For	" 9	90	Return of Organization Exempt I Under section 501(c), 527, or 4947(a)(1) of the Internal Rev benefit trust or private foundati	venue Code		OMB No. 1545-0047 2012 Open to Public
		of the Treasury enue Service	The organization may have to use a copy of this return to sa	tisfy state r	eporting requirements.	Inspection
AF	or th	e 2012 calend	ar year, or tax year beginning MAY $1, 2012$ and	ending A	PR 30, 2013	
Ba	Check if pplicat	C Name of	organization		D Employer identifie	cation number
	Addr chan	99 J UBAK	KI FOUNDATION USA			
	Name Chan		usiness As		98-0	644703
	_]returi]Term	Number	and street (or P.O. box if mail is not delivered to street address) 135 WEST 7TH AVE	Room/suite	E Telephone number	, 669-9790
	⊥ated]Amer		n, or post office, state, and ZIP code		G Gross receipts \$	300,367.
	return Appli tion	ca- VANC	OUVER, BRITISH COLUMBIA, V5Y 1L8	CAN	H(a) Is this a group re	
	pend	F Name ar	nd address of principal officer: TREANA PEAKE AS C ABOVE		for affiliates? H(b) Are all affiliates inc	Yes 🔀 No
1 1	ax-e>	empt status: L	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 🛄 527		list. (see instructions)
			OBAKKIFOUNDATION.ORG		H(c) Group exemption	· · ·
KF	orm o	f organization:	X Corporation Trust Association Other 🕨	L Year (State of legal domicile: DC
Pa	nrt I	Summary				
Activities & Governance	1	Briefly describ	e the organization's mission or most significant activities: TO AS	SSIST BECOMT	CHILDREN AN	D ADULTS IN FICIENT
nai	2		Image: Image: the organization discontinued its operations or disposed in the organization discontinued its operations or disposed in the organization discontinued its operations.			
Nei	3		ing members of the governing body (Part VI, line 1a)			4
ğ	4		ependent voting members of the governing body (Part VI, line 1b)			4
ອອີ ເຈ	5		of individuals employed in calendar year 2012 (Part V, line 2a)		······	0
itie	6		of volunteers (estimate if necessary)			6
cti	-	Total unrelated	I business revenue from Part VIII, column (C), line 12			0.
Ř	1		business taxable income from Form 990-T, line 34			0.
<u></u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			<u> </u>	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		905,689.	273,339.
Revenue	9		ce revenue (Part VIII, line 2g)		0.	0.
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
æ	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,987.	27,028.
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		907,676.	300,367.
_	13		nilar amounts paid (Part IX, column (A), lines 1-3)		15,000.	6,000.
	14		o or for members (Part IX, column (A), line 4)		0.	0.
s	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
nses			Indraising fees (Part IX, column (A), line 11e)		0.	0.
Exper			ng expenses (Part IX, column (D), line 25)	00.		
ŭ	17		s (Part IX, column (A), lines 11a-11d, 11f-24e)		1,099,463.	474,615.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,114,463.	480,615.
	19		expenses. Subtract line 18 from line 12		-206,787.	-180,248.
es Sol					ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	art X, line 16)		255,176.	12,941.
Ass Ba	21		······································		300,580.	238,593.
Vet	22		(Part X, line 26) und balances. Subtract line 21 from line 20		-45,404.	-225,652.
		Signature				
		-	declare that I have examined this return, including accompanying schedules	s and stateme	ants and to the hest of m	knowledge and belief it is
			Declaration of preparer (other than officer) is based on all information of wh			ma may and beller, it is
	30110			ποτι μισμαι σι		
Cia-		Signature	of officer		Date	
Sigr	•					

Here	JAKE WIEBE, TREASURER Type or print name and title		
	Print/Type preparer's name	Preparer's signature 1/	Date Check PTIN
Paid	LYDIA AHN	undia Aler	12/12/13 self-employed P01279623
Preparer	Firm's name 🕒 VSH, PLLC	()	Firm's EIN 45-4122247
Use Only	Firm's address 2200 RIMLAND DR.	, STE. 205	
	BELLINGHAM, WA 9	8226	Phone no. 360-734-8715
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)	
232001 12-1	0-12 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pai	990 (2012) OBAKKI FOUNDATION USA 98-06	44703	Page 2
of the same	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:		<u> </u>
•	TO ASSIST CHILDREN AND ADULTS IN LOCAL VILLAGES OF DEVELOPING	NATION	IS
	IN BECOMING SELF-SUFFICIENT WHILE SUPPORTING THEIR FUNDAMENTA		
	TO HEALTH AND EDUCATION.		5
2	Did the organization undertake any significant program services during the year which were not listed on		<u> </u>
-			X No
	the prior Form 990 or 990-EZ?		A NO
_	If "Yes," describe these new services on Schedule O.		10
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes [A No
	If "Yes," describe these changes on Schedule O.		
ŀ	Describe the organization's program service accomplishments for each of its three largest program services, as measured to	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, a	nd
	revenue, if any, for each program service reported.		
а	(Code:) (Expenses \$264,970. including grants of \$2,400.) (Revenue \$		
	DRILLING WATER WELLS AND REHABILITATING EXISTING BOREHOLES TO	PROVID	E
	CLEAN WATER TO THE PEOPLE OF SUDAN.		
		11.5.54	
		2.22 - 22.01	
		interaction (2.0
		14	
	(Code:) (Expenses \$ 200,344. including grants of \$ 3,600.) (Revenue \$		
	(Code:) (Expenses \$ 200,344. including grants of \$ 3,600.) (Revenue \$ PROVIDING EDUCATION, SUPPLIES, AND SUPPORT FOR AGRICULTURAL D		TRAT
	AND LIVE STOCK WATERING STATIONS IN VILLAGES.	EVELOPM	EN.L.
	AND LIVE STOCK WATERING STATIONS IN VILLAGES.		
		11,590	
		- TE San	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
C	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
C	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
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c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
C	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
	Other program services (Describe in Schedule O.)		
d)

Form 990 (2012)		FOUNDATION	USA
Part IV Checklist	of Required Sc	hedules	

			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		x
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		Х
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	Red Tredon	E STRACE.	(SUCCESSION)
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u></u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		x	
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-13		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
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 escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			v
~ ~	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		S. C. P	
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2012)

_	990 (2012) OBAKKI FOUNDATION USA		98-0644	703	P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	3	Real.	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportabl	e gaming			1997
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this retum	2a	0		su de la	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	Ims?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				3674 E
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority	/ over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	Х	
b	If "Yes," enter the name of the foreign country: CANADA			1.15 5		$= \frac{1}{2} \sum_{i=1}^{n} $
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Account	s.			3.7. 14
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?	-		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			(Alexand		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices pro	vided to the payor?	7a	12.000 (122.000 (1	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			No.	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?)	7e	the second second	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			175.10	128.4	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8	(Conception of the	Х
9	Sponsoring organizations maintaining donor advised funds.	-		1.1		ii satis
а	Did the organization make any taxable distributions under section 4966?			9a		PLACE PLACE
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		10	3-36	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			and a	
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				1.2
12a		1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			Lane 1		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
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	13b			1941. S.	
С	Enter the amount of reserves on hand	13c			1 22	
	Did the summing the second			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		

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b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	55468		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	1
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza JAKE WIEBE - $(604) - 669 - 9790$	tion: 🕨	·	

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

officer, director, trustee, or key employee?

