OBAKKI FOUNDATION USA

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

201100010 1	(. 0,,,,	-011	
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	X 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	X 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	X 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	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax ye ? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycon ig counts during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycon Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2011

Part V	Supplemental Information
	Complete this part to provide the information required

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.

(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.
SCHEDULE F, PART I, LINE 2: OBAKKI FOUNDATION USA HAS AN AGREEMENT IN
PLACE WITH THE GRANT RECIPIENT WHICH ALLOWS THE ORGANIZATION APPROVAL OF
PROJECTS UNDERTAKEN WITH GRANTS AWARDED AND REQUIRES THE GRANT RECIPIENT
TO PROVIDE SEMI-ANNUAL FINANCIAL AND PROJECT STATUS REPORTS.
ADDITIONALLY, THE AGREEMENT REQUIRES THE GRANT RECIPIENT TO PROVIDE
UNLIMITED ACCESS TO RELATED PROJECTS AND FINANCIAL RECORDS.
SCHEDULE F, PART I, LINE 3: EXPENDITURES ARE ACCUMTED FOR AS GRANTS ARE
AWARDED.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

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

OBAKKI	FOUNDATION USA			98-0644	703
Part I Fundraising Activities required to complete this pa	6. Complete if the organization answrt.	ered "Yes" to	o Form 990, Part IV,	line 17. Form 990-E2	I filers are not
 Indicate whether the organization rai a Mail solicitations b Internet and email solicitation c Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Specia or oral agreement with any individua Part VII) or entity in connection with providuals or entities (fundraisers) pure	ation of non-g ation of gover I fundraising al (including o professional 1	novemment grants mment grants events fficers, directors, tru fundraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) pss receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes			
Total 3 List all states in which the organization	on is registered or licensed to solicit		s or has been notified	d it is exempt from re	egistration
or licensing.					
	751 - 486/00-1	50-503		=38	
0.200		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			South A.A. Co. 198
	,				3. 30.30
					*
			200.2.11.000		***
					

98-0644703 Page 2 Schedule G (Form 990 or 990-EZ) 2011 OBAKKI FOUNDATION USA Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ONLINE NONE (add col. (a) through AUCTION col. (c)) (event type) (event type) (total number) Revenue 60,867 60,867. 1 Gross receipts 2 Less: Charitable contributions 60,867. 60,867. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 60,867. 60,867. 9 Other direct expenses 60,867 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to form 990, P VIV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming no/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct Rent/facility costs Other direct expenses Yes Yes Yes % Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d)

	8 Net gaming income summary. Combine line 1, column d, and line 7		
•	Enter the state(s) in which the organization operates gaming activities:		
é	a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain:	Yes	□ No
	a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	☐ Yes	☐ No

Schedule G (Form 990 or 990-EZ) 2011 OBAKKI FOUNDATION USA	98-06	447	703 F	Page 3
11 Does the organization operate gaming activities with nonmembers?	I	Y	es _	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity form				
to administer charitable gaming?	[Y	es 🗆	□ No
13 Indicate the percentage of gaming activity operated in:		- 1		
a The organization's facility		13a		%
b An outside facility		13b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and				
Name				
Address				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	۶۲	Y	es 🗆	□ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and th	e amount			
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address of the third party:				
Name				
Address ►				
16 Gaming manager information:				
Name				
Gaming manager compensation > \$				
Description of services provided				
Description of services provides				
Director/officer Employee Indivendent contractor				
17 Mandatory distributions:				
a Is the organization required under station as to make charable distributions from the gaming proceeds to	_	_	_	_
retain the state gaming license?		Y	es L	_ No
b Enter the amount of distributions requires the state of the distributed to other exempt organizations or state of the distributed to other exempt organizations or state of the distributed to other exempt organizations or state of the distributed to other exempt organizations or state of the distributed to other exempt organizations or state of the distributed to other exempt organizations or state of the distributed to other exempt organizations or state of the distributed to other exempt organizations or state of the distributed to other exempt organizations or state of the distributed to other exempt organizations or state of the distributed to other exempt organizations or state of the distributed to other exempt organizations or state of the distributed to other exempt organizations or state of the distributed to other exempt organizations or state of the distributed to other exempt organizations or state of the distributed to other exempt organizations.	pent in the			
organization's own exempt activities during the \$	· · ·			
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2!				
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any addition	ial information (s	see ins	struction	าร).
		-		
	1111 - 2111 - 11111 - 11111 - 11111 - 1111 - 1111 -			

