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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545 0052

2011

PROS FOR AFRICA INC. NENDrown and state of the Obs. number of male in at delivered to street address) ONE N.E. SECOND STREET Intuition of a common street of a second		lendar year 2011, or tax year beginning	, 2011	, and ending	<u>, , , , , , , , , , , , , , , , , , , </u>
ONE N.E. SECOND STREET Cover from State 2P code Cover State 2P code Cover					A Employer identification number 27-1674673
OKLARIONA CITY G Check all that apply. Initial return		•	t address)		
G Check all that apply,	-				
Final return Amended return Amende					C If exemption application is pending, check here
Address change	G Che	· · · · · · · · · · · · · · · · · · ·	1	mer public charity	D 1 Foreign organizations, check here
H Check type of organization		H			2 Foreign organizations meeting the 85% test, check
Section 4947(p)(1) nonexempt charitable frust Other taxable private foundation of the favorable privat	<u> </u>			oundation	
Farm market value of all assets at end of year J Accounting method Xi Cash Accrual often (specify) Often (sp	ï				E If private foundation status was terminated
Part I Analysis of Revenue and Expenses, Che total of amounts in column (a) Revenue and expenses (the total of amounts in column (b) (c) and (d) may not necessarily equal the amounts in column (a) (see instructions) 1 Contexposes, office, grafts, sec. received (at sch) 2 C. b. I at the school not not act act on stores and investments of the school o		air market value of all assets at end of year J Acco			
Part Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (so), (c), and (d) may not necessarily equal the amounts in column (so), (e), and (d) may not necessarily equal the amounts in column (so), (e), and (d) may not necessarily equal the amounts in column (so), (e), and (d) may not necessarily equal the amounts in column (so), (e), and (e) may not necessarily equal the amounts in column (so), (e), and (e) may not necessarily equal the amounts in column (so), (e), and (e), (e), and (e), (e), (e), (e), (e), (e), (e), (e),	-				
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columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) 1 continuous, upits, grants, et. received (att sch) 2 c. t. if the bound is not equal to att sch B interest on sarungs and temporary cash investments 4 Dividends and interest from securities 5 a Gross rents b yeg rigid income 6 a Net pain(tex) from sele of assets not on line 10 interest on sarungs and temporary cash investments 8 Net sport-ferm capital gain interest on securities interest	Part				
1		columns (b), (c), and (d) may not neces-	expenses per books	Income	purposes
1 Communicios, gritis, grants, etc., received (att scrit) 862,606.					(cash basis only)
as interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b R Gross rents 5 b Net rental income (or (loss) (loss) from sale of assets not on line 10 b (loss) (loss) from sale of assets not on line 10 b (loss) (loss) from sale of assets on line file of loss sales (loss) (loss) from sale of assets on line file of loss) (loss) (l			862,606.		
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Description New Part New Pa		4 Dividends and interest from securities			
Comparation					
B Gross sales price for all sesses on line 50 capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 income modifications 10a Gross sales press filters seed below the state of the seed of the state of the seed of the state of the seed of the see	_	or (loss)			-
7 Capital gain net income (from Part IV, line 2) 8 Not Short-term capital gain 9 Income modifications 10a Gross sales less refuris sain solicitorisments 10b Gross sales less refuris sain solicitorisments 10 Capital sain servicione (attach schedule) 12 Total. Add lines 1 through 11 862,606. 13 Compensation of officers, directors, insitees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) L-16a Stmtt. b Accounting fees (attach sch. L-16b Stmtt. c Other prof fees (attach sch. L-16b Stmtt. 17 Interest 18 Interest 19 Depreciation (attach schedule) 20 Occupancy 21 Travel, conferences, and meetings 23 Other expenses (attach schedule) 254. 27 Printing and publications 28 Other expenses (attach schedule) 29 Contributions, grits, grants paid 20 Total expenses and disbursements. Add lines 23 And 19 Suppose solutions of the spatial and administrative expenses. Add lines 13 through 23 Contributions, grits, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Not investment income (if negative, enter 0) C Adjusted net income (if negative, enter 0) C Adjusted net income (if negative, enter 0)	Ε	b Gross sales price for all			
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10a Gross sales less dark d	N	· · · · •			
b Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 862,606. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Li-16a Stmt. b Accounting fees (attach schedule) Li-16a Stmt. c Other prof fees (attach sch) Li-16b Stmt. 2, 539. C Other prof fees (attach sch) Li-16c Stmt. for interest 18 Taxes (ettach schedule) See Interest. 19 Depreciation (attach sch) Li-16c Stmt. c Other prof fees (attach schedule) See Line 23 Stmt. Sch) and depletion C Occupancy 2 Coccupancy 2 Travel, conferences, and meetings 2 Travel, conferences, and meetings 2 Total expenses (attach schedule) See Line 23 Stmt. See Line 23 Stmt. 363, 981. 24 Total operating and administrative expenses. Add lines 13 through 23 Contributions, grits, grants paid 2 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Nov investment income (if negative, enter 0) C Adjusted net income (if negative, enter 0) C Adjusted net income (if negative, enter 0)			<u> </u>		_
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25 Contributions, gifts, grants paid 246,883. 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter 0-) C Adjusted net income (if negative, enter 0)	Š	24 Total operating and administrative	669 750		
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Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter 0-) C Adjusted net income (if negative, enter 0)		26 Total expenses and disbursements.			
a Excess of revenue over expenses and disbursements -53,027. b Net investment income (if negative, enter 0-) C Adjusted net income (if negative, enter 0)		Add lines 24 and 25	915,633.		
and disbursements -53,027. b Net investment income (if negative, enter 0-) C Adjusted net income (if negative, enter 0)					
C Adjusted net income (if negative, enter 0)		and disbursements	-53,027.		
		1 · · · · · · · · · · · · · · · · · · ·			
	BAA F		nuctions	<u> </u>	TEE 40201 12/02/11 Form 990 PE (2011)