Did the organization delegate control over management duties customarily performed by or under the direct supervision

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

Section A. Governing Body and Management

Form 990 (2012)

3

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4

4

2

1a

1b

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.

	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	STAN.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent		95.1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1999 N	1
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		and the second	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17				
18		availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Upon request Dother (<i>explain in Schedule O</i>)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	•	
	JAKE WIEBE - (604)-669-9790			
232000	201-135 WEST 7TH AVE., VANCOUVER, BRITISH COLUMBIA, V5Y 1L8 CAN			
12-10-	12	Form	990 ((2012)

X

No

Yes

Х

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and Title Average hours per list any body organization into an at structures week Depond bit content at at structures body body line) Reportable compensition from related organization (W2/1099-MISC) Estimated compensition from related organization (W2/1099-MISC) (1) TREANA PEAKE 30.00 X X X 0.00 0.00 (1) TREANA PEAKE 5.00 X X X 0.00 0.00 (2) RVAT PEAKE 5.00 X X X 0.00 0.00 (3) LORT STREMOVIC 0.000 X X X 0.000 0.000 SECRETAT X X X X X 0.000 0.000 (3) LORT STREMOVIC 0.000 X X X X 0.000 0.000 TREASURER 15.000 X X X X 0.000 0.000 TREASURER 10.000 10.000 10.000 10.000 10.000 10.000 TREASURER 10.000 10.000 10.000 10.000 10.000 10.000 10.0			T I	40 1121			npe	1104			()
hours per week (list any related organizations below iso and a percent is both an item or an another and item organizations below compensation from the organizations below compensation from the organizations w/2/1099MISC) amount of other compensation from the organizations (W/2/1099MISC) amount of other compensation from the organizations w/2/1099MISC) (1) TREAMA PEAKE 30.00 X X X 0. 0. 0. (1) TREAMA PEAKE 5.00 X X X 0. 0. 0. (1) TREAMA PEAKE 5.00 X X X 0. 0. 0. (1) TREAMA PEAKE 5.00 X X X 0. 0. 0. (1) TREAMEDINGTIC 0.00 X X X 0. 0. 0. (1) JARE MIEBE TEASURER 15.00 X X X 0. 0. 0. (1) JARE MIEBE TEASURER 15.00 X X 1 1 1 1 (1) JARE MIEBE TEASURER 15.00 X 1 1 1 1 1 (1) JARE MIEBE TEASURER 1 1 1 1 1 1 (1) JARE MIEBE TEASURE 1 1 1 1 1 1 (1) JARE MIEBE TEASURE 1 1 1 1 1 1	(A)	(B)			Pos	u) itior	,		(D)	(E)	(F)
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(3) LORI SIMEUNOVIC 0.00 x x x 0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		5.00						ľ			-
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Form 990 (2012			OUNDATI								98-0	644	703	Page 8
Part VII Se	ction A. Officers, Dir	ectors, Trus		ploy	/ees			ighe	st (Compensated Employe	es (continued)			_
	(A) Name and title		(B) Average hours per week	box	, unle	Pos heck	rson) than is boti pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	Estir arno	(F) mated ount of ther
			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fror organ and i	ensation in the nization related izations
c Total from	n continuation shee	ts to Part VI	I, Section A							0.		0.0.0.		0.0.0.
2 Total num		cluding but n						e) wh	o r	eceived more than \$100	,000 of reportab			
	ation from the organiz												Y	0 'es No
	ganization list any fo "Yes," complete Sch									highest compensated e			3	x
										her compensation from the form			4	x
	erson listed on line 1a		•				-		elat	ed organization or indivi	dual for services		5	X
	ependent Contracto													
•	-	-	•	•						that received more than In the organization's tax y		ipensa	ation fro	m
		(A) nd business								(B) Description of s		Co	(C) ompens	ation
-	UA COMPANY JUBA JUBA,		-	-						DRILLING WEL BOREHOLES	L		132	,200.
														
2 Total num	ber of independent o	ontractors (ii	ncluding but n	ot lir	nite	d to	thos	se lis	ted	l above) who received m	ore than	12. E.M.	6-10 M	
	of compensation from		-				1	L						

Form	n 990			ATION USA			98-064	4703 Page 9
Pa	rt VI							
		Check if Schedule O cont	ains a response	to any question i	n this Part VIII (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						
E D	b	Membership dues	1b					
Å,		Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		158,746.	States States			
Signal Si		Government grants (contribut						
분비	f	All other contributions, gifts, gran		114 500				
égl		similar amounts not included abo		114,593.				
25	-	Noncash contributions included in lines			272 220			
	h	Total. Add lines 1a-1f		1	273,339.			
~	•			Business Code	near the same president of the			
Program Service Revenue	2 a							
Ser	b							
E S	c d							
<u>چ</u> ج	- -	·						
ř	f	All other program service reve	nue				· · ·	
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties		►				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
ĺ		Rental income or (loss)						
		Net rental income or (loss)				and the state of the state of the state	and the transfer as the ar	o maximum concernant antenna
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	D	Less: cost or other basis						
		and sales expenses		<u> </u>				
		Gain or (loss) Net gain or (loss)					THE ACCURATE AND A	
	8 a	Gross income from fundraising	n events (not					
nue	0 u	including \$						
e e		contributions reported on line						
Other Revenue		Part IV, line 18	-		Constant Park	医粘液的治疗 和消息		Service States
the last	b	Less: direct expenses				State of the second		
0		Net income or (loss) from fund		►	= =			
	9 a	Gross income from gaming ac				Contraction of the second		
		Part IV, line 19						
		Less: direct expenses			的"如何"的"你们"。 第五章	Hallin Frankriker	は、新聞連切相応です。	
		Net income or (loss) from gam	•	····· •				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold		<u> </u>				
	c	Net income or (loss) from sales						
ŀ	44 -	Miscellaneous Revenue FOREIGN EXCHANG		Business Code 624230	27,028.			27,028.
		•••••••			21,020.			47,040.
	b c	· · · · · · · · · · · · · · · · · · ·		<u>├</u> ───┤				
	ט ה	All other revenue		<u>├</u>				<u> </u>
	e	Total. Add lines 11a-11d			27,028.			1993年1月1日日日
	12	Total revenue. See instructions.			300,367.	0.	0.	27,028.