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

2011

Open To Public Inspection

OBAKKI FOUNDATION USA Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).							Employer identification number 98-0644703				
Part I Excess Benefit Complete if the organization								14 lin - 4	O.L.	100	
1	anization ans	wered res	On Form	990, Part IV	line 25a or 25b, o	r Form 990-E	Z, Pan	V, line 4	UD.	T/a) Car	
(a) Name of dis	squalified per	son			(b) Descrip	tion of transa	ction			Yes	rected?
***										res	NO
										 	
										 	
										1	
2 Enter the amount of tax imp	osed on the	organization	manager	s or disqualit	ied persons during	the year und	der				
section 4958	•••••							🕨 \$			
3 Enter the amount of tax, if a	ny, on line 2,	above, reim	bursed by	the organiz	ation	• • • • • • • • • • • • • • • • • • • •		🕨 \$			
Part II Loans to and/o	n Engan Ind		Danasas								
Street The measure (see Expense)	-			-							
Complete if the orga								8a.	proved	1 (.)	
(a) Name of interested person and purpose		to or from nization?	(c) Ongi	nal principal nount	(d) Balance	(e) defa		by bo	pard or nittee?	(g) w	ritten ment?
	То	From	1			res	No	Yes	No	Yes	No
	 	110111	 			V163	140	163	NO	163	NO
								1	 		
								1			
	1							1			
							.,,.,,,				
					Y						
								ļ		<u> </u>	
					<u> </u>	NAME OF TAXABLE PARTY.	71-00-01				
Total Part III Grants or Assis	stoneo	nofiting le	ata eta	▶ \$ ed Person							10-11/ H
		_									
Complete if the orga (a) Name of interested		d "Yes"		990, Part IV,			T	(=) A==			
(a) Name of interested	person		(D) Heiau		een interested per ganization	son and			iount an assistan	d type of	í
		- 					-				
							+				
							1				
							+				
		1					1			-	

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

Schedule L (Form 990 or 990-EZ) 2011

CONTRACTOR OF THE PARTY OF THE		NAME AND ADDRESS OF TAXABLE PARTY.			
Part IV	Business	Transactions	Involving	Interested	Persons.

Complete if the organization answered	d "Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	ion revenues?	
ZERO-G MUSIC INC.	CEE DADM V	100 000	T O A A T	Yes	No
OBAKKI DESIGNS	SEE PART V SEE PART V	100,000. 30,000.		-	X
OBART DESIGNS	DEB PARI V	30,000.	LOAN		
				1	
Part V Supplemental Information				l	
	al information for responses to question	s on Schedule L (see	instructions).		
SCHEDULE L, PART IV		4			
BUSINESS TRANSACTIONS BETW	WEEN MUE ODCANITANTO	AL N. D. AM. EM	MIMV OF WUI	.On	
CURRENT OFFICERS AND DIREC	CTORS WERE OFFICERS,	CTORS,	OR DIRECT	AND	
INDIRECT OWNERS:					
ENTITY: ZERO-G MUSIC INC.			, , , , , , , , , , , , , , , , , , , ,		
DESCRIPTION OF TRANSACTION	N: I AN TO OB KKI FOR	UNDATION US	A		
LOAN AMOUNT: \$100,000					-
PURPOSE OF LOAN: TO FIND	CURRENT OPERATIONS			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ENTITY: OBAKKI DESIGNS					
DESCRIPTION OF TRANSACTION	N: LOAN TO OBAKKI FO	UNDATION US	A		
LOAN AMOUNT: \$30,000					
PURPOSE OF LOAN: TO FUND (CURRENT OPERATIONS				
					