Parl	- 11	Balance Sheets	Attached schedules and amounts in the description column should be for end of-year amounts only	Beginning of year	End o	of year
		Datance Sheets	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	-bearing	128,814.	67,016.	67,016.
	2	Savings and tempor	ary cash investments			
	3	Accounts receivable	>			
		Less. allowance for	doubtful accounts			
	4	Pledges receivable	►			
		Less allowance for	doubtful accounts	1		
	5	Grants receivable				
	6	Receivables due from offic	cers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans rec				
A		Less allowance for	·	1		,
Š	8	Inventories for sale				
A S E T	9	Prepaid expenses a		-		
S		• •	and state government		<u></u>	
	ŀ	Investments - corporate	·			
		c Investments — corporate	•			
		Investments - land,	,	-		
	•	equipment basis Less accumulated deprec		-		
		(attach schedule)	-			
	12	Investments - morte	gage loans			
	13	Investments - other	(attach schedule)			
	14	Land, buildings, and	equipment: basis			
		Less accumulated deprec (attach schedule)	iation			
		Other assets (descri				
		see the instructions	completed by all filers — Also, see page 1, item l)	128,814.	67,016.	67,016.
Ļ	17		nd accrued expenses			
À	18	Grants payable				_
В	19	Deferred revenue				
L	20	Loans from officers, direc	tors, trustees, & other disqualified persons		- -	
ł	21		s payable (attach schedule)			
ı	22	Other liabilities (des	cribe L-22 Stmt)	-2,601.	-5,575.	
E S	23	Total liabilities (add	lines 17 through 22)	-2,601.	-5,575.	
		Foundations that fo	llow SFAS 117, check here X 24 through 26 and lines 30 and 31.			
N F	24	Unrestricted		131,415.	72,591.	
E U T N	25	Temporarily restricte	ed			1
D	26	Permanently restrict				1
A B A L T A		•	o not follow SFAS 117, check here 27 through 31.			
S A E L T A	27	Capital stock, trust r	orincipal, or current funds			1
SN	28		, or land, building, and equipment fund			1
οE	29		ulated income, endowment, or other funds			-
RS	30		fund balances (see instructions)	131,415.	72,591.	1
	31		net assets/fund balances			1
		(see instructions)		128,814.	67,016.	<u></u>
ran		Analysis of Chan	iges in Net Assets or Fund Balanc	es		<u> </u>
1	Tota	I net assets or fund be	alances at beginning of year - Part II, colu	ımn (a), lıne 30 (must agr		
_			d on prior year's return)		1	131,415.
		r amount from Part I,			2	-53,027.
_		increases not included in li	ne z (itemize)		3	=1 .1.
4		lines 1, 2, and 3	Manual	D 7110001	4	78,388.
5		ases not included in line 2 (· · ·		5	5,797.
6_	ıota	net assets or fund ba	alances at end of year (line 4 minus line 5)	– Part II, column (b), lin	e 30 6	72,591.

