₅₀m 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	OMB No. 1545-1878
	For calendar year 2017, or fiscal year beginning MAY 1 , 2017, and ending APR 30 , 20 18	2017
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. 	
Name of exempt organization	Employer	identification number
OBAKKI FOUNDA	TION USA 98-0	644703

OBAKK1

Name and title of officer JAKE WIEBE TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	718,351.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here F b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize VSH, PLLC	to enter my PIN 53720
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2017 electronically filed return. If I have in is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State pr enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization indicated within this return that a copy of the return is being filed with a state agency(ies program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature 🕨	Date
Part III Certification and Authentication	
	780798226 not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically f confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Moder <i>e-file</i> Providers for Business Returns.	
ERO's signature	Date 02/13/19
ERO Must Retain This Form - See Instru Do Not Submit This Form to the IRS Unless Requ	

			\sim	\sim				
			EXTENDED TO MARCH 15, 201	I Q				
	_				OMB No. 1545-0047			
-	C	90	Return of Organization Exempt From					
		of the Treasury enue Service	Do not enter social security numbers on this form as it n	• •	Open to Public			
-			► Go to www.irs.gov/Form990 for instructions and the la		Inspection			
				APR 30, 2018				
В	Check i applicat	G Name of	organization	D Employer identit	ication number			
	⊐Addr	655 ODAV	KI FOUNDATION USA					
F	lchan ∏Nam							
	chan		isiness as)644703			
	Iretun Final		and street (or P.O. box if mail is not delivered to street address) Room/s 341 WATER STREET					
	lermi termi ated	n- I			-669-9790			
	ated Amei		wwn, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	718,351.			
_	retun Appli tion		OUVER, BC CANADA V6B 1B8	H(a) Is this a group				
	Lión pend		nd address of principal officer: TREANA PEAKE	for subordinate				
				H{b} Are all subordinates				
		empt status:			a list. (see instructions)			
	_		DBAKKIFOUNDATION.ORG	H(c) Group exemption				
		f organization:	K Corporation Trust Association Other L	Year of formation: 2009	M State of legal domicile; DC			
F a	art I	Summary						
e C	1	Briefly describe	e the organization's mission or most significant activities: TO ASSIS	T CHILDREN AN	D ADULTS IN			
Activities & Governance	_		ILLAGES OF DEVELOPING NATIONS IN BECO					
ler r	2		↓ If the organization discontinued its operations or disposed of its operations.	1	ssets.			
ğ	3							
ø	4		Number of independent voting members of the governing body (Part VI, line 1b)					
ties	5		tal number of individuals employed in calendar year 2017 (Part V, line 2a)					
tîvil	6	Total number o	f volunteers (estimate if necessary)		10			
Ac	7a	Total unrelated	business revenue from Part VIII, column (C), line 12	<u>7a</u>				
	b	Net unrelated b	ousiness taxable income from Form 990-T, line 34					
		O . (1)		Prior Year 603,508.	Current Year			
сe	8		and grants (Part VIII, line 1h)	003,508.	717,009.			
Revenue	9		e revenue (Part VIII, line 2g)	0.	0.			
æ	10		ome (Part VIII, column (A), lines 3, 4, and 7d)	10.	1,342.			
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	603,518. 37,254.				
	13		ilar amounts paid (Part IX, column (A), lines 1-3)	37,254.	87,884.			
		.	o or for members (Part IX, column (A), line 4)					
ses	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	73,999.				
Expenses	16a	Protessional tu	compensation, employee benefits (Part IX, column (A), lines 5-10) ndraising fees (Part IX, column (A), line 11e) ig expenses (Part IX, column (D), line 25) 78,847.	U •	0.			
Ä				269,710.	E3E 701			
			s (Part IX, column (A), lines 11a-11d, 11f-24e)	380,963.				
	18	-	Add lines 13-17 (must equal Part IX, column (A), line 25)		703,231.			
- 22	19	Revenue less e	xpenses. Subtract line 18 from line 12	222,555.	15,120.			
Net Assets or Fund Balances	~			Beginning of Current Year	End of Year			
Bal	20	Total assets (Pa		24,248.	109,582.			
Ind /	21	Total liabilities (24,248.	94,462.			
	22	Net assets or fu	und balances, Subtract line 21 from line 20	0.	15,120.			
			declare that I have examined this return, including accompanying schedules and sta	tamanta and to the best of	u knowledge end hattat it ta			
					ly knowledge and dellet, it is			
ແມະ,	JULIEL		Declaration of preparer (other than officer) is based on all information of which prep	iarer nas any knowledge.				
C 1		Signature	of officer	Date				
Sigr		, .	WIEBE, TREASURER	outo				
Her	8		int name and title					
		1	······································					

	Print/Type preparer's name	PrevA arts signature	Date Date	Check PTIN
Paid	JESSICA GOOD		02/13	19 self-employed P01407081
Preparer	Firm's name 🕨 VSH , PLLC			Firm's EIN 🕨 45-4122247
Use Only	Firm's address 2200 RIMLAND DR	., STE. 205		
	BELLINGHAM, WA	98226		Phone no.360-734-8715
May the If	RS discuss this return with the preparer shown at	bove? (see instructions)		X Yes No
732001 11-2	28-17 LHA For Paperwork Reduction Act Not	tice, see the separate i	nstructions.	Form 990 (2017)