OBAKKI FOUNDATION USA

98-0644703 Page 10

Form 990 (2012) OBAKKI FOUNDA Part IX Statement of Functional Expenses

00	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B) I	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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			State State State State	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	6,000.	6,000.		
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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	11,092.		11,092.	
C	Accounting	11,092.		11,092.	
d	· · · · · · · · · · · · · · · · · · ·				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,		· · · · · · · · · · · · · · · · · · ·		
g	column (A) amount, list line 11g expenses on Sch O.)	33,514.	33,514.		
12	Advertising and promotion			· · · · · · · · · · · · · · · · · · ·	
13	Office expenses	5,006.	2,138.	2,868.	
14	Information technology				
15	Royalties				
16	Occupancy	10,626.	10,626.		
17	Travel	33,251.	33,251.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance			and the second	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)	228,751.	228,751.	0.	
a b	SOLAR PANELS	97,183.	97,183.	0.	
-	LIVESTOCK WATERING STAT	29,159.	29,159.	0.	
c d	AGRICULTURAL PROJECT	19,673.	19,673.	0.	(
a e	All other expenses SEE SCH O	6,360.	5,019.	341.	1,000
е :5	Total functional expenses. Add lines 1 through 24e	480,615.	465,314.	14,301.	1,000
:5 :6	Joint costs. Complete this line only if the organization		20070111		1,000
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here from the following SOP 98-2 (ASC 958-720)				

232011 12-10-12

						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				32,289.	1	11,957.
	2	Savings and temporary cash investments				·	2	
	3	Pledges and grants receivable, net				184,307.		0.
	4	Accounts receivable, net				16,200.		0.
	5	Loans and other receivables from current and				State State No. 1999		
		trustees, key employees, and highest compe						
		Part II of Schedule L					5	
	6	Loans and other receivables from other disqu					Window St	of the first of the first of the
		section 4958(f)(1)), persons described in sect		•	·			
		employers and sponsoring organizations of se						
	1	employees' beneficiary organizations (see ins					6	
ets	7	Notes and loans receivable, net				0.	7	984.
Assets	8	Inventories for sale or use				13,580.		0.
	9	Prepaid expenses and deferred charges				8,800.	9	0.
	10a	Land, buildings, and equipment: cost or other		1		and a share to be part of the	official Pa	
		basis. Complete Part VI of Schedule D		a				
	Ь	Less: accumulated depreciation				a da marina para na filo y an confilo da confilo da forma da marina.	10c	
	11	Investments - publicly traded securities					11	
	12	Investments - other securities. See Part IV, lin				· · · ·	12	
	13	Investments - program-related. See Part IV, lin					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11					15	
	16	Total assets. Add lines 1 through 15 (must ed				255,176.	16	12,941.
	17	Accounts payable and accrued expenses				170,580.	17	16,593.
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
ŝ	21	Escrow or custodial account liability. Complet					21	
Liabilities	22	Loans and other payables to current and form	ner offic	cers	, directors, trustees,			的是这些现在是
iab		key employees, highest compensated employ					No. Star	
Ļ		Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unr					23	
	24	Unsecured notes and loans payable to unrela	ited thii	rd p	arties		24	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lin	nes 17-2	24).	Complete Part X of			
		Schedule D				130,000.	25	222,000.
	26	Total liabilities. Add lines 17 through 25				300,580.	26	238,593.
		Organizations that follow SFAS 117 (ASC 9			here 🕨 🛣 and			
Ses		complete lines 27 through 29, and lines 33						Contraction of the second
anc	27	Unrestricted net assets				-259,491.	27	-225,652.
Bal	28	Temporarily restricted net assets				214,087.	28	0.
ри	29						29	
Ŀ.		Organizations that do not follow SFAS 117	(ASC 9	958)	, check here 🕨 🛄 📗			
ğ		and complete lines 30 through 34.			1 Control of Control o		1.1.1	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current func					30	
Asi	31	Paid-in or capital surplus, or land, building, or					31	
Vet	32	Retained earnings, endowment, accumulated				AE 404	32	00E (E0
-	33	Total net assets or fund balances				-45,404.	33	-225,652.
	34	Total liabilities and net assets/fund balances				255,176.	34	12,941.

Form 990 (2012) OBAKKI FOUNDATION USA Part X Balance Sheet

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

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Form 990 (2012)

	n 990 (2012) OBAKKI FOUNDATION USA	98-064	4703	Page 12	2
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u>			j
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>),367.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,615.	
З	Revenue less expenses. Subtract line 2 from line 1	3),248.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-45	5,404.	,
5	Net unrealized gains (losses) on investments	5			_
6	Donated services and use of facilities	6			Ī
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.	,
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				-
	column (B))	10	-225	5,652.	
Pa	rt XII Financial Statements and Reporting				-
	Check if Schedule O contains a response to any question in this Part XII			\Box	
				Yes No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				Į
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			ŝ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		South Party	and the second
	separate basis, consolidated basis, or both:		din a la		į
	Separate basis Consolidated basis Both consolidated and separate basis				l
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,	Al Sales		Ī
	consolidated basis, or both:		10-54	Next Sector	į
	🗶 Separate basis 📃 Consolidated basis 📃 Both consolidated and separate basis				l
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		原始 1000	Į
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	_
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			ĺ
3a	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			l
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			ĺ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
			F		ć

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)	Pul	blic Charity S	tatus	and F	Public	Supp	oort			o. 1545-0	047
(i unii 330 u 330-L2)		te if the organization is	s a sectio	n 501(c)(3)) organiza	tion or a s	section		ZI	JZ	_
Department of the Treasury Internal Revenue Service		4947(a)(1) n ttach to Form 990 or Fo	onexemp	t charitab	le trust.				STATISTICS PROVIDE AND ADDRESS	to Pub pection	
Name of the organizat	ion						E	mploye	r identifica	ation nu	umber
		FOUNDATION U						9	8-064	4703	3
Part I Reason	for Public Char	rity Status (All organiz	zations mu	ist comple	te this par	t.) See ins	tructions.				
The organization is not	a private foundation	because it is: (For lines	1 through	11, check	only one l	box.)	-				
1 A church, co	nvention of churche	s, or association of chur	rches desc	cribed in s e	ection 170)(b)(1)(A)(i).				
2 A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach So	hedule E.)							
3 A hospital or	a cooperative hospi	ital service organization	described	in sectior	170(b)(1)	(A)(iii).					
4 A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in s e	ection 170)(b)(1)(A)(i	ii). Enter	the hospil	al's nar	ne,
city, and sta	te:										
5 📖 An organizat	ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	y a govern	mental un	it descril	bed in		
section 170	(b)(1)(A)(iv). (Compl	ete Part II.)									
	ate, or local governm	ient or governmental uni	it describe	ed in sectio	on 170(b)(1)(A)(v).					
7 🛛 An organizat	ion that normally rec	eives a substantial part	of its supp	port from a	governm	ental unit o	or from the	e general	l public de	scribed	in
	(b)(1)(A)(vi). (Comple	•									
		section 170(b)(1)(A)(vi).									
9 📖 An organizat	ion that normally rec	eives: (1) more than 33	1/3% of its	s support f	from contr	ibutions, n	nembersh	ip fees, a	and gross i	receipts	from
activities rela	ated to its exempt fu	nctions - subject to certa	ain except	ions, and (2) no mor	e than 33 ⁻	1/3% of it	s suppor	t from gros	s inves	stment
income and	unrelated business t	axable income (less sec	tion 511 ta	ax) from bu	isinesses	acquired b	by the orga	anization	after June	30, 19	75.
	509(a)(2). (Complete										
		perated exclusively to te									
_	-	perated exclusively for the		•				-	• •		or
		ations described in secti				2). See se e	ction 509	(a)(3). Ch	neck the bo	x that	
		organization and compl		-							
a 🗔 Type	-			inctionally	-				n-function	•	•
		at the organization is not		-				-	-		
		han one or more publicly						9(a)(1) or	r section 50)9(a)(2).	•
-		tten determination from t					e III				r
	rganization, check th								•••••	•••••	. ட
		organization accepted ar			-		• •			No.	
		lirectly controls, either al								Yes	No
•	• •	upported organization?							11g(i		
		n described in (i) above? person described in (i) (~?					11g(i		╂───
		about the supported or			••••••				11g(ii	<u>n</u>	L
	olowing intomation	about the supported of	yamzation	1(5).							
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the d	organization	(v) Did vo	u notify the	(vi) ls	s the	(wii) Amou	nt of mo	noton
(i) Name of supported organization		(iii) Type of organization (described on lines 1-9	in col. (i) li	sted in your	organizat	tion in col.	organizáti	on in col.	(vii) Amou	int of mo ipport	neidiy
o.gu.neuron		above or IRC section	governing	document?		r support?	(i) organiz U.S	.?	1	Phone	
		(see instructions))	Yes	No	Yes	No	Yes	No	1		