	Losses for Tax on Investmen be the kind(s) of property sold (e.g., ruse, or common stock, 200 shares ML		(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
			D — Donation		
b					
С					·· -
d					
e			_		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa		(h) Gain or (e) plus (f) m	
a		· ·			<u>_</u> _
<u>b</u>					
d				 .	
e					
	wing gain in column (h) and owned by	the foundation on 12/31/60			
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	<u>(()</u>	(i) Gains (Cot gain minus column (aan -0-) or Losses (fi	(), but not less
a					
b					
_ с					
d				-	
e					
2 Capital gain net income or (n	et capital loss) — If gain, also If (loss), ent	enter in Part I, line 7 ter -0- in Part I, line 7	. 2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	and (6)			
ın Part I, line 8	ne 8, column (c) (see instructions) If	`^	. 3		
Part V Qualification Unde	er Section 4940(e) for Reduce	d Tax on Net Investme	ent Income		
If 'Yes,' the foundation does not qu	ection 4942 tax on the distributable am alify under section 4940(e) Do not co in each column for each year; see the	mplete this part		Yes	☐ No
(a)	(b)	(c)	g any entities	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use as:	sets (co	Distribution lumn (b) divided	
2010	400,614.				
2009					
2008					
2007		——————————————————————————————————————			
2006				T	
2 Total of line 1, column (d)			2		
3 Average distribution ratio for	the 5-year base period – divide the to on has been in existence if less than 5	tal on line 2 by 5, or by the	3		· · · · ·
•		,			
4 Enter the net value of noncha	iritable-use assets for 2011 from Part	X, line 5	4		0.
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distributions	from Part XII, line 4		8		
If line 8 is equal to or greater Part VI instructions	than line 7, check the box in Part VI,	line 1b, and complete that	part using a 19	6 tax rate. See th	ne

	n 990-PF (2011) PROS FOR AFRICA INC. 27-1674		F	⊃age 4
Par		ctions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)	1		
t	Domestic foundations that meet the section 4940(e) requirements in Part V,			
	check here ► and enter 1% of Part I, line 27b	1		
C	C All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)	1		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	1		
_	foundations only Others enter -0-)	<u> </u>		
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			<u>0.</u>
6	Credits/Payments	1		
	2011 estimated tax pmts and 2010 overpayment credited to 2011 Exempt foreign organizations — tax withheld at source 6b	1		
		1		
	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 6d	1		
	Total credits and payments Add lines 6a through 6d	1		^
8	Enter any penalty for underpayment of estimated tax. Check here			0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.
	Enter the amount of line 10 to be Credited to 2012 estimated tax	-		
	rt VII-A Statements Regarding Activities			
			Yes	No
1 0	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1	a	X
H	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			<u> </u>
•	(see the instructions for definition)?	1	ь	x
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published	,		
	or distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	1	C	X
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation			
e	(1) On the foundation			
	foundation managers \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u>.</u>	X
	If 'Yes,' attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	_ 3	3	X
4 a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		la	Х
b	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4	l b	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_ 5	<u> </u>	X
_	If 'Yes,' attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	i		
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict		_	
-	with the state law remain in the governing instrument?	6		<u>X</u>
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	_7	7 X	
00	Enter the states to which the foundation reports or with which it is registered (see instructions) OK - Oklahoma	-		
		-		
	the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	۽	вь х	
9		<u> </u>	T	†
3	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete Part)(5) X/V 9) x	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names			
	and addresses	10) X	
BAA		Form	990-PF	(2011)