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Dai	n 990 (2017) OBAKKI FOUNDATION USA 91 art III Statement of Program Service Accomplishments	8-0644703	Pag
			ſ
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		L
•	TO ASSIST CHILDREN AND ADULTS IN LOCAL VILLAGES OF DEVELO	PING NATTO	MS
	IN BECOMING SELF-SUFFICIENT WHILE SUPPORTING THEIR FUNDAMI		
	TO HEALTH AND EDUCATION.		
	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X
	If "Yes," describe these new services on Schedule O.		
;	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, as mea	asured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t	he total expenses,	and
	revenue, if any, for each program service reported.		
а			
	PROVIDING CLEAN WATER TO THE PEOPLE OF SUDAN BY DRILLING V		
	VILLAGES THAT HAVE NO ACCESS TO CLEAN WATER. THIS INCLUDES		
	PREVIOUSLY DRILLED WATER WELLS TO ENSURE THEY OPERATE AS F		
	WELL AS THE PURCHASE AND INSTALLATION OF SOLAR PANELS AT V		
	POWER THE PUMPS, BRING UP WATER FROM THE GROUND, AND POWER	K WATER PU	MPS
	THAT WATER THE GARDENS.		
>	C 07 004 07 004		
	(Code:) (Expenses \$ 87,884. including grants of \$ 87,884.) (Revenue \$ CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN	IACES TN	
	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN		
	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN CAMEROON, INCLUDING FOOD, SCHOOL SUPPLIES, MEDICAL COSTS,	NAGES IN AND OTHER	-
	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN		-
	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN CAMEROON, INCLUDING FOOD, SCHOOL SUPPLIES, MEDICAL COSTS,		
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	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN CAMEROON, INCLUDING FOOD, SCHOOL SUPPLIES, MEDICAL COSTS,		
	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN CAMEROON, INCLUDING FOOD, SCHOOL SUPPLIES, MEDICAL COSTS, OPERATING COSTS.	AND OTHER	
	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN CAMEROON, INCLUDING FOOD, SCHOOL SUPPLIES, MEDICAL COSTS,	AND OTHER	
	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN CAMEROON, INCLUDING FOOD, SCHOOL SUPPLIES, MEDICAL COSTS, OPERATING COSTS.	AND OTHER	
	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN CAMEROON, INCLUDING FOOD, SCHOOL SUPPLIES, MEDICAL COSTS, OPERATING COSTS.	AND OTHER	
	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN CAMEROON, INCLUDING FOOD, SCHOOL SUPPLIES, MEDICAL COSTS, OPERATING COSTS.	AND OTHER	
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	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN CAMEROON, INCLUDING FOOD, SCHOOL SUPPLIES, MEDICAL COSTS, OPERATING COSTS.	AND OTHER	
;	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN CAMEROON, INCLUDING FOOD, SCHOOL SUPPLIES, MEDICAL COSTS, OPERATING COSTS.	AND OTHER	
	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN CAMEROON, INCLUDING FOOD, SCHOOL SUPPLIES, MEDICAL COSTS, OPERATING COSTS.	AND OTHER	
	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN CAMEROON, INCLUDING FOOD, SCHOOL SUPPLIES, MEDICAL COSTS, OPERATING COSTS.	AND OTHER	
	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN CAMEROON, INCLUDING FOOD, SCHOOL SUPPLIES, MEDICAL COSTS, OPERATING COSTS.	AND OTHER	
:	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN CAMEROON, INCLUDING FOOD, SCHOOL SUPPLIES, MEDICAL COSTS, OPERATING COSTS.	AND OTHER	
-	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN CAMEROON, INCLUDING FOOD, SCHOOL SUPPLIES, MEDICAL COSTS, OPERATING COSTS.	AND OTHER	
	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN CAMEROON, INCLUDING FOOD, SCHOOL SUPPLIES, MEDICAL COSTS, OPERATING COSTS.	AND OTHER	
7	CONTINUED PROVIDING OPERATIONAL SUPPORT FOR SEVERAL ORPHAN CAMEROON, INCLUDING FOOD, SCHOOL SUPPLIES, MEDICAL COSTS, OPERATING COSTS.	AND OTHER	

Form 990 (2017)		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?	$\frac{1}{2}$	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
•	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	<u> </u>		
	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? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, 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		Х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
اہ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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			х
<u>م</u>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	- 11	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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 other assistance to			**
	or for foreign individuals? /f "Yes," complete Schedule F, Parts /// and //	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			х
10	1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i>	_18		<u> </u>
19	complete Schedule G, Part III	19		х
-		12		

Form 990 (2017)		FOUNDATION	
Part IV Checklist of	Required Sc	hedules (continued)	

			Yes	No
20a	Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
h	Schedule K. If "No", go to line 25a	24a		<u>x</u>
	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			
لم	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
zoa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
۲	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
U	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		054		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		<u> </u>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26	x	
27	Complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	a na sina a sina sina sina sina sina sin	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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? If "Yes," complete Schedule M	30		Х
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	
	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?			37
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	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	

	1990 (2017) OBAKKI FOUNDATION USA		98-0644	1703	P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	C			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	C			
с		reporta	ble gaming			
	(gambling) winnings to prize winners?	•	• •	1c		ang a subcura
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	1997011003	1990510200103
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			1630	19903	<u>(3)8363</u>
3a	Did the superior time because lated busices and the table opposition to the property of the table opposition to ta		•••••••••	3a	antise of a const	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a	x	
b	If "Yes," enter the name of the foreign country: CANADA, SOUTH SUDAN	accour		-70		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	79800-09	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5a 5b		X
				<u> </u>		<u> </u>
				50		
Ua	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-				x
6	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		
U	If "Yes," did the organization include with every solicitation an express statement that such contribut		•			
7	were not tax deductible?			<u>6b</u>	asseres.	ostati
7	Organizations that may receive deductible contributions under section 170(c).				9994S	~~
a ,	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	-		7a		<u> </u>
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•				
	to file Form 8282?	1 1		7c	ananara.	X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	•		1999.	能改计
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а			••••••	9a		
b	Did the sponsoring 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				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		:			
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				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers,					
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				
c	Enter the amount of reserves on hand	13c				
	Britishing that the second s			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		

OBAKKI FOUNDATION USA

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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.

0	Check if Schedule O contains a response or note to any line in this Part VI				LÀ
Sec	tion A. Governing Body and Management				
	.	1	A []]	Yes	No
1a		1a	±		
	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		1b	±		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship of	-			
_	officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the o	•			
	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		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset		5		X
6	Did the organization have members or stockholders?		6		X
7a	•				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	•			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach				
	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 Reve	enue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap				
	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 b	efore filing the form?	<u>11a</u>	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,				
	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	Х	
15	Did the process for determining compensation of the following persons include a review and approval b	y independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a		Х
b	Other officers or key employees of the organization		15b		Х
	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	nt 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 it	ts participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize	ation'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 $\blacktriangleright DC$				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (S	ection 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain in	Schedule O)			
40	Describe in Schoolule () whether (and if as how) the experimetion works its second in the second in	and the base of the set of the se	al fire are	1	

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20	State the name, address, and telephone number of the person who possesses the organization's books and records:	
	JAKE WIEBE - (604)-669-9790	
	400-341 WATER STREET, VANCOUVER, BC CANADA V6B 1B8	

OBAKKI FOUNDATION USA

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			I Ugo -
Part VII Compensation of Officers, Director	s, Trustees, Key Employees, H	lighest Compensated	
Employees, and Independent Contr	actors		
Check if Schedule O contains a response or no	ote to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employee	es, and Highest Compensated Employ	/ees	
to Complete this table for all necessary required to be listed	Demant companyation for the color day	and an end the secondal and the first state of a second state of a	

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 report-able 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.