		Tes	NO	Yes	NO	Yes	NO	
Total								

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 OBAKKI FOUNDATION USA

98-0644703 Page 2

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										
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")		510,395.	129,667.	905,689.	273,339.	1,819,090.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3		510,395.	129,667.	905,689.	273,339.	1,819,090.				
	The portion of total contributions					of the second					
	by each person (other than a	Station and Participation			and the second						
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the			1 Standard							
	amount shown on line 11,										
	column (f)						999,538.				
6	Public support, Subtract line 5 from line 4.	The second second second					819,552.				
	Section B. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
7	Amounts from line 4		(b)2009 510,395.	129,667.	(d) 2011 905,689.	(e) 2012 273,339.	1,819,090.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources										
9	Net income from unrelated business										
-	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part IV.)				1,987.	27,028.	29,015.				
11	Total support. Add lines 7 through 10					A Constant States	1,848,105.				
	Gross receipts from related activities,	etc. (see instruction	ons)			12					
	First five years. If the Form 990 is for	•	,								
	organization, check this box and stop				•		► X				
Sec	ction C. Computation of Publ		rcentage								
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))											
15 Public support percentage from 2011 Schedule A, Part II, line 14											
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and											
stop here. The organization qualifies as a publicly supported organization											
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box											
and stop here. The organization qualifies as a publicly supported organization											
17a	10% -facts-and-circumstances tes										
	and if the organization meets the "fac	-									
	meets the "facts-and-circumstances"										
b	10% -facts-and-circumstances tes										
more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the											
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
18	Private foundation. If the organizatio										
					,		· · · · · · · · · · · · · · · · · · ·				

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990 EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

Page 3

(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.)

Calesdary rew (of ficel yest beginning in) > (e) 2008 (b) 2009 (c) 2011 (e) 2012 (f) Total 1 Gits, grants, contributions, and methodship fees received. (Do not include any nursual grants, ') (e) 2008 (e) 2009 (e) 2010 (f) Total 2 Gross receipts from admission, methodships from admission from similar to retard to the organization's tax-eventy purpose (f) Total (f) Total 3 Gross receipts from admission from admission from similar to retard or the organization's tax-eventy purpose (f) Total (f) Total 4 Tax revenues levied for the organization's tax-eventy purpose (f) Total (f) Total (f) Total 5 The value of start control from admission from admission from admission from admission from the organization's tax-eventy purpose (f) Total (f) Total 6 Total. Add lines 11 from (g) 5 (f) Total (f) Total (f) Total 7 Amounts from disputalified persons (f) Total (g) 2006 (g) 2009 (g) 2011 (g) 2012 (f) Total 8 Padie support taxastic traines 1 (g) 2006 (g) 2009 (g) 2011 (g) 2012 (f) Total 9 Amounts from the 2.2 at at at at at a differed persons (g) 2006 (g) 2009 (g) 2011 (g) 2012 (f) Total 9 Amounts from the 2.2 at at at	Se	ction A. Public Support								
embeds any divide generation of the set of the	Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
include any "unusual grants")	1	Gifts, grants, contributions, and								
include any "unusual grants")		membership fees received. (Do not								
2 Gross receipts from admissions, mechanics solver services performed, or facilities trunched in any activity truts is related to the organization's tax-sempt purpose of the organization's tax-sempt purpos										
3 Gross receipts from activities that are not an unrelated trade or bue iness under section 513	2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the								
are not an unrelated trade or bus- iness under section 513	2	•								
Iness under section 513 4 Tax revenues levied for the organization scheme in the section or expended on its behalf 4 Tax revenues levied for the organization scheme in the section of services or facilities in through 5 1 5 The value of services or facilities in through 5 1 6 Total. Add lines 1 through 5 1 7a Amounts included on lines 1, 2, and and a sectived persons bet example to indiguilid persons to indiguilid persons bet example to indiguilid persons bet exam	3	•								
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
izzion's benefit and either paid to or expended on its behalf		••••••								
or expended on its behalf 5 The value of services or facilities trunished by a governmental unit to the organization without charge 6 Total. Additines 1 through 5 7 a Amounts included on lines 1, 2, and 3 Received from disqualified persons 6 Total. Additiones 1 through 5 7 a Amounts included on lines 1, 2, and 3 Received from disqualified persons 6 Total. Additiones 1 through 5 7 a Amounts included on lines 1, 2, and 3 Received from disqualified persons 6 Total. Additiones 1 through 5 7 a Amounts included on lines 1, 2, and 3 Received from disqualified persons 6 Total. Support 7 a Amounts from the 6 7 a Amounts from line 6 7 a Gross from through 5 7 a Amounts from line 6 7 a Gross from through 5 7 a Amounts from line 6 7 a Gross from through 5 7 a Amounts from line 6 7 a Gross from through 5 7 a Amounts from line 6 7 a Gross from through 5 7 a Amounts from line 6 7 a Gross from through 5 7 a Amounts from line 6 7 a Gross from through 5 7 a Amounts from line 6 7 a Gross from through 5 7 a Amounts from line 6 7 a Gross from through 5 7 a Amounts from line 6 7 a Gross from through 5 7 a Amounts from line 6 7 a Gross from through 5 7 a Amounts from line 6 7 a Gross from through 5 7 a Amounts from line 6 7 a Gross from through 5 7 a Amounts from line 6 7 a Amounts from through 5 7 a Amounts from line 6 7 a Gross from through 5 7 a Amounts from line 6 7 a Amounts from through 5 7 a Amounts from stresses 7 a Amounts from through 5 7 a Amounts from 1 7 a Amounts from through 5 7 a Amounts from through 5 7 a Amounts from through 5 7 a Amounts from 5 7 a Amounts from through 5 7 a Amounts from through 5 7 a Amounts from through 5 7 a Amounts from 5 7 a Amounts 7 a Amounts 7 a Amounts 7 a A	4	•								
5 The value of services or facilities furnished by a governmental unit to the organization without charge. Image: Control of the organization without charge. 6 Total. Add lines 1 through 5		-								
furnished by a governmental unit to the organization without charge		• • • • • • • • • • • • • • • • • • • •								
the organization without charge	5									
6 Total. Add lines 1 through 5										
7a Anounts included on lines 1, 2, and 3 received from disqualified persons by Anounts included on lines 2 and 3 neewed tom other than disqualified persons that exceed the granter of 5,000 m/s of the amount on line 3 for the year a Public support (addition and the year) a a Public support (addition and the year) a a Public support (addition and the year) a B Public support (addition and the year) a B Anounts from line 6 a Da Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources, additidenest and and the business additidenest and and the business additidenest and and the businesses additidenest and and the businesses additidenest and and the businesses additidenest and and the businesses additidenest and and the businesses a 11 Nut income from unrelated business additidenest and and the business is a regularly carried on roless from the sale of capital assets (Explain In Part IV) assets (Explain In Part IV) asset (Explain In Part		o								
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b Amounts included on lines 2 and 3 measured ten othet mean disquilled persons that second the gravite of \$3,000 or 1% of the amount on lines 3 for the year c Add lines 7 a and 7D Section B. Total Support Galendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royatlies and income from interest, dividends, payments received on securities loans, rents, royatlies and income from interest, dividends, payments received on securities loans, rents, royatlies and income from interest, dividends, payments received on securities loans, rents, royatlies and income from unrelated business acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income, from unrelated business activities not included in line 10b, whether or not the business is aregularly carried on 12 Other income. Do not include gain or loss from the sale of captal assets (Explain In Part IV)	7a	Amounts included on lines 1, 2, and								
ten disputited paramets that assect by grater of \$3,000 with of the amount on line 13 for the year		3 received from disqualified persons								
amount on line 13 for the year	b	from other than disqualified persons that								
8 Public support (subtraction //: tom line 5) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9 Amounts from line 6										
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9 Amounts from line 6 10 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td></t<>								-		
9 Amounts from line 6 10 Consist come from interest, dividends, payments received on securities loans, rents, royatties and income from similar sources 11 Net interest, royatties 11 Net income from similar sources 11 Net income from similar sources 11 Net income from similar sources 11 Net income from unrelated business acquired after June 30, 1975 12 11 Net income from nurrelated business activities not included and to business activities not included and to business is regularly carried on 12 11 Net income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 12 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 96 Section C. Computation of Public Support Percentage 17 16 96 Section D. Computation of Investment Income Percentage 17 17 96 Section D. Computation of Investment Income Percentage 17 96 16 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
10a Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources b Unrelated business stable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on or loss from the sale of capital 12 Other income. Do not include gain or loss from the sale of capital 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 16 % 96 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2011 Schedule A, Part III, line 17 18 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 § 18 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 § 18 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f) 17 § 18 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 § 18 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 § 18 Investment income percentage for 2011 Schedule A, Part III, line 17 19 33 1/3%, support	9	Amounts from line 6						· · · · · ·		
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check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2011 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 16 % 17 Investment income percentage from 2011 Schedule A, Part III, line 17 17 % 18 Investment income percentage from 2011 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10			r the organization'	E	u d fourth or fifth t	av vear as a sectiv	1 0n 501(c)(3) organi-	L		
Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2011 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 16 % 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage for 2011 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Image: Column	• •		+			•				
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2011 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 16 % 17 Investment income percentage from 2011 Schedule A, Part III, line 17 17 % 18 Investment income percentage from 2011 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Image: Computed organization b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Image: Computed organization	Ser	tion C. Computation of Publ	ic Support Pe	rcentage						
16 Public support percentage from 2011 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2011 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶					(6)					
 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 										
 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 							16	%		
 18 Investment income percentage from 2011 Schedule A, Part III, line 17 18 96 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 	_	-					, , , , , , , , , , , , , , , , , , , 			
 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 	17						17	%		
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 										
b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	19a		-					17 is not		
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation			
	b	33 1/3% support tests - 2011. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	nization qualifies	as a publicly supp	orted organization			
	20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions)		