Par	t VII-A Statements Regarding Activities (Continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11	_	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_x	
	Website address N/A			- - -
14	The books are in care of ► DARREL W. JAMES CPA Telephone no ► (405)	<u>359</u>	014	<u>6</u>
	Located at ► PO BOX 30595 EDMOND OK ZIP + 4 ► 73003-001	0	-	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If 'Yes,' enter the name of the foreign country ►			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	a During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1		ĺ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) Yes X No			
ŀ	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b		
	Organizations relying on a current notice regarding disaster assistance check here			1
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1 c		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
i	a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? Yes X No			
	If 'Yes,' list the years ▶ 20 , 20 , 20 , 20			
ı	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.)	2b		!
•	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20, 20, 20, 20			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
i	b If 'Yes,' did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		x
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		x
BAA	A F	orm 9 9	0-PF	(2011)

Form 990-PF (2011) PROS FOR AFRICA IN			27-167	4673 Pag	je 6
Part VII-B Statements Regarding Activiti		<u> 14720 May Be Requ</u>	uired (continued)		
5a During the year did the foundation pay or incur(1) Carry on propaganda, or otherwise attemp	•	n (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific publ on, directly or indirectly, any voter registra		4955), or to carry	☐ Yes X	No	
(3) Provide a grant to an individual for travel,		ourposes?	H H	No	
(4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section			Yes X	No	
(5) Provide for any purpose other than religiou educational purposes, or for the prevention			Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of t described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to d a current notice regard	qualify under the excepti ling disaster assistance	ons	5b	
Organizations relying on a current notice regar	ding disaster assistanc	e check here	► 🗌		
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response If 'Yes,' attach the statement required by Regulation	sibility for the grant?	·	Yes	No	
6a Did the foundation, during the year, receive an on a personal benefit contract?			☐ Yes 🗓	1 1 1	
b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	ums, airectly or indirect	iy, on a personal benefi	contract/	6b :	<u> </u>
7a At any time during the tax year, was the found	ation a party to a prohi	bited tax shelter transac	ction? Yes X	No	
b If 'Yes,' did the foundation receive any proceed				7Ь	
Part VIII Information About Officers, Diand Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	imployees,	
1 List all officers, directors, trustees, foundation	n managers and their o	omnensation (see instr	ructions)		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense accou	
JAY MITCHEL					
ONE N.E. SECOND STREET, SUITE 201					
OKLAHOMA CITY OK 73104	20.00	27,875.	0.		0.
JARED MITCHEL ONE N.E. SECOND STREET, SUITE 201	EMPLOYEE				
OKLAHOMA CITY OK 73104	20.00	23,681.	0.		ο.
BILL HORN					
ONE N.E. SECOND STREET, SUITE 201	EMPLOYEE				
OKLAHOMA CITY OK 73104	20.00	25,768.	0.		0.
See Information about Officers, Directors, Trustees, Etc					
		0.	0.		ο.
2 Compensation of five highest-paid employee	s (other than those inc				<u>.</u>
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account other allowances	
NONE					
0					
0					
0					
0					
Total number of other employees paid over \$50,000	<u>'</u>	ı	•	No	ne
BAA		12/05/11		Form 990-PF (20	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services ▶	None
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
²	
	-
3	
4	
	,
	<u> </u>
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
	-
2	
	-
	1
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	
ВАА	Form 990-PF (2011)

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Par	Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reign	foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes		
	Average monthly fair market value of securities	1 a	
	Average of monthly cash balances	1 b	
	Fair market value of all other assets (see instructions)	1 c	
	Total (add lines 1a, b, and c)	1 d	
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
_	(attach detailed explanation)		
	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operation	ating	foundations
	and certain foreign organizations check here ► x and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2 a	Tax on investment income for 2011 from Part VI, line 5		···
t	Income tax for 2011 (This does not include the tax from Part VI)		
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	_
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	
Par	TXII Qualifying Distributions (see instructions)		
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes [.] Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	
t	Program-related investments – total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
ŧ	Cash distribution test (attach the required schedule)	3ь	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years	the fou	