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

(A)	(B)							(D)	(E)	(F)
Name and Title	Average	(da	not c	Pos	ition) than	000	Reportable	(=) Reportable	Estimated
	hours per	box	, unie	iss pe	Incon	is bot pr/trus	h an	compensation	compensation	amount of
	week (list any							. from the	from related organizations	other compensation
	hours for related	Individual trustee or director	ee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		ayee	neqmo		(44-2/1055-10130)		and related
	below	lividual	Institutional trustee	Officer	Key employee	ployee	Former			organizations
(1)	line)	ЭЩ.	ŝŭ.	10	2	Ξ.	Ē			
PRESIDENT		x		x				0.	ο.	0.
(2)	5.00					1				
VICE PRESIDENT		Χ		X	ļ	L		0.	0.	0.
(3) TREASURER	5.00	x		x				0.	0.	0
(4)	5.00	A		<u>⊢</u>	┢			U.	0.	0.
SECRETARY		х		x				Ο.	Ο.	0.

					<u> </u>					
					<u> </u>					
								en er en nordelt delan en gener		

Form 990 (2017) OBAKKI F Part VII Section A. Officers, Directors, Tru					liabo	c+ C	amponented Employe	98-064	4703 Page
(A) Name and title	(B) Average hours per week	(do n box, i	P lot che unless	(C) OSITIO Ick mor persor a direct	n e than i is bol	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Unicer Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations

1b Sub-total							0.	0.	0
 c Total from continuation sheets to Part V d Total (add lines 1b and 1c) 2 Total number of individuals (including but r compensation from the organization 						lo re	0.	0.	0
 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s 									Yes No
 For any individual listed on line 1a, is the si and related organizations greater than \$15 	um of reportabl	e con	npen	satior	n and	l oth		the organization	3 X 4 X
Did any person listed on line 1a receive or rendered to the organization? <i>If "Yes," con</i> ection B. Independent Contractors						elate	ed organization or indivi	dual for services	5 X
Complete this table for your five highest co the organization. Report compensation for									sation from
(A) Name and business	address	NOI	NE				(B) Description of s	ervices ((C) Compensation
						+			
2 Total number of independent contractors (including but n	nt limi	itod i		8'-		- L		anna an Carana (19

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				ATION USA			98-0644	1703 Page 9
Pa	art VI	II Statement of Reve	nue					
		Check if Schedule O con	tains a response	<u>eor note to any lir</u>	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
bervice Contributions, Gifts, Grants ue and Other Similar Amounts	1 a b c d e f f 2 a b		1b 1c 1d tions) 1e its, and 1f ve 1f	690,101. 26,908. ▶ Business Code	717,009.			
Program Service Revenue	c d e f	All other program service reve	enue					
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties	dividends, inter	est, and broceeds				
	c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	L	(ii) Other				
Other Revenue		Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of 1c). See a					
Oth	c 9a b	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam	lraising events tivities. See a b	····· ►				
	10 a b	Gross sales of inventory, less and allowances Less: cost of goods sold <u>Net income or (loss) from sale</u> Miscellaneous Revenue	returnsa b s of inventory					
	b c	All other revenue	E GAIN	900099	1,342.	1,342.		
	е 12	Total. Add lines 11a-11d		····· • ·	1,342. 718,351.	1,342.	0.	0.

 $\langle \rangle$

Do	Check if Schedule O contains a respon not Include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	87,884.	87,884.		
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	72,526.	72,526.		
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		<u> </u>		
10	Payroll taxes	7,040.	7,040.		
11	Fees for services (non-employees):	44 001		44 001	
	Management	44,291.		44,291.	
	Legal	12,975.		12,975.	
-	Accounting	19,800.		19,800.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	121 /11			70 047
	column (A) amount, list line 11g expenses on Sch 0.)	131,411.		52,564.	78,847
12	Advertising and promotion	2,604.		2 604	
13	Office expenses	2,004.		2,604.	
14	Information technology				
15	Royalties	99,151.	30,142.	69,009.	
16	Occupancy	755.	755.	09,009.	
17	Travel	/55+	755.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	1,350.		1,350.	
19 20	Conferences, conventions, and meetings	1,550.		T,350.	
20 21	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
22 23					
23 24	Other expenses. Itemize expenses not covered				
<u> </u>	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	WELL DRILLING AND REHAB	222,910.	222,910.	i Alexandre a gran da granda a cara a angela a caraga	en andre in de la service de la complete de la service de la service de la service de la service de la service La service de la service de
b	SOLAR PANELS	400.	400.		
~	MEALS	95.	95.		
d	SUPPLIES	39.	39.		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	703,231.	421,791.	202,593.	78,847
26	Joint costs. Complete this line only if the organization			202/0004	707017
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

OBAKKI FOUNDATION USA Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

732010 11-28-17

Check here 🕨

if following SOP 98-2 (ASC 958-720)

Form 990 (2017)

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Form 990 (2017) C Part X Balance Sheet

OBAKKI FOUNDATION USA

		Check if Schedule O contains a response or note to any line in this Part X	(A)	<u></u>	(B)
			(A) Beginning of year		End of year
	1	Cash - non-interest-bearing	7,919.	1	76,704
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,207.	3	1,333
	4	Accounts receivable, net	······································	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	12,762.	5	29,185
	6	Loans and other receivables from other disgualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>ຍ</u>		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,360.	9	1,360
	10a	Land, buildings, and equipment: cost or other		987499	
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,000.	15	1,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	24,248.	16	109,582
	17	Accounts payable and accrued expenses	4,150.	17	60,396
	18	Grants payable	1/2000	18	00,000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
ر ا	22	Loans and other payables to current and former officers, directors, trustees,		~ 1 18931838	
lie	~	key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		100000	
د	23	Secured mortgages and notes payable to unrelated third parties		22	
	23 24	Unsecured notes and loans payable to unrelated third parties		23 24	
		Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	20,098.	25	34,066
	26	Total liabilities. Add lines 17 through 25	24,248.		94,462
	20	Organizations that follow SFAS 117 (ASC 958), check here 	41,410.	26	J4,402
ا م		complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	07		0.	49944 67	15,120
	27	Unrestricted net assets	0.	27	10,120
ñ	28 29	Temporarily restricted net assets		28	
Ĕĺ	23	Permanently restricted net assets		29	Romania de staticitation de romania
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
	00	and complete lines 30 through 34.	방법 이 영상에 가지 않는 것이 같이 없는 것이 같이 없다.	i Aliante Aliante	성화학 관광 관광 문 사가 물었다.
Ň		Capital stock or trust principal, or current funds		30	
ž		Paid-in or capital surplus, or land, building, or equipment fund		31	
Sei		Retained earnings, endowment, accumulated income, or other funds	0.	32	16 100
	33	Total net assets or fund balances	24,248.	33	15,120.
	34	Total liabilities and net assets/fund balances	44,440.	34	109,582

	1990 (2017) OBAKKI FOUNDATION USA	98-	0644703	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			51.
2	Total expenses (must equal Part IX, column (A), line 25)	2	703	3,2	31.
3	Revenue less expenses. Subtract line 2 from line 1	3	15	5,1	20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			,,,,
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	15	5,1	20.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Aud	it		
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red aud	it 🗌		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		ЗЫ		
			Earm (000	