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2012

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	100,000.	63,038
	957,131.	920,169
	53,293.	16,331
tal Excess Contributions to Schedule A, Part II, Line 5		999,538

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

Employer identification number

Name of the organization

- 98	8 - 0	64	47	03

	OBAKKI FOUNDATION USA	98-0644
Organization type (cheo	ck one):	•
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	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 foundation	

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 both the General Rule and a Special Rule. See instructions.

General Rule

K For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

F

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections
509(a)(1) and 170(b)(1)(A)(vi) and received 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, Part VIII, line 1h, or (ii) Form 990 EZ, line 1. Complete Parts I and II.

📙 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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 $\$

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), 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).

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) (2012)

Name of organization

Page 2

Employer identification number 98-0644703

OBAKKI FOUNDATION USA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$75,159.	Person X 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		
2		\$105,453.	Person X 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		
3		\$53,293.	Person X 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		
4	-	\$30,000.	Person X 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.)		

Schedule B (Form 990, 990	-EZ, or 990-PF) (2012)
Name of organization	

	Page 3
Employer identification num	ber

98-0644703

OBAKKI FOUNDATION USA

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(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
		\$	
(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
		\$	

Name of orga	nization			Employer identification number
	FOUNDATION USA			98-0644703
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	vidual contributions to section 501(the following line entry. For organizati tc., contributions of \$1,000 or less fo bal space is peeded	c)(7), (8), or (10) organizatio ons completing Part III, enter r the year. _{(Enter this information once}	ins that total more than \$1,000 for the $\frac{1}{2}$
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		(e) Transfer of gi		
-	Transferee's name, address, a			nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transformation and a statement	(e) Transfer of gif		
-	Transferee's name, address, a			nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tran	nsferor to transferee
-				

SCI	IEDULE D

(Form 990)

2

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.



Employer identification number

(b) Funds and other accounts

98-0644703

Nan	ne of the organization		Employer identification
	OBAKKI FOUNDATION	USA	98-064470
Pa	art I Organizations Maintaining Donor Advise	d Funds or Other Similar Fun	ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other account
1	Total number at end of year		
2	Aggregate contributions to (during year)	··· · · · · · · · · · · · · · · · · ·	

2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds		
	are the organization's property, subject to the organization's exclusive legal control?		🗌 Yes	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	-		
	impermissible private benefit?	-	🗌 Yes	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	, line 7		
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (e.g., recreation or education)	lly imp	ortant land area	
	Protection of natural habitat Preservation of a certified h	istoric	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onserv	ation easement or	the last
	day of the tax year.			
			Held at the End of	the Tax Year
а	Total number of conservation easements	2a		
b	Total acreage restricted by conservation easements	2b		
c	Number of conservation easements on a certified historic structure included in (a)	2c		
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure			
	listed in the National Register	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nizatio	n during the tax	
	year ►			
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?		🖸 Yes	🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	the yea	ur 🕨	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear 🕨	\$	_
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l			
	and section 170(h)(4)(B)(ii)?		Yes	No No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ment, a	and balance sheet	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganiza	tion's accounting f	ior
	conservation easements.			
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Simil	ar Assets.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a			
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public	service, provide, i	in Part XIII,
	the text of the footnote to its financial statements that describes these items.			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b			
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, p	provide the followi	ng amounts
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1	. 🕨 :	\$	
	(ii) Assets included in Form 990 Part X		\$	

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

а	Revenues included in Form 990, Part	/III, line 1	\$	
b	Assets included in Form 990, Part X		\$	