				2 2222	235117
	* ***		4.7		
				2 10 10	

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Part I Types of Property

OBAKKI FOUNDATION USA

Employer identification number 98-0644703

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contrib	determining
1	Art - Works of art					-
2	Art - Historical treasures				12	***
3	Art - Fractional interests					anous
4	Books and publications					1812
5	Clothing and household goods			1,154.	SUBSEQUENT	SALE
)	Cars and other vehicles					
7	Boats and planes					
3	Intellectual property					
}	Securities - Publicly traded			4		
)	Securities - Closely held stock				7,000	
	Securities - Partnership, LLC, or				1000	***
	trust interests					
2	Securities - Miscellaneous					****
}	Qualified conservation contribution -					
	Historic structures					
	Qualified conservation contribution - Other					422
	Real estate - Residential				THE WAY I	
	Real estate - Commercial				Company of the Compan	
	Real estate - Other					10000
	Collectibles		119	21 833	SUBSEQUENT	SAT.R
			123	21,055.	DODDEQUENT	DALLE
	Food inventory					
						-0.44
	Taxidermy	P • Q			and the same of th	
	Historical artifacts			**************************************		
	Scientific specimens	4			Sum-tr	
i	Archeological artifacts	X	33	40 400	GITD CEOILENIN	CATE
	Other (VIP TICKETS) Other (MUSIC LESSON	X	33		SUBSEQUENT	
				3,000.	SUBSEQUENT	SALE
	Other (
	Other (L				
	Number of Forms 8283 received by the organ		-			•
	for which the organization completed Form 82	283, Part IV, I	Donee Acknowledg	gement 29		0
						Yes
3	During the year, did the organization receive b					
	at least three years from the date of the initial			•		
	the entire holding period?					30a
b	If "Yes," describe the arrangement in Part II.					
	Does the organization have a gift acceptance					31
а	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash		I
	contributions?			•••••		32a
b	If "Yes," describe in Part II.					1
	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is ch	ecked,	
	describe in Part II.	. ,	** '		•	1000

Schedule M (Form 990) (2011) OBAKKI FOUNDATION USA	98-0644703 Page 2
Part II Supplemental Information. Complete this part to provide the information the organization is reporting in Part I, column (b), the number of contribution Also complete this part for any additional information.	nation required by Part I, lines 30b, 32b, and 33, and whether
SCHEDULE M, PART I, COLUMN (B): THE ORGANIZA	TION IS REPORTING THE
NUMBER OF ITEMS RECEIVED IN PART 1, COLUMN (в).
	20.00
	CONTROL OF THE CONTRO
	AND AND U.S.

SCHEDULE 0 (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

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.	Inspection
Name of the organization OBAKKI FOUNDATION USA	Employer identification numbe 98-0644703
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
WHILE SUPPORTING THEIR FUNDAMENTAL RIGHTS TO HEALTH AND E	DUCATION.
FORM 990, PART VI, SECTION A, LINE 2: TREANA PEAKE, PRESI	DENT AND RYAN
PEAKE, VICE PRESIDENT ARE MARRIED TO EACH OTHER.	
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S	FORM 990 IS
PREPARED BY AN OUTSIDE ACCOUNTING FIRM. THE FORM 990 IS RI	EVIEWED BY THE
TREASURER AND THE FOUNDATION'S BOOKKEEPER FOR RACY AND	O THEN THE
TREASURER AND PRESIDENT REVIEW FORM 99 TOO THER BELORE SU	JBMISSION. THE
FORM IS AVAILABLE TO THE OTHER BOARD EMBY AS FOR THEIR REV	VIEW IF THEY WISH
FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION E	HAS A POLICY IN
PLACE WITH FORMAL DOCUMENTED FOR THE DISCLOSURE	OF AND RELATED
ACTIONS TAKEN FOR POTINTIAL, ACTUAL, OR THE APPEARANCE OF	CONFLICTS OF
INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15: OFFICERS DO NOT REC	CEIVE
COMPENSATION FROM THE ORGANIZATION.	
FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE N	MADE AVAILABLE TO
THE PUBLIC ON REQUEST.	

FORM 990, PART XII, QUESTION 1:

EXPLANATION FOR CHANGE IN ACCOUNTING METHOD FROM PRIOR YEAR

THE ORGANIZATION CHANGED TO THE ACCRUAL METHOD OF ACCOUNTING FOR THE

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization OBAKKI FOUNDATION USA	Employer identification number 98-0644703
PURPOSE OF HAVING A GAAP AUDIT OF THE ORGANIZATION'S FINA	NCIAL
STATEMENTS. THIS CHANGE DID NOT RESULT IN ANY CHANGES TO	PRIOR YEAR
BALANCES.	
990, PART XII, LINE 2C:	-
THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE FIN	ANCIAL
STATEMENTS.	
	32 - 200 A
	N18 74,000,000 124,004 0
	- 164
	11.00

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

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.
 ▶ See separate instructions.