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Form **990-PF** (2011)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
Distributable amount for 2011 from Part XI, line 7			-	
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years 20, 20, 20				
3 Excess distributions carryover, if any, to 2011				
a From 2006 0.				
b From 2007 0.				
c From 2008 0.				
d From 2009 0 .				
e From 2010 400,614.				
f Total of lines 3a through e	400,614.			
4 Qualifying distributions for 2011 from Part				
XII, line 4 [.] ▶ \$				
a Applied to 2010, but not more than line 2a				
 b Applied to undistributed income of prior years (Election required – see instructions) 				
 Treated as distributions out of corpus (Election required — see instructions) 				
d Applied to 2011 distributable amount			-	
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011				
(If an amount appears in column (d), the same amount must be shown in column (a))			_	
same amount must be shown in column (a)				
6 Enter the net total of each column as indicated below:		:		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	400,614.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		·-
c Enter the amount of prior years' undistribut-				
c Enter the amount of prior years' undistributed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				···· <u>-</u>
amount — see instructions		0.		
e Undistributed income for 2010 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2012				0.
7 Amounts treated as distributions out of				-
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(q)(3)				
(see instructions)				
8 Excess distributions carryover from 2006 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	400,614.			
10 Analysis of line 9	400,014.			<u> </u>
a Excess from 2007 0.				
b Excess from 2008 0.				
c Excess from 2009 0.				
d Excess from 2010 400,614.				
e Excess from 2011 0.				
C LACESS HOTT ZOTT		<u> </u>		

Form 990-PF (2011) PROS FOR AFRICA		tions and David	\/II	<u>27-1674673</u>	Page 10
Part XIV Private Operating Foundat					
1a If the foundation has received a ruling or d is effective for 2011, enter the date of the i		at it is a private op	erating toundation,	and the ruling	
b Check box to indicate whether the foundati	on is a private opera	ling foundation des	cribed in section	X 4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
each year listed	0.	0.			<u> N/A</u>
b 85% of line 2a	0.	0.			N/A
c Qualifying distributions from Part XII, line 4 for each year listed		400,614.			400,614.
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 	0.	400,614.	0.	0.	400,614.
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter	1				
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information			organization ha	d \$5,000 or mor	e in
assets at any time during th		tructions.)			
1 Information Regarding Foundation Manage a List any managers of the foundation who have close of any tax year (but only if they have	nave contributed more	e than 2% of the to an \$5,000) (See so	tal contributions red ection 507(d)(2))	ceived by the founda	ition before the
b List any managers of the foundation who o	own 10% or more of t	he stock of a corpo	oration (or an equal	ly large portion of th	e ownership of
a partnership or other entity) of which the				., large portion or a	o omioromp o
O later and a Bassallan Contains a	-A O'(1) 1 C-11-				
2 Information Regarding Contribution, Gran Check here ☐ If the foundation only requests for funds If the foundation make	nakes contributions to	preselected chari	table organizations		
complete items 2a, b, c, and d					
a The name, address, and telephone number	er of the person to wh	om applications sh	ould be addressed		
b The form in which applications should be	submitted and inform	ation and materials	s they should includ	le·	
c Any submission deadlines		 .			
d Any restrictions or limitations on awards,	such as by geographi	cal areas, charitab	le fields, kinds of ir	nstitutions, or other f	actors

Form 990-PF (2011) PROS FOR AFRICA INC. Page 11 27-1674673 Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment if recipient is an individual, Recipient show any relationship to Purpose of grant or contribution status of Amount any foundation manager or recipient Name and address (home or business) substantial contributor a Paid during the year PAULO T. KYAMA NONE MISSION UGANDA PLOT 5 SPEKE ROAD KAMPALA UGANDA OK 73104 EXEMPT 43,140. SISTER ROSEMARY'S SCHOOL FUNDING FOR SCHOOL PLOT 5 SPEKE ROAD KAMPALA UGANDA OK 73104 EXEMPT 5,000. UNIVERSITY OF OKLAHOMA FOUNDATION SCHOLARSHIP 100 TIMBERDALE ROAD OK 73019 EXEMPT 100,000. NORMAN OKLAHOMA AIDS CARE FUND PROGRAM FUNDING 6608 NORTH WESTERN AVE EXEMPT OKLAHOMA CITY OK 73116 15,000. ALL DAY FOUNDATION PROGRAM FUNDING ONE N.E. 2ND STREET OKLAHOMA CITY OK 73103 EXEMPT 10,000. ICS UNIFORMS ONE N.E. 2ND STREET OKLAHOMA CITY OK 73103 EXEMPT 6,093. ERIK MARTIN MEDICAL ONE N.E. 2ND STREET EQUIPMENT OKLAHOMA CITY OK 73103 N/A 650. SACRED HEARTS SISTERS PROGRAM FUNDING 866 CAMBRIA STREET CRESSON PA 16630 EXEMPT 65,000. WATER IS LIFE PROGRAM FUNDING PO BOX 7481 **EDMOND** OK 73083 EXEMPT 2,000. Total За 246,883. b Approved for future payment