		FOUNDATION							44703	
Pa	rt III Organizations Maintaining C	Collections of A	<u>rt, His</u>	torical Tr	reasures,	or Othe	<mark>r Simi</mark> l	lar Asse	ts(continu	ed)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following the	at are a sig	nificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	c			hange progra					
b	Scholarly research	e		Other						
C	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how th	hey further t	he organizati	ion's exem	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, hi	istorical trea	sures, or oth	er similar a	assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's c	ollection?				Yes	No No
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" to F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
18	Is the organization an agent, trustee, custod								٦	<u> </u>
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
C	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f		-1	<u> </u>
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					L	Yes	
	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" to Fo						
		(a) Current year	(b) P	rior year	(c) Two year	rs back (c	i) Three y	years back	(e) Four y	ears back
	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1	g, column (a	a)) held as:					
а	. –	-	%	•						
b	Permanent endowment	%	_							
	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	red for the	organiz	zation		
	by:	3					,		Y	es No
	(i) unrelated organizations									
	(II) related organizations									
Ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Scher	lule R?			•••••		3b	<u> </u>
4	Describe in Part XIII the intended uses of the					•••••		••••••		
Par								·		
	Description of property	(a) Cost or o		(b) Cost	or other	(c) Acc	umulate	h	(d) Book v	alue
		basis (investr		basis		x - y = -	eciation			alac
	Land	·····				Selection of		City sala		
	Buildings									
	Leasehold improvements							<u> </u>		
	Equipment			<u> </u>						
	Other							·		
	Add lines 1a through 1e. (Column (d) must e		X. colur	nn (B), line 1						0.
		<u>,</u>	.,		-1-77		·····	Schedule	D (Form 9	

Schedule D	(Form 990) 2012
Dort VIII	Invootmonto

OBAKKI FOUNDATION USA

98-0644703 Page 3

(a) Description of security or category (including name of sec	surity) (b) Book value		tion: Cost or end-of-year market value
(4) Einen siel deuisetisee		(c) wethod of valua	tion. Cost of end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			a a
<u>(C)</u>			
(D)			
(E)			
<u>(F)</u>	· · · · · · · · · · · · · · · · · · ·		
(G)			
<u>(H)</u>			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12	.) >		
Part VIII Investments - Program Relate	d. See Form 990, Part X,		
(a) Description of investment type	(b) Book value	(c) Method of valuat	tion: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13	.) 🕨		
Part IX Other Assets. See Form 990, Part X			
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
	rt X, line 25.		
Part X Other Liabilities. See Form 990, Pa	rt X, line 25.	(b) Book value	
Part X Other Liabilities. See Form 990, Pa 1. (a) Description of liability	rt X, line 25.	(b) Book value	
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes		(b) Book value	
Part X Other Liabilities. See Form 990, Part 1. 1. (a) Description of liability (1) Federal income taxes (2) DUE TO			
Part X Other Liabilities. See Form 990, Pa 1. (a) Description of liability (1) Federal income taxes (2) DUE TO (3) OBAKKI DESIGNS		(b) Book value	
Part X Other Liabilities. See Form 990, Pa 1. (a) Description of liability (1) Federal income taxes (2) DUE TO ZERO-G MUSIC ING (3) OBAKKI DESIGNS (4)			
Part X Other Liabilities. See Form 990, Pa 1. (a) Description of liability (1) Federal income taxes (2) DUE TO ZERO-G MUSIC IN((3) OBAKKI DESIGNS (4) (5) (5)			
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) DUE TO ZERO-G MUSIC INCOMUSIC INCOMUSIC (3) OBAKKI DESIGNS (4) (5) (6)			
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) DUE TO ZERO-G MUSIC INCOMUSIC INCOMUSIC (3) OBAKKI DESIGNS (4) (5) (6) (7)			
Part X Other Liabilities. See Form 990, Pa 1. (a) Description of liability (1) Federal income taxes (2) DUE TO ZERO-G (3) OBAKKI DESIGNS (4) (5) (6) (7) (8)			
Part X Other Liabilities. See Form 990, Pa 1. (a) Description of liability (1) Federal income taxes (2) DUE TO ZERO-G (3) OBAKKI DESIGNS (4) (5) (6) (7) (8) (9)			
Part X Other Liabilities. See Form 990, Pa 1. (a) Description of liability (1) Federal income taxes (2) DUE TO ZERO-G MUSIC INC (3) OBAKKI DESIGNS (4) (5) (6) (7) (8) (9) (10)			
Part X Other Liabilities. See Form 990, Pa 1. (a) Description of liability (1) Federal income taxes (2) DUE TO ZERO-G (3) OBAKKI DESIGNS (4) (5) (6) (7) (8) (9)	C. DBA		

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2012 OBAKKI FOUNDATION USA			98-	0644703	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue per F	leturr	1	
1	Total revenue, gains, and other support per audited financial statements			1	415	,367.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities		115,000.			
c	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,000.
3	Subtract line 2e from line 1			3	300	,367.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				
C	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		367.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem			Retu		
1	Total expenses and losses per audited financial statements			1	595,	615.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			Sa Miles		
а	Donated services and use of facilities	2a	115,000.			
b	Prior year adjustments	2b				
c	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	115,	000.
3	Subtract line 2e from line 1			3	480,	615.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b			4c		Ο.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	480,	615.
	t XIII Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	I. lines 1a a	nd 4: Part IV. lines 1	b and 2	b: Part V. line	4: Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to					.,
PAI	TX, LINE 2: THE ORGANIZATION IS A NOT-FOR	R-PROF	IT ORGANIZ	ATI	ON THAT	
IS	EXEMPT FROM FEDERAL INCOME TAXES UNDER INT	FERNAL	REVENUE C	ODE	SECTION	г
501	(C)(3) ON INCOME RELATED TO ITS ORGANIZAT:	IONAL	PURPOSE. M	ANAC	EMENT	
<u></u>						
EVA	LUATES THEIR INCOME TAX POSIITIONS ON A RI	GULAR	BASIS AND	BEI	TEVES T	ጥ
						<u> </u>
HAS	TAKEN NO SIGNIFICANT UNCERTAIN TAX POSIT	IONS.	THE ORGANT	ፖልሞገ	ION HAS	NOT
						1101
REC	OGNIZED ANY INTEREST OR PENALTIES ASSOCIAT	דע מאי		ד א ח	איז	
	The second secon			- 14		·
POS	SITIONS. ALL TAX RETURNS FILED REMAIN OPEN	ጥር ምን	ΔΜΤΝΔ ΨΤΩΝ	вv п	יא א דאו <u>ר</u>	
	TITOTO TALE THE REFORD FILLED REPAIN OF EN		TRATIGATION		-UVTING	
AU	HORIIES.					

Schedule D (Form 990) 2012

232071 12-10-12

Statement of Activities Outside the United States SCHEDULE F Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047	
2012	
Open to Public	1
Inspection	

Name of the organization

OBAKKI FOUNDATION USA

Department of the Treasury Internal Revenue Service

(Form 990)

Employer identification number

98-0644703

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 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? __ Yes 🛛 🛣 No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

Activities per Region, (The following Part I, line 3 table can be duplicated if additional space is needed) 3