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	\bigcirc			-	\cap		
SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Public Charity Status and Public Support 201 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. 201 epartment of the Treasury Attach to Form 990 or Form 990-EZ. Open to Form 990-EZ. Inspect Go to www.irs.gov/Form990 for instructions and the latest information. Inspect Inspect						
Name of the organizati					Em		r identification number
Part I Reason	OBAKKI FOUNDAT		omplete th	nis part.) S	ee instructions.	9	8-0644703
1 A church, cor 2 A school desi 3 A hospital or 4 A medical rescity, and state 5 An organizati section 170(6 A federal, state 7 An organizati section 170(10)	on operated for the benefit of a co (b)(1)(A)(iv). (Complete Part II.) te, or local government or govern on that normally receives a substa b)(1)(A)(vi). (Complete Part II.)	on of churches describe (Attach Schedule E (Forr panization described in s onjunction with a hospita pllege or university owne mental unit described in antial part of its support	d in section n 990 or 9 ection 17(l describe d or opera section 1 from a gov	on 170(b)(90-EZ).) D(b)(1)(A)(d in section ted by a g 70(b)(1)(A	1)(A)(i). on 170(b)(1)(A)(iii). governmental unit o)(v).	fescril	bed in
	trust described in section 170(b) al research organization described			ed in coni	unction with a land	larant	college
	or a non-land-grant college of agrid					-	-
activities relativities relativ	on that normally receives: (1) more ted to its exempt functions - subje- inrelated business taxable income 509(a)(2). (Complete Part III.) on organized and operated exclus on organized and operated exclus supported organizations describe ugh 12d that describes the type of upporting organization operated, s	ect to certain exceptions, e (less section 511 tax) fr sively to test for public sa- sively for the benefit of, tr ed in section 509(a)(1) of supporting organization supervised, or controlled	and (2) no om busine afety. See o perform r section n and con by its sup	o more that esses acquestion 5 the function 509(a)(2). Inplete line eported on	an 33 1/3% of its s uired by the organi 09(a)(4). ons of, or to carry of See section 509(a s 12e, 12f, and 12g ganization(s), typic	uppor zation out the a)(3). (g. ally by	t from gross investment after June 30, 1975. e purposes of one or Check the box in y giving
	ed organization(s) the power to re n. You must complete Part IV, Se		a majority	or the dire	ctors or trustees o	n the s	supporting
b Type II. A s control or m organizatior	upporting organization supervised nanagement of the supporting org n(s). You must complete Part IV,	d or controlled in connect anization vested in the s Sections A and C.	ame perso	ons that c	ontrol or manage t	he sup	oported
	ctionally integrated. A supportin ed organization(s) (see instructions					tegrat	ed with,
d Type III nor that is not fi requirement e Check this I functionally	n-functionally integrated. A supp unctionally integrated. The organi t (see instructions). You must cor box if the organization received a integrated, or Type III non-function of supported organizations	porting organization open zation generally must sa nplete Part IV, Sections written determination fro onally integrated support	ated in co tisfy a dist s A and D, m the IRS ing organi:	nnection ribution re and Part that it is a zation.	with its supported equirement and an V.	attent	iveness
	ng information about the support						- <u>L</u>
(i) Name of suppo organization		(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the orga in your governi Yes	nization listed ng document? No	(v) Amount of mon support (see instruc	-	(vi) Amount of other support (see instructions)
Total LHA For Paperwork Rec	duction Act Notice, see the Inst	L ructions for Form 990 o	r 990-F7	732021 10	l -05-17 Schedule	A (For	m 990 or 990-EZ} 2017

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 Schedule A (Form 990 or 990-EZ) 2017 OBAKKI FOUNDATION USA
 98-06447

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and			<u>}`f</u>		<u>, , , , , , , , , , , , , , , , , , , </u>	1.7
	membership fees received. (Do not						
	include any "unusual grants.")	420,864.	811,094.	536,550.	603,508.	717,009.	3,089,025.
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	420,864.	811,094.	536,550.	603,508.	717,009.	3,089,025.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,716,022.
6	Public support. Subtract line 5 from line 4.					sunda adalah atau atau	1,373,003
	tion B. Total Support						=,=:=,=:=:
-	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	420,864.	811,094.	536,550.	603,508.	717,009.	3,089,025.
	Gross income from interest,					,	
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
g	Net income from unrelated business						
Ť	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	30,175.	24,733.	14,806.	10.	1,342.	71,066.
44	Total support. Add lines 7 through 10	<u> </u>			• • • ± •		3,160,091.
	Gross receipts from related activities,	oto (poo inotructio				12	5,200,052.
	First five years. If the Form 990 is for	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	f fourth or fifth to			
10	organization, check this box and stop				•		
Sec	tion C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2017 (I			olumn (fi)	I	14	43.45 %
	Public support percentage from 2016					15	44.91 %
	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies						
h	33 1/3% support test - 2016. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	• 2017. If the ora:	apported organize	heck a hoy on line	13 16a or 16b a	ind line 1/ is 1/04 -	r more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test						
U	more, and if the organization meets th	-					070 UF
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		• •	•	• • •		
10	Finate roundation. If the organizatio	n ulu not check à l	Jox of line 13, 168	<u>, 100, 178, 07 170</u>	, check this box a	nu see instructions	P L

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 OBAKKI FOUNDATION USA Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 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.)

Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 1 Gifts, grants, contributions, and (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017	
	(f) Total
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
membership fees received. (Do not	
include any "unusual grants.")	
2 Gross receipts from admissions,	
merchandise sold or services per-	
formed, or facilities furnished in	
any activity that is related to the	
organization's tax-exempt purpose	
3 Gross receipts from activities that	
are not an unrelated trade or bus-	
iness under section 513	
4 Tax revenues levied for the organ-	
ization's benefit and either paid to	
or expended on its behalf	
5 The value of services or facilities	
furnished by a governmental unit to	
the organization without charge	
6 Total. Add lines 1 through 5	
7a Amounts included on lines 1, 2, and	
3 received from disqualified persons	
b Amounts included on lines 2 and 3 received	
from other than disqualified persons that	
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	
¢ Add lines 7a and 7b	
8 Public support. (Subtract line 7c from line 6.)	
Section B. Total Support	100.000 M
Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017	(f) Total
9 Amounts from line 6	
10a Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties, and income from similar sources	
b Unrelated business taxable income	
(less section 511 taxes) from businesses	
acquired after lune 30, 1075	
acquired after June 30, 1975	
c Add lines 10a and 10b	
c Add lines 10a and 10b	
c Add lines 10a and 10b	
c Add lines 10a and 10b	
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain	
c Add lines 10a and 10b	
c Add lines 10a and 10b	
c Add lines 10a and 10b	anization,
c Add lines 10a and 10b	
c Add lines 10a and 10b	
c Add lines 10a and 10b 11 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 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) org check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	
c Add lines 10a and 10b	▶ <u></u>
c Add lines 10a and 10b	<u></u> ▶□ <u>%</u>
c Add lines 10a and 10b	<u></u> ▶□ <u>%</u>
c Add lines 10a and 10b 11 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 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) org check this box and stop here Section C. Computation of Public Support Percentage 15 16 16 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 16 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<u>%</u>
c Add lines 10a and 10b 11 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 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) org check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	×
c Add lines 10a and 10b 11 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 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) org check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line	
c Add lines 10a and 10b 11 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 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) org check this box and stop here 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2016 Schedule A, Part III, line 15 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage for 2016 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and lin more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	
c Add lines 10a and 10b 11 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 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) org check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line	