Total

3Ы

Part XVI-A Analysis of Income-Producing Activities

	1 22				
Enter gross amounts unless otherwise indicated		business income		y section 512, 513, or 514	(e)
1. Dunayan ang	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue			code		
a	+		+		
b			 		
c	+ - +		-		
d					<u> </u>
e	 				
g Fees and contracts from government agencies	 	· -	-		
2 Membership dues and assessments	· · · · · · · · · · · · · · · · · · ·	· ·	+ +		
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					-
8 Gain or (loss) from sales of assets other than inventory				_	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a	<u> </u>				
b			\perp		
c					
d			+ +		
10 0 1111 111 11 11 11 11	 -		+		
12 Subtotal Add columns (b), (d), and (e)					
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate				13	
					 -
Part XVI-B Relationship of Activities to th	e Accomplis	shment of Exem	pt Purpos	es	
Line No. Explain below how each activity for which accomplishment of the foundation's exemp	income is repor	ted in column (e) of er than by providing	Part XVI-A (contributed importantlich purposes) (See in	y to the
	· · · · · · · · · · · · · · · · · · ·	<u></u>	_		
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		 _			
				.	-

Yes No

Form 990-PF (2011) PROS FOR AFRICA INC. 27-1674673 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

								Yes	No
describe	organization directly o ed in section 501(c) o to political organizati	of the Code (oth	ngage in any of the follow her than section 501(c)(3	ring with any) organization	y other organization ons) or in section 5	ו 27,			
	_		a noncharitable exempt o	rganization	of				
(1) Cas	_			3			1a (1)		Х
(2) Othe	er assets						1a (2)		Х
b Other tra	ansactions.								
(1) Sale	es of assets to a none	charitable exer	npt organization				1b(1)		Х
• •			ole exempt organization				1b (2)		X
(3) Ren	ntal of facilities, equip	ment, or other	assets				1b (3)		X
(4) Reir	mbursement arranger	ments					1b (4)		X
(5) Loai	ns or loan guarantees	s					1b (5)		Х
(6) Perf	formance of services	or membership	or fundraising solicitation	ons			1b (6)		X
c Sharing	of facilities, equipme	ent, mailing list	ts, other assets, or paid e	employees			1c		<u>x</u>
the good	ds, other assets, or s	ervices given t	complete the following so by the reporting foundation low in column (d) the vali	n If the fou	indation received le	ess than fair market	value in	e of	
(a) Line no	(b) Amount involved	(c) Name o	f noncharitable exempt organiza	ition	(d) Description of tra	nsfers, transactions, and	sharing arrar	ngements	3
<u> </u>									
,		1							
					·				
				-					
			•						
	 .								
									