		,			
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	offices	employees,	(by type) (e.g., fundraising, program	is a program service,	expenditures
	in the region	agents, and independent contractors	services, investments, grants to	describe specific type	for and investments
		contractors in region	recipients located in the region)	of service(s) in region	in region
				DRILLING WATER WELLS AND	
				REHABILITATING BOREHOLES	
				TO PROVIDE	
SOUTH SUDAN	1	4	PROGRAM SERVICES	CLEAN WATER.	465,314.
·					
3 a Sub-total	1	4			465,314.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	1	4			465,314.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012	Schedu			S.	(D) DESCRIPTIONS	FOR COLUMN	SEE PART V	
		▼ •				or entities	other organizations of	3 Enter total number of other organizations or entities
1		empt by	recognized as tax-ex	foreign country,	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ns listed above that are el has provided a sectic	recipient organizatio he grantee or couns	 Enter total number of the IRS, or for which t
РМV		0.	6,000.CASH PAYMENT	6,000.	DRGANIZATION'S EXEMPT	CANADA		
					FUNDING FOR ADMIN EXPENSES NECESSARY IN ACHEIVING THE	BRITISH COLUMBIA,		
(i) Method of valuation (book, FMV, appraisal, other)	(h) Description of non-cash assistance	(g) Amount of non-cash assistance	(1) Manner of cash disbursement	(e) Amount of cash grant	(d) Purpose of grant	(c) Region	(b) IRS code section and EIN (if applicable)	1 (a) Name of organization
any	90, Part IV, line 15, for	"Yes" to Form 99	ganization answered	eded.	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	ganizations or Entities ,000. Part II can be dup	er Assistance to Or ceived more than \$5,	recipient who re
Page 2		44703	98-0644703		N USA	OBAKKI FOUNDATION USA	2 OBAKK	

232072 12-10-12

Schedule F (Form 990) 2012	Schedul						
(h) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(f) Amount of non-cash assistance	(e) Manner of cash disbursement	(c) Number of (d) Amount of recipients cash grant	(c) Number of recipients	(b) Region	(a) Type of grant or assistance
	IV, line 16.	to Form 990, Part	the organization answered "Yes"	ates. Complete n	ed.	dditional space is need	Part III can be duplicated if additional space is needed.
Page 3		3-0644703	36		ATION USA	DBAKKI FOUNDA	Schedule F (Form 990) 2012 OBAKKI FOUNDATION USA 98-0644703

Schedule F (Form 990) 2012 OBAKKI FOUNDATION USA 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 year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012 OBAKKI FOUNDATION USA

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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 ACCOUNTED FOR AS EXPENSES

ARE INCURRED.

PART I, LINE 3, COLUMN (E):

REGION: SOUTH SUDAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: DRILLING WATER WELLS AND

REHABILITATING BOREHOLES TO PROVIDE

CLEAN WATER. AGRICULTURAL DEVELOPMENT AND LIVESTOCK WATERING. EDUCATION

AND SUPPLIES FOR VILLAGERS.

PART II, COLUMN (D):

REGION: BRITISH COLUMBIA, CANADA

(D) PURPOSE OF GRANT: FUNDING FOR ADMIN EXPENSES NECESSARY IN ACHEIVING

THE ORGANIZATION'S EXEMPT PURPOSES.

SCHEDULE L (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	۲۳	res" on Form 990,	plete Part i m 990	if the c IV, line -EZ, P	organiz 25a, 2 art V, li	ation answe 5b, 26, 27, 2 ne 38a or 40	red 8a, 2)b.	28b, or 28c,			C	Den T	012	2
Name of the organization													ion nı	umber
		FOUNDATION ctions (section 5				E01 (a)(4)			98	-06	5447	03		
		inswered "Yes" on								line 4	05			
1	l n	b) Relationship bet			_						00.	[b]	Corre	ected?
(a) Name of disqualified	person `	person and o				(c) D	escription of trar	nsactio	n			'es	No
												\bot		
						· · · · · · · · · · · · · · · · · · ·						_ 		
										-			-+	
				• ••								+		
2 Enter the amount of tax	-	-	-		-	•	-	•						
section 4958 3 Enter the amount of tax	if any on line	2 above reimburg	and by						•••••	► \$ ► ¢				
	, il ally, ori late	2, above, reimburs	seu by	r trie Or	yanizat		•••••	•••••		• •				
Part II Loans to an	d/or From	Interested Per	sons	.										
		nswered "Yes" on			, Part V	, line 38a or l	Form	n 990, Part IV, lir	ne 26;	or if th	ne orga	anizati	on	
	ount on Form 9	990, Part X, line 5, (100						Kh) An	nrover	(
(a) Name of interested person	with	of loan				by bo		proved (i) Writte ard or nittee? agreemen		/ritten ement?				
	organizatio	*1	To	From					Yes	-	Yes		Yes	80 8
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		-												
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Total			1			> \$			1.1.162	ر این در ا	A	and a	1.104.0	in the second
	ssistance E	enefiting Inter	reste	d Pe	rsons	······· •					1 - 1		19. A	
Complete if the	organization a	nswered "Yes" on	Form 9	990, Pa	art IV, lii	ne 27.								
(a) Name of interested	person	(b) Relationship interested pers the organiza	son an		(c) 2	Amount of assistance		(d) Type assistan	of ce		(e) Purp assista	ose o ance	f
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990-EZ) 2012 OBAKKI	FOUNDATION USA		98-0644	703	Page 2
Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"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	(e) Sha organiz reven	
				Yes	No
ZERO-G MUSIC DBA OBAKKI DE	SEE PART V	222,000.	LOAN		X
		· · · · · · · · · · · · · · · · · · ·			
		····	· · · · · · · · · · · · · · · · · · ·		
,,,,,,,					
Part V Supplemental Information					
Complete this part to provide additiona	al information for responses to question	is on Schedule L (see	instructions).		
SCHEDULE L, PART IV					
SCHEDOLE D, FACI IV	· · · · · · · · · · · · · · · · · · ·				
BUSINESS TRANSACTIONS BETW	EEN THE ORGANIZATIO	N AND AN EN	TITY OF WHI	СН	
CURRENT OFFICERS AND DIREC	TORS WERE OFFICERS.	DIRECTORS	OR DIRECT	AND	
	TOND WINE OFFICIND,	BIRDerond,	OK DIRBCI		
INDIRECT OWNERS:					
ENTITY: ZERO-G MUSIC INC D	BA OBAKKI DESIGNS				
DESCRIPTION OF TRANSACTION	. LOAN TO ZERO-G MIL	STC INC.			
LOAN AMOUNT: \$222,000					
PURPOSE OF LOAN: TO FUND C					
FORFOSE OF LOAN: TO FOND C	ORRENT OPERATIONS		<u> </u>		
	- 1863-1860 - 17 - 1867-18 <u>-</u>				
				· · · · ·	
		100 - 10 - 10 - 10 - 10 - 10 - 10 - 10		17. M.T	
	Contract of the second s	1			
	- and the second s	144	10E0	1911	
		555 C.	3.8		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number 98-0644703

OMB No. 1545-0047

Open to Public

Inspection

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OBAKKI FOUNDATION USA

WHILE SUPPORTING THEIR FUNDAMENTAL RIGHTS TO HEALTH AND EDUCATION.