Schedule A (Form 990 or 990 EZ) 2017 OBAKKI FOUNDATION USA

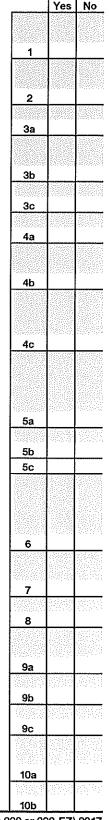
98-0644703 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)



Schedule A (Form 990 or 990-EZ) 20	17 OBAKKI	FOUNDATION	USA
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Pa	IT IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? if "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	s}.		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	<i>).</i>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		

trustees of each of the supported organizations? *Provide details in* Part VI.
Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* Part VI *the role played by the organization in this regard.*

3b

Schedule A (Form 990 or 990-EZ) 2017 OBAKKI FOUNDATION USA

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		******
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	ta		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	l		
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 OBAKKI FOUNDATION USA

	rt V Type III Non-Functionally Integrated 50		anizations (continued)	00-0044703 Page
Sec	tion D - Distributions	Current Year		
_1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ses of supported organizatio	ns	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 OBAKKI FOUNDATION USA	98-0644703 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addi (See instructions.)	s 1 and 2; Part IV, Section C, rt V. Section B. line 1e; Part V.
6		
		· · · · · · · · · · · · · · · · · · ·
		····

Schedule A

723171 04-01-17

Identification of Excess Contributions Included on Part II, Line 5

2017

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	1,242,683.	1,179,481
	599,743.	536,541
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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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No, 1545-0047

2017

Employer identification number

Name of the organization

98-0644703

	OBAKKI	FOUNDATION	USA
Organization type (che	eck 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

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., the set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2017)

Name of organization

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		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$295,378.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$84,966.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	· · · · · · · · · · · · · · · · · · ·	\$204,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page 2

Employer identification number

98-0644703

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Schedule B (Form 990,	990-EZ, o	or 990-PF)	(2017)
Name of organization			

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e of organization	Employer identification number
AKKI FOUNDATION USA	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
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	······	 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Schedule B (Form 99	0, 990-EZ,	or 990-PF)	(2017)
Name of organization			

Page	4

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Name of org	ganization	······································	Employer identification number			
OBAKKI	I FOUNDATION USA		98-0644703			
Part III		COlumns (a) through (e) and the follo us, charitable, etc., contributions of \$1,000 or	I in section 501(c)(7), (8), or (10) that total more than \$1,000 for with a line entry. For granizations			
(a) No. from Part	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
	••••••••••••••••••••••••••••••••••••••					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
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ſ	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No.	·····					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gift	t Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
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-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
			New York Control of Co			

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beneficienta axis be the organization classification number of the structure and the latest information. CRAXKI FOUNDATION USA Employer identification number Section number Section number (a) Organization answered "Yes" on Form BSO, Part V, Ine 6. (b) Funds and other accounts. Complete if the organization answered "Yes" on Form BSO, Part V, Ine 6. (c) Turds or Accounts. Complete if the organization answered "Yes" on Form BSO, Part V, Ine 6. (c) Funds and other accounts A aggregate value of organization form all downs and down avideous in whiting that the assets held in down advised funds are the organization form all downs and down avideous in whiting that the assets held in down advised funds are the organization form all downs and down avideous in whiting that the assets held in down advised funds are the organization form all downs and down avideous in whiting that the assets held in down advised funds are the organization form all downs and down avideous in whiting that the assets held in down advised funds are the organization form all gunzhes, downs, and down advisers in whiting that the assets held in down advised funds are the organization form all gunzhes, downs, and down advisers in whiting that the assets held in down advised funds are the organization form all gunzhes, downs, and down advisers in whiting that the assets held in down advised funds are the organization form all gunzhes, downs, and down advisers in whiting that the asset held in down advised funds are the organization form all gunzhes, downs, and down advisers in whiting that the asset held in down advised that the organization form all downs advised that the advised the down advised	(Form 990)	► Complete if the org Part IV line 6 7 8 9 10	anization answered "Yes" on Form 990,	2017				
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 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	asements during the year				
 and section 170(h)(4)(B)(ii)?	Annual 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11							
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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 and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 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: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 								
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Schedule D (Form 990) 2017