						- ·			
		-						-	
		· · · · · ·				-			
describe	oundation directly or i ed in section 501(c) o complete the following	of the Code (oth	ated with, or related to, or ther than section 501(c)(3	ne or more (tax-exempt organization 527?	ations	Yes	s X	No
	Name of organization		(b) Type of organ	nization		c) Description of rel	ationship		
	y Harrie or organization	···	(b) Type of organ	nzation		c) bescription of rea	ationship		
	<u> </u>								
<u>-</u>			<u> </u>						
Sign Here	penalties of perjury, I declar, and complete Declaration	e that I have examing of preparer (other to	ned this return, including accomplian taxpayer) is based on all info	panying schedul ormation of whi		o the best of my knowleds vledge	May the this retur preparer (see inst	IRS disci n with the shown b ructions)	uss ne pelow
Joigna	Print/Type preparer's nar			} /-	Date		PTIN	Yes	No
	1 "		Preparer's sufficience	اسطار		Check X If			
Paid	DARREL W. JA			AMES	11/14/12	self-employed	P00079	916	
Preparer	<u> </u>		JAMES, CPA		\	Firm's EIN ►			
Jse Only	_		30595	OT	72002022	- , , , , , , , , , , , , , , , , , ,	.) 252		
24.4	E	DMOND		OK	730030010	Phone no (405	359-		
BAA							Form 99	IU-PF (2011)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization		Employer identification number			
PROS FOR AFRICA INC.		27-1674673			
Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a 527 political organization	private foundation			
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation	ate foundation			
Check if your organization is covered by the \mathbf{Ge} Note. Only a section 501(c)(7), (8), or (10) organization	neral Rule or a Special Rule nization can check boxes for both the General Rule and a S	pecial Rule See instructions			
General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)					
Special Rules					
509(a)(1) and 170(b)(1)(A)(vi), and received	orm 990 or 990-EZ that met the 33-1/3% support test of the i I from any one contributor, during the year, a contribution of VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I an	the greater of (1) \$5 000 or			
For a section 501(c)(7), (8), or (10) organizatotal contributions of more than \$1,000 for u the prevention of cruelty to children or anim	ation filing Form 990 or 990-EZ that received from any one case exclusively for religious, charitable, scientific, literary, or als Complete Parts I, II, and III	ontributor, during the year, educational purposes, or			
contributions for use <i>exclusively</i> for religious if this box is checked, enter here the total co	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000 if this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively				
religious, charitable, etc, contributions of \$5	,000 or more during the year	► \$			
990-PF) but it must answer 'No' on Part IV. line	the General Rule and/or the Special Rules does not file Sch 2, of its Form 990, or check the box on line H of its Form 99 e filing requirements of Schedule B (Form 990, 990-EZ, or 99	90-F7 or on Part L line 2 of its			
BAA For Paperwork Reduction Act Notice, se 990EZ, or 990-PF.	e the Instructions for Form 990, Schedule B (Form 990, 990-EZ, or 990-PF) (2011)			

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2011)	Page	1 of 1 of Part 1
•	OR AFRICA INC.	' '	74673
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional sp	ace is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$693 <u>,</u> 300.	Person X Payroll Noncash (Complete Part II if there
	OKLAHOMA CITY OK 73104		is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NOAH ROBERTS ONE N.E. SECOND STREET, SUITE 201 OKLAHOMA CITY OK 73104	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)	LUKE 12:48 FOUNDATION ONE N.E. SECOND STREET, SUITE 201 OKLAHOMA CITY OK 73104 (b)	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution) (d)
Number	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	MASSEY FAMILY FOUNDATION ONE N.E. SECOND STREET, SUITE 201 OKLAHOMA CITY OK 73104	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	VERNON DAVIS ONE N.E. SECOND STREET, SUITE 201 OKLAHOMA CITY OK 73104	\$ <u>5,261.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses.	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
ADVERTISING AND PROMOTION	70,843.			
BANK CHARGES	669.			
BUSINESS EXPENSES	2,065.			
DUES AND SUBSCRIPTIONS	1,160.			
FEES	21,387.			
INSURANCE	24,606.			
MEALS	207,799.			
MISCELLANEOUS	1,047.			
POSTAGE AND FREIGHT	854.			
PRINTING/COPYING	1,374.			
SUPPLIES	30,983.			
TELEPHONE	1,194.			l

Total

363,981.

Form 990-PF, Page 6, Part VIII, Line 1

Information about Officers, Directors, Trustees, Etc.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person X Business REGGIE N. WHITTEN ONE N.E. SECOND STREET, SUITE 201 OKLAHOMA CITY OK 73104 Person X Business RACHELLE NEWMAN WHITTEN	DIRECTOR 5.00	0.	0.	0.
ONE N.E. SECOND STREET, SUITE 201 OKLAHOMA CITY OK 73104	SECRETARY 5.00	0.	0.	0.

Total

0.	0.	0.
	 =	

Form 990-PF, Page 1, Part I

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FELLERS SNIDER MCAFEE & TAFT	APPLICATION TO IRS CONSULTATION	10,000.			

Total

10,824.

Form 990-PF, Page 1, Part I

Line 1	6b -	Accou	nting	Fees
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Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DARREL W JAMES CPA	TAX/ACCOUNTING	2,539.			