OMB No. 1545-0047

2011 Open to Public Inspection

Name of the organization OBAKKI FOUNDATION USA	ION USA				Employer identification number 98-0644703	exation number
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	e if the organization answered "Yes" t	to Form 990, Part IV, line 33.)				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations (Complete if the dorganizations during the tax year.)	tions (Complete if the denization answer		Part IV, line 34 beca	ause it had one or r	"Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	1pt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section s	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
OBAKKI FOUNDATION CANADA 201-135 WEST 7TH AVE	SAME AS ORA MDATION					
VANCOUVER, BC, CANADA V5Y 1L8		CANADA				×

SEE PART VII FOR CONTINUATIONS

Page 2

ZERO G MUSIC INC VANCOUVER, CANADA OBAKKI DESIGNS Part = VANCOUVER, 201-135 WEST 7TH AVE 201-135 WEST 7TH AVE Part IV Name, address, and EIN of related organization Identification of Related Organizations Taxable as a Corporation or organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) CANADA Name, address, and EIN of related organization V5Y **Y5**Y **a** 1L8 1L8Primary activity 3 Legal domicile (state or foreign country) Ω MUSIC PUBLISHING Direct controlling Primary 9 ESIGN st (Complete if Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** CANADA Legal domicile (state or foreign country) CANADA organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related Direct controlling Share of total N/A N/A income entity 3 3 Type of entity (C corp, S corp, or trust) Share of end-of-year CORP CORP assets 9 œ Yes te allocations Disproportion-Share of total income Ξ No N/A N/A 3 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) \equiv Share of end-of-year N/A N/A 9 General or Percentage managing parmer? ownership Yes No ownership ercentage N/A N/A Ξ Z

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

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.	9 0000			4	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?	- 0	-
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		Service of	100	+	×
b Gift, grant, or capital contribution to related organization(s)			16	-	×
c Gift, grant, or capital contribution from related organization(s)			_	×	\dashv
d Loans or loan guarantees to or for related organization(s)			1d	+	×
e Loans or loan guarantees by related organization(s)		X	16	×	
f Sale of assets to related organization(s)			*	-	×
g Purchase of assets from related organization(s)			10	-	×
			#	-	×
i Lease of facilities, equipment, or other assets to related organization(s)			=	7	×
Lease of facilities, equipment, or other assets from related organization(s)			±		×
k Performance of services or membership or fundraising solicitations for related organization.	nization		+	\exists	×
I Performance of services or membership or fundraising solicitations by related organization(s	nization(s)			7	×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)		ā	n X	\dashv
n Sharing of paid employees with related organization(s)			In	-	×
Reimbursement paid to related organization(s) for expenses		4	10		×
p Reimbursement paid by related organization(s) for expenses			10		×
q Other transfer of cash or property to related organization(s)			10		×
r Other transfer of cash or property from related organization(s)			_ +	Ë	×
2 If the answer to any of the above is "Yes," see the instructions for information of water (a) Name of other organization	no must complete the (b) Transaction type (a-r)	is line, including covered (c) Amount involved	to must complete this line, including covered relationships and transaction thresholds. (b) (c) (d) (d) Method of determining amount involved		
(1) OBAKKI FOUNDATION CANADA	C	528,631.FMV	FMV		
(2) OBAKKI DESIGNS	×	100,000.EMV	FMV		
(3) ZERO G MUSIC	M	30,000.	FMV		İ
(4)					
(5)					
(6)		16 10			

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

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

					(a) Name, address, and EIN of entity Primary activity Primary activity Legal domicile (related, unrelated, excluded from tax country) country) (d) Predominant income (related, unrelated, excluded from tax under section 512-514)
					(b) Primary activity
					(c) Legal domicile (state or foreign country)
					(d) Predominant income partners sec. (related, unrelated, solicy) excluded from tax under section 512-514) Yes No
					(e) Are all partners sec. 501(c)(3) orgs.?
		Ш			(f) Share of total income
					(g) Share of end-of-year assets
					(h) Disproportionate allocations? Yes No
					(i) Code V-UBI Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)
			-		General or managing partner?
					(k) Percentage ownership