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontauad. 3 Under the application's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that appli): a Public exhibition d b Cholarly research e c Provide ackibition d c Provide ackibition e c Provide ackibition e c Description of the organization solide or receive donalitors of art, historical treasures, or other similar assets to be solid to aske funds rather than to be ministrated as part of the organization actions? Yes No Part IV Excrew and Custodial Arrangements. Complete if the organization answered "Yes" on form 590, Part X, Ine 21. Inter organization answered "Yes" on form 590, Part X, Ine 21. 1a Is the organization in acquisity and accomplete the following table: Amount 16 d Additions during the year 16 17 f Excrement in Part XIII. Chock here if the explanation has been provided on Part XII. Part V No d Maining the year 16 17 17 Yes No d Dit	Sche	edule D (Form 990) 2017 OBAKKI	FOUNDATION	USA					98-06	54470	3 г	ace 2
Value the organization's acquisition, accession, and other records, check any of the following that are a significant use of its cellection items (check at that apph):	Pa	rt III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures,	or Oth	er Sin				
check all that apply): d Loan or exchange programs a Public solution o Other												าร
a □ Public exhibition c □ Clain or exchange programs b □ Scholdry research c □ Other			,	,	•	.						
b Schdarly research c Preservation for future generations Provide accipition of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solic or receive domains of art, filicotical treasures, or other similar assests to be solid to raise fund a rather than to be maintained as part of the organization answered "Yes" on Form 930, Part IV, line 9, or reported an anount on Form 930, Part X, line 21. I a 18 the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X? I a 16 the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X? I a 16 the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X? I a 16 the organization include an amount on Form 990, Part X, line 21, for secret or outstoolial account liability? I a 17 by the solid the arganization include an amount on Form 990, Part X, line 21, for secret or outstoolial account liability? I a 17 by the solid the arganization include an amount on Form 990, Part X, line 21, for secret or outstoolial account liability? I a 17 by the solid the arganization include an amount on Form 990, Part X, line 21, for secret or outstoolial account liability? I a 17 by the solid the arganization include an amount on Form 990, Part X, line 21, for secret or outstoolial account liability? I a 17 by the solid the arganization include an amount on Form 990, Part X, line 21, for secret or outstool account liability? I and the organization include an amount on Form 990, Part X, line 21, for secret or outstool account liability? I and the organization include an amount on Form 990, Part X, line 21, for secret or outstool account liability? I and the organization include an amount on Form 990, Part X, line 21, for secret ore outstool account liability? I and the organization incl	а			a 🖂 L	oan or exc	hange progr	ams					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, fid the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part XII. Iso 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Id d Additions during the year. f Endiginal balance d Additions during the year. f Endiginal balance d During balance d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? e Beginning divez balance d (a) Current year file trip balance (b) Prior year d Control or for abi	ь			<u> </u>								
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (c) Two years back (e) Four years back c Contributions (a) Current year (b) Prior year (c) Two years back (c) Two years back (c) Two years back (e) Four years back c Contributions (a) Current year (b) Prior year (c) Two years back (c) Two year												<u>ן</u>
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1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs				T		r	· · ·		e vears hark	(a) Fou	r vears	hack
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs interpretion f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment > % b Permanent endowment > % the percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment thuds not in the possession of the organization that are held and administered for the organization b If 'Yes' on line 3a(i), are the related organizations listed as required on Schedule R? ii) Intrelated organizations iii) related organization answered "Yes' on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Board other b Schold regression c Leasehold improvements c Leasehold improvements c Leasehold improvements d Land	12	Beginning of year balance	(u) ounone you		or your	(0) 110 300	10 0401	(u) the	o jouro buon	10,100	Jouro	Duon
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d Grants or scholarships												
e Other expenditures for facilities and programs												
and programs				 		ļ						
f Administrative expenses	e											
g End of year balance												····
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% 3a Are there endowment thus not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations 3a(ii) related organizations 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Image: Description of property (a) Cost or other b buildings b Buildings c Land b Buildings c Leasehold improvements d Land d Equipment e Other	f											
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(ii) related organizations 3a(ii) 3b b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		by:						-			Yes	No
(ii) related organizations 3a(ii) 3b b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		+								(Ja(i)		
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4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Scl	hedule R?					3h		
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Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land				0. Part IV.	line 11a. S	See Form 99(). Part X.	line 10				
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1a Land		besonption of property			• •					(0) 000	n valu	6
b Buildings	1~	Land	· ·		60010	() (२२ इन्हेल्ल्य					
c Leasehold improvements d Equipment d Other d Othe							nterioteki (dala)	000000000	n an thi bhill an			
d Equipment	D	Buildings										
e Other												
otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
Only add to D (Frame 200) 2005	otal	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, columr	1 (B), line 1	0c.)			🕨			

Schedule D (Form 990) 2017

hedule D (Form 990) 2017 OBAKKI FOUNDATION US Part VII Investments - Other Securities.	
Complete if the organization answered "Yes" on Form 990, Par a) Description of security or category (including name of security) (b) Book val	
Financial data to the second	lue (c) Method of valuation: Cost or end-of-year market val
Closely-held equity interests Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
G)	
(H)	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	
art VIII Investments - Program Related.	
Complete if the organization answered "Yes" on Form 990, Par (a) Description of investment (b) Book val	
(1)	
2)	
3)	
4)	
(5)	
(6)	
(7)	
(8)	
(9)	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🍉	
art IX Other Assets.	
Art IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part	
Other Assets. Complete if the organization answered "Yes" on Form 990, Part (a) Description	t IV, line 11d. See Form 990, Part X, line 15. (b) Book value
Other Assets. Complete if the organization answered "Yes" on Form 990, Part (a) Description (1)	
Art IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part (a) Description (1) (2)	
Art IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part (a) Description (1) (2) (3)	
art IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part (a) Description (1) (2) (3) (4)	
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art IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part (a) Description (1) (a) Description (2) (3) (3) (4) (5) (6) (7) (8) (9) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 15.) art X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part (a) Description of liability (1) Federal income taxes (2) ACCRUED SUDAN SOCIAL INSURANCE (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(b) Book value (b) Book value 11V, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value 34,066. 34,066.
art IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) art X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part (a) Description of liability (1) Federal income taxes	(b) Book value t IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value 34,066. 34,066. othose to the organization's financial statements that reports the

	edule D (Form 990) 2017 OBAKKI FOUNDATION USA		<u>98-0644703 Page 4</u>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev	enue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	
1	Total revenue, gains, and other support per audited financial statements		1 718,351.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	. 2a	
b	Donated services and use of facilities		
с			
ď			
е	Add lines 2a through 2d		2e 0.
3	Subtract line 2e from line 1		
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	. 4a	
b	Other (Describe in Part XIII.)	4b	
c			4c 0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Exp	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	
1	Total expenses and losses per audited financial statements		1 703,231.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_ 2a	
b	Prior year adjustments		
с	Other losses		
đ	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e 0.
3	Subtract line 2e from line 1		
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.)		
с	Add lines 4a and 4b		4c 0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM

FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) ON

INCOME RELATED TO ITS ORGANIZATIONAL PURPOSE. THE ORGANIZATION EVALUATES

ITS INCOME TAX POSITIONS ON A REGULAR BASIS AND BELIEVES IT HAS TAKEN NO

SIGNIFICANT UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS NOT RECOGNIZED

ANY INTEREST OR PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.

		2					
SCHEDULE F	Stateme	nt of Act	ivities Outside the U	nited Sta	ates 🛏	OMB No. 1545-0047	
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.							
Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fi	Attach to Form 990. prm990 for instructions and the lates	t information.		Open to Public Inspection	
Name of the organization					1	tification number	
	ON HON				98-06447	03	
OBAKKI FOUNDATION USA 98-0644703 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on							
Form 990, Part I				ete il the organ	ization answered		
		n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,		
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes 🗶 No	
	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance o	utside the	
United States. 3 Activities per Region. (1	be following Dad	t Llino 3 tablo o	an be duplicated if additional space is	needed \			
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total	
(,	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures	
	in the region	independent	gram services, investments, grants to		e specific type	for and investments	
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region	
			:	DRILL AND F	REPAIR WATER		
				WELLS TO PI	ROVIDE CLEAN		
				WATER. INST	TALL SOLAR		
SOUTH SUDAN	0	1	PROGRAM SERVICES		POWER PUMPS.	333,907.	
					SUPPORT FOR		
				ORPHANAGES			
CAMEROON	0	2	PROGRAM SERVICES)L SUPPLIES,) OTHER COSTS,	87,884.	
			FROGRAFI SERVICES	MEDICAL ANI	OTALK COSTS.	07,004.	
						·····	
				L			
3 a Sub-total	0	3				421,791.	
b Total from continuation	_					<u>,</u>	
sheets to Part I	0	0		ananan Badat Tangaran Badat	usta alle andre alle station Generality i station andre st	<u>0.</u>	
c Totals (add lines 3a and 3b)	0	3				421,791.	
			 A second s	and the second second second	1. A state of the state of t		