FORM 990, PART VI, SECTION A, LINE 2: TREANA PEAKE, PRESIDENT AND RYAN PEAKE, VICE PRESIDENT HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FORM 990 IS

PREPARED BY AN OUTSIDE ACCOUNTING FIRM. THE FORM 990 IS REVIEWED BY THE

TREASURER AND THE FOUNDATION'S BOOKKEEPER FOR ACCURACY AND THEN THE

TREASURER AND PRESIDENT REVIEW FORM 990 TOGETHER BEFORE SUBMISSION. THE

FORM IS AVAILABLE TO THE OTHER BOARD MEMBERS FOR THEIR REVIEW IF THEY WISH.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A POLICY IN PLACE WITH FORMAL DOCUMENTED PROCEDURES FOR THE DISCLOSURE OF AND RELATED ACTIONS TAKEN FOR POTENTIAL, ACTUAL, OR THE APPEARANCE OF CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: OFFICERS DO NOT RECEIVE

COMPENSATION FROM THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC ON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

CUSTOMS & IMMIGRATION:

PROGRAM SERVICE EXPENSES

Name of the organization OBAKKI FOUNDATION USA	Employer identification number 98-0644703
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	3,198
MAPPING & EVALUATION:	
PROGRAM SERVICE EXPENSES	1,821
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	1,821.
PHOTOGRAPHY & VIDEOGRAPHY:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,000.
TOTAL EXPENSES	1,000.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	341.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	341.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 6,360.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	► Comple	Related Organizations and Unrelated Parti ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line ▶ Attach to Form 990. ▶ See separate instruct	and Unrelated Partners es" to Form 990, Part IV, line 33, 3 ▶ See separate instructions.	tnerships 1e 33, 34, 35, 36, or 37. Ictions.	37.		OMB No. 1545-0047 2012 Open to Public Inspection
Name of the organization	OBAKKI FOUNDATION	ION USA			m	Employer identification number 98-0644703	on number 3
Part I Identificatio	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	if the organization answered "Yes".	to Form 990, Part IV, line 33.)			
Name, addr of c	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	s Direct controlling entity	rolling
Part II Identificatic organization	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ons (Complete if the organization a	nswered "Yes" to Form 990,	Part IV, line 34 beca	luse it had one or more	e related tax-exempt	
Name of re	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code I section st	(e) Public charity Status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity7
OBAKKI FOUNDATION CANADA 201-135 WEST 7TH AVE VANCOUVER, BC, CANADA V	5Y 1L8	SAME AS OBAKKI FOUNDATION USA	CANADA			-	
For Paperwork Reduct 232161 12-10-12 LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CO	for Form 990. FOR CONTINUATIONS	20		-	Schedule R (Form 990) 2012	m 990) 2012

												1001E0 10 10 10
×	N/A	N/A	₽	N/A	ORP	C C C C C C C C C C C C C C C C C C C	N/A	CANADA		CLOTHING DESIGN & MUSIC PUBLISHING		ZEMO-G MUSIC INC. DBA OBAKKI DESIGNS 201-135 WEST 7TH AVE VANCOUVER, CANADA V5Y 1L8
(i) Section 512(b)(13) controlled entity? Yes No	(h) Percentage ownership	(g) Share of Pe end-of-year o assets		(f) Share of total income	(e) ype of entity corp, S corp, or trust)		(d) Direct controlling entity	(C) Legal domicile (state or foreign country)	(b) Primary activity	Prim	- 2	e, add Plated
related	one or more	because it had	rt IV, line 34	rm 990, Pa	l "Yes" to Fo	n answered	the organizatio	òomplete if t	vration or Trust (C /ear.)	as a Corpo	anizations Taxable	Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)
(k) Percentage ³ ownership	(j) General o managing partner? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) Disproportion- ate allocations? Yes No	(g) Share of end-of-year assets		(1) Share of total income	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)) Predomi (related excluded fr sections	(d) Direct controlling entity	(C) Legal domicile (state or foreign country)	(b) Primary activity	(a) Name, address, and EIN of related organization
Page 2	98-0644703 one or more related	98-0644703 Form 990, Part IV, line 34 because it had one or more related	34 because	⁹ art IV, line (Form 990, P	ed "Yes" to	ization answer	if the organi	A ership (Complete	ION US as a Partn ax year.)	KI FOUNDATION USA anizations Taxable as a Partner thership during the tax year.)	Schedule R (Form 990) 2012 OBAKKI FOUNDATION USA Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to organizations treated as a partnership during the tax year.)

232162 12-10-12

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012		8	232183 12-10-12
			(6)
			(5)
	53,293.FMV	n	(4) ZERO-G MUSIC INC. DBA OBAKKI DESIGNS
	222,000.FMV	ы	(3) ZERO-G MUSIC INC. DBA OBAKKI DESIGNS
	6,000.FMV	æ	(2) OBAKKI FOUNDATION CANADA
	105,453.FMV	a	(1) OBAKKI FOUNDATION CANADA
(d) Method of determining amount involved	(c) Amount involved Method of de	(b) Transaction type (a-s)	(a) Name of other organization
tion thresholds.	is line, including covered relationships and transacti	h who must complete this	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
			100
tr X			r Other transfer of cash or property to related organization(s)
1q X		*****	q Reimbursement paid by related organization(s) for expenses
1p X			p Reimbursement paid to related organization(s) for expenses
10 A			o onaning or para emproyees with related organization (s)
×		ation(s)	
1m X		on(s)	m Performance of services or membership or fundraising solicitations by related organization(s)
11 X			 Performance of services or membership or fundraising solicitations for related organization(s)
1k X			k Lease of facilities, equipment, or other assets from related organization(s)

		******************************	Lease of facilities equipment or other assets to related organization(s)
	***************************************		Exchange of assets with related organization(s)
			Purchase of assets from related organization(s)
# X			f Dividends from related organization(s)
1e X			e Loans or loan guarantees by related organization(s)
1d X			d Loans or loan guarantees to or for related organization(s)
			c Gift, grant, or capital contribution from related organization(s)
×			b Gift, grant, or capital contribution to related organization(s)
1a X		Y	m
ON COL	ated organizations listed in Parts IL/V2	ons with one or more rel	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IIJV2
-			Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.
	990, Part IV, line 34, 35b, or 36.)	nswered "Yes" to Form (Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)
98-0644703 Page 3			Schedule R (Form 990) 2012 OBAKKI FOUNDATION USA

Schedule R (
(Form 990
90) 2012
OBAKKI
FOUNDATION
USA

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.

232164 12-10-12 Schedule R (Form 990) 2012 OBAKKI FOUNDATION USA

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

OBAKKI FOUNDATION CANADA

PRIMARY ACTIVITY: SAME AS OBAKKI FOUNDATION USA

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

0 1

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	OBAKKI FOUNDATION USA	98-0644703
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 201–135 WEST 7TH AVE	Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VANCOUVER, BRITISH COLUMBIA, V5Y 1L8 CA	

iter the Return code (or the return that this applic	ation is for (file a senal	ate application for ear	ch return)	

Application	Return	Application			Return	
Is For	Code	Is For			Code	
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-BL	02	Form 1041-A			08	
Form 4720 (individua!)	03	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
JAKE WIEBE - 2 ● The books are in the care of ► COLUMBIA, V5Y		5 WEST 7TH AVE V.	ANCC	OUVER, BRI	TISH	
Telephone No. $(604) - 669 - 9790$	100 01	FAX No.				
 If the organization does not have an office or place of busines 	e in the l In					
 If this is for a Group Return, enter the organization's four digit 						
box \blacktriangleright . If it is for part of the group, check this box \blacktriangleright						
 1 I request an automatic 3-month (6 months for a corporation <u>DECEMBER 15, 2013</u>, to file the exemptis for the organization's return for: ▶	ot organiza	tion return for the organization named	above.			
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, ei	nter the tentative tax, less any			0.	
nonrefundable credits. See instructions. 3a \$						
b If this application is for Form 990-PF, 990-T, 4720, or 6069,					0	
estimated tax payments made. Include any prior year over			3b	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your pa	avment witl	h this form, if required	1	•		
by using EFTPS (Electronic Federal Tax Payment System).	-				0.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.