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

Schedule F (Form 990) 2017

732072 10-06-17

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Pade 3		 (h) Method of valuation (book, FMV, appraisal, other) 						Schedule F (Form 990) 2017
	IV, line 16.	(g) Description of noncash assistance						Schedu
98-0644703	on Form 990, Part	(f) Amount of noncash assistance						
96	the organization answered "Yes" c	(e) Manner of cash disbursement						
	ttes. Complete if	(d) Amount of cash grant						
TION USA	le the United Sta d.	c) Number of recipients						
OBAKKI FOUNDATION USA	e to Individuals Outsic Iditional space is neede	(b) Region						
Schedule F (Form 990) 2017 0.	Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance						

732073 10-06-17

Schedule F (Form 990) 2017 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 separately 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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 OBAKKI FOUNDATION USA

Part V Supplemental Information

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

PART I, LINE 3:

EXPENDITURES ARE ACCOUNTED FOR AS EXPENSES ARE INCURRED.

		()			,					
SCHEDULE L (Form 990 or 990-EZ)	1	Transaction the organization and				6, 27, 28a,		No. 1545-0)047 7	
Department of the Treasury Internal Revenue Service	► G		ch to Form	-EZ, Part V, line 38a 990 or Form 990-EZ nstructions and the	Ζ.		200000000000000000000000000000000000000	n To Pul action	l blic	
Name of the organizatio		<u> </u>				Employe	r identific	ation n	umber	
		FOUNDATION					644703	3		
		sactions (section 50								
1		h answered "Yes" on ((b) Relationship bety)		······································	o, or Form 990-EZ, Pa	art V, line 4		(d) Corre	ected?	
(a) Name of disqual	ified person	person and or		(0	Description of trans	saction	-	Yes	No	
									,	
2 Enter the amount o section 4958	-	-	-	, ,		• •				
		ne 2, above, reimburs								
				•						
		n Interested Pers								
		1 answered "Yes" on F n 990, Part X, line 5, 6		, Part V, line 38a or F	orm 990, Part IV, line	e 26; or if ti	he organiz	ation		
(a) Name of	(b) Relation	nship (c) Purpose	(d) Loan to or	(e) Original	(f) Balance due	(g) in	(h) Appro	Approved (i) Written		
interested person	with organi	zation of loan	from the organization?	principal amount		default?	committe	e? agre	ement?	
TREANA PEAKE	סססס	DENCONTRIBU	To From	12,762.	29,185.	Yes No X	Yes N X	o Yes	No X	
INDAMA PEAKE	FURDT	DENCONTRIBU		12,702.	23,105.	<u>^</u>	A	_		
Total				▶ ¢	29,185.	<u> </u>		-		
Total Part III Grants o	r Assistance	Benefiting Inter	ested Pe	> \$	25,105.			Batti Magadar	9999999709974	
Complete if	the organization	answered "Yes" on f	Form 990, Pa	art IV, line 27.						
(a) Name of interes	sted person	(b) Relationship interested pers the organiza	on and	(c) Amount of assistance	(d) Type o assistanc			irpose c istance	of	
			<u> </u>							
		1								

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

Schedule L (Form 990 or 990-EZ) 2017

SEE PART V FOR CONTINUATIONS



98-0644703 Page 2

Schedule L (Form 990 or 990-EZ) 2017 OBAKKI FOUNDATION USA Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Ves" on Form 990. Part IV line 280, 28b, or 28o

(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	uring of tation's nues?
				Yes	No
			<u></u>		
Annue			<u> </u>		

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: TREANA PEAKE

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT

(C) PURPOSE OF LOAN: CONTRIBUTION RECEIVABLE

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. Go to www.irs.gov/Form990 for the latest information.

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 11B:

COPIES OF THE 990 WERE DISTRIBUTED TO THE BOARD AND WERE THOROUGHLY

REVIEWED AS RECORDED IN THE MINUTES.

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 11G, OTHER FEES:

WEBSITE AND SOCIAL MEDIA MANAGEMENT:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

0.

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization OBAKKI FOUNDATION USA	Page Employer identification number 98-0644703
FUNDRAISING EXPENSES	78,847
POTAL EXPENSES	131,411
FOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	131,411
PART XII, LINE 2C:	
THE AUDIT OVERSIGHT PROCESS AND SELECTION HAS NOT CHANGE	O SINCE THE
PRIOR YEAR.	
	And Andreas and a second s

	<u>.</u>		1	\square	ŀ	1	1		7) 	I	I	15
OMB No. 1545-0047 2017 Open to Public Inspection	Employer identification number 98-0644703		(f) Direct controlling entity				ax-exempt	ing Section 512(b)(13) controlled entity? Yes No		 		Schedule R (Form 990) 2017
	Employer id 98–06		r assets				he or more related ta	(f) Direct controlling n entity				Schedt
or 37.							cause it had or	(e) Public charity status (ff section 501(c)(3))				
tnerships ne 33, 34, 35b, 36, tinformation.			(d) Total income			-	Part IV, line 34, bec	(d) Exempt Code section				
rganizations and Unrelated Partnerships ization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, ► Attach to Form 990. <u>dirs.gov/Form990 for instructions and the latest information.</u>		on Form 990, Part IV, line 33.	(c) Legal domicile (state or foreign country)				inswered "Yes" on Form 990,	(c) Legal domicile (state or foreign country)	CANADA			S
Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Attach to Form 990. ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	ION USA	if the organization answered "Yes"	(b) Primary activity				ions. Complete if the organization a	(b) Primary activity	SAME AS OBAKKI FOUNDATION USA			1 FOR CONTINUATIONS
	Name of the organization OBAKKI FOUNDATION	Part I I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	(a) Name, address, and EIN (if applicable) of disregarded entity				Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	(a) Name, address, and EIN of related organization	OBAKKI FOUNDATION CANADA 400-341 WATER STREET VANCOUVER, BC, CANADA V6B 1B8 C			For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CO

732161 09-11-17 LHA

Schedule R (Form 990) 2017 OBAKKI	FOUNDATION USA	ION US	A ership. Complete if	f the organiza	ation answered	"Vas" on Form	oon Part IV	enal Ab	98 - 0644703 "Yes" on Form 990 Part IV line 34 herance it had one or more related	98 - 0644703	03	Page 2
organizations treated as a partnership during the tax year.	rship during the	tax year.							מפבור וומח חווב ח		alea	
(a) Name, address, and EIN of related organization	(b) Primary actívity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate atlocations? Yes No	ate Code V-UBI Code V-UBI amount in box K-1 (Form 1065)	() 31 General or 00X managing 101e partner? 1651 Ves No) al or Per aing OWI	(j) (k) General or Percentage managing ownership ver No
									1	•	}	
										-		
	zations Taxable	as a Corpo	ration or Trust Co	omolete if the	e Ormanization s	"Vac	on Form QQD					
party organizations treated as a corporation or trust during the tax year.	ation or trust dur	ring the tax y	ear.				·		ot, pecause in	ימת מוב מ		elated
(a) Name, address, and EIN of related organization		Prima	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	ng Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	1 1 7	(i) Section 512(b)(13) controlled entity?
ZERO-G MUSIC INC. DBA OBAKKI DESIGNS 400-341 WATER STREET VANCOUVER, BRITISH COLUMBIA, CANADA	V6B 1B8	CLOTHING DI	ESIGN & ISHING	CANADA	N/A	C CORP		N/A	N/A	N/A	_	_
732162 09-11-17							-		Sche	Schedule R (Form 990) 2017	orm 99	0) 2017

Schedule R (Form 990) 2017 OBAKKI FOUNDATION USA

Page 3 98-0644703

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

		•				
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No No	0
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	in Parts II-IV?		1 - 1 - 1 - 1	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	۷			1a	×	Ы
b Gift, grant, or capital contribution to related organization(s)				1 P	×	L
c Gift, grant, or capital contribution from related organization(s)		-		1c X	-	1
d Loans or loan guarantees to or for related organization(s)					╋	L
		****	***************************************	<u>-</u>		l.

f Dividends from related organization(s)					×	
g Sale of assets to related organization(s)		*****				
Purchase of assets from related organization(s)				2. 41		I
i Exchange of assets with related organization(s)				÷		In
				1i	×	L
k Lease of facilities. equipment, or other assets from related organization(s)				; 	₩	100 m
	anization(s)			4 F		ıL
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę		
n Sharing of facilities equipment mailing lists or other assets with related organization(s)	inn(s)	******	***************************************	× •	╈	.
				-	×	
		**** *** *** *** *** *** *** *** *** ***		5		.13
B Reimbursement baid to related organization(s) for expenses				\ -		
				- - -		
	*****			Notes that the second s		
r Other transfer of cash or property to related organization(s)				4	×	
(s)	**********************	***************************************		-1s	X	l.
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete t	his line, including covered	formation on who must complete this line, including covered relationships and transaction thresholds.			1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	plved		· ,
(1) OBAKKI FOUNDATION CANADA	υ	84,966.	FMV			
(2) ZERO-G MUSIC INC. DBA OBAKKI DESIGNS	υ	295,378.	FMV			
(3) ZERO-G MUSIC INC. DBA OBAKKI DESIGNS	പ	264,511.	FMV			
(4)						1
(5)						
(6)						
722163 09-11-17			Schedule R (Form 990) 2017	(Form 9	90) 20	Ē

Page 4	(ər	(k) centage nership)			2017	
	oss revenu	(i) (k) General or Percentage managing partne? Yes No				Form 990	1111 990
98-0644703	assets or gr	(i) Code V-UBI Ger amount in box 20 maa of Schedule K-1 Paa (Form 1065) Yee				Schedule R (Form 990) 2017	l u ainnail)(
6	ed by total	(h) Disprepor- Disprepor- Codi Biorations? Of Sch Yes No (Forr					,
	(measur			 -			
2	of its activities	(g) Share of end-of-year assets					
if the organization answered "Yes" on Form 990. Part IV. line 37	than five percent	(f) Share of total income					
in Form 9	ed more	(e) Are all 501(c)(3) Yes No			 		
"Yes" o	onduct. iips,	d, soo			 		
zation answered	ugh which the organization cond certain investment partnerships.	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)					
JSA nplete if the organi	ip through which t ion for certain inve	(c) Legal domicile (state or foreign country)					
FOUNDATION USA	taxed as a partnersh tions regarding exclus	(b) Primary activity					
KL F axable a	ch entity instruct						
Schedule R (Form 990) 2017 OBAKKI FOUNDATION USA Part VI Unrelated Organizations Taxable as a Partnership. Complete	Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity					

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 Schedule R (Form 990) 2017
 OBAKKI FOUNDATION USA
 98-0644703
 Page 5

 Part VII
 Supplemental Information.
 98-0644703
 Page 5

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

Form **8868**

(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return.

Information about Form 8868 and its instructions is at www.lrs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number										
Type or	Name of exempt organization or other filer, see instru	uctions.		Employe	r identification	number (EIN) or					
print	OBAFFT FOIDIDAGTON HEA				98-064	4702					
File by the	OBAKKI FOUNDATION USA										
due date fo filling your return. See	Number, street, and room or suite no. If a P.O. box, s 400-341 WATER STREET	ee instruc	tions.	Social se	ecurity number	(SSN)					
instructions	City, town or post office, state, and ZIP code. For a for VANCOUVER, BC CANADA V6B 11		iress, see instructions.								
Enter the	e Return Code for the return that this application is for (fil	le a separa	te application for each return)								
Applicat	ion	Return	Application			Return					
Is For		Code	ls For			Code					
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07					
Form 99	0-BL	02	Form 1041-A			08					
Form 47	20 (individual)	03	Form 4720 (other than individual)			09					
Form 99	0-PF	04	Form 5227			10					
Form 99	0-⊤ (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 99		12									
Telepi If the If this box 1 I re for I	ooks are in the care of \blacktriangleright $\frac{400-341}{69-9790}$ WATER 4 hone No. \blacktriangleright $\frac{(604)-6\overline{69-9790}}{69-9790}$ organization does not have an office or place of business is for a Group Return, enter the organization's four digit \Box . If it is for part of the group, check this box \blacktriangleright equest an automatic 6-month extension of time until the organization named above. The extension is for the ext	s in the Ur Group Exe and atta MAR(organizatio	Fax No. ►	f this is fo all memb	r the whole gro pers the extensi npt organization	up, check this					
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, (enter the tentative tax, less any	-							
noi	nrefundable credits. See instructions.			3a	\$	0.					
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and								
est	imated tax payments made. Include any prior year overp	payment al	lowed as a credit.	Зb	\$	0.					
c Ba	lance due, Subtract line 3b from line 3a. Include your pa	iyment wit	h this form, if required,								
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.					
Caution: instructio	If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-I	EO for payment					
					_						

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

Form 8868 (Rev. 1-2017)