Total

<u>2,539.</u>

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WEST MARIE MEDIA	MEDIA	5,000.			
SCOTT MITCHELL & ASSOC	PUBLIC RELATIONS	31,000.			
AL ROSENBAUM	CONSULTING	30,488.			·
ROBIN MCALESTER	PHOTOGRAPHY	60.			
INSOMNIA INTERACTIVE	DESIGN	1,155.			

Total

67,703.

Form 990-PF, Page 2, Part II, Line 22

Other Liab Stmt

Line 22 - Other Liabilities:	Beginning Year Book Value	Ending Year Book Value
PAYROLL TAXES PAYABLE	-2,601.	-5,575.
Total	-2,601.	-5,575.

Form **8868**

(1.01 00.1001) 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

File a separate application for each return.

	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	- p			
	re filing for an Automatic 3-Month Extension, co				<u>► X</u>
	re filing for an Additional (Not Automatic) 3-Mor				
	aplete Part II unless you have already been grant				
request an e Associated	filing (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (nextension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which reling of this form, visit www.irs.gov/efile and click	ot automatic) n Part I or Pa must be sent	3-month extension of time. You can elect art II with the exception of Form 8870, Inf to the IRS in paper format (see instruction	ctronically file Forr	n 8868 to or Transfers
	Automatic 3-Month Extension of Time.		<u>-</u>		
	on required to file Form 990-T and requesting an			omplete Part I onl	v ►
	rporations (including 1120-C filers), partnerships			an extension of ti	me to file
	Name of exempt organization or other filer, see instructions		Enter mer 3 identi	Employer identification	
Type or					,
print	PROS FOR AFRICA INC.			X 27-16746	:73
File by the due date for	Number, street, and room or suite number. If a P O box, see	nstructions		Social security r	
filing your return See	ONE N.E. SECOND STREET, #201				
instructions	City, town or post office, state, and ZIP code. For a foreign a	iddress, see instr	uctions	11 1	
	OKLAHOMA CITY			<u>OK</u> 731	.04
Enter the R	eturn code for the return that this application is f	for (file a sep	parate application for each return)		04
Application Is For	1	Return Code	Application Is For		Return Code
Form 990		01	Form 990-T (corporation)	-	07
Form 990-B	L	02	Form 1041-A		08
Form 990-E	Z	01	Form 4720		09
Form 990-P	F	04	04 Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870	<u> </u>	12
Telepho If the or If this is check the exter I requuntil The exter 2 If the	one No (405) 359-0146 ganization does not have an office or place of bits for a Group Return, enter the organization's found is box If it is for part of the group, ension is for est an automatic 3-month (6 months for a corporate in automatic 3-month (6 months for a corporate in automatic 3-month (6 months for a corporate in its for the organization's return for calendar year 20 11 or tax year beginning , 20 tax year entered in line 1 is for less than 12 mornange in accounting period	FAX N usiness in the ir digit Group check this b ration require rganization r	e United States, check this box Exemption Number (GEN) If ox I and attach a list with the nated to file Form 990-T) extension of time eturn for the organization named above		
3a If this	application is for Form 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions	4720, or 6069	9, enter the tentative tax, less any	3a \$	0.
b If this payme	application is for Form 990-PF, 990-T, 4720, or ents made Include any prior year overpayment a	6069, enter a allowed as a	any refundable credits and estimated tax credit	3b \$	0.
EF IP	ce due. Subtract line 3b from line 3a Include yo S (Electronic Federal Tax Payment System) Sec	e instructions		3c \$	0.
Caution. If payment in	you are going to make an electronic fund withdra structions	awal with this	Form 8868, see Form 8453-EO and Form	m 8879-EO for	

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Form 8868	(Rev 1	-2012)				RICA INC.			27-1674673	Page 2
								complete only Part II and check th		X
								3-month extension on a previously	y filed Form 8868	
• If you a	are filing	j for an	Automa	atic	3-Month Ex	tension, comp	lete only P	art I (on page I).		
Part II	<u>Additi</u>	onal (I	Not A	<u>ıto</u>	matic) 3	Month Exte	nsion of	Time. Only file the original (
	, 		!	<u> </u>		, 		Enter filer's	identifying number, see	
	Name o	it exèmpt o	organizatić I	n òi	other filer, see	instructions			Employer identification number (EIN) or
Type or	1								W 07 1674673	
print		OS FOR AFRICA INC.					drt		X 27-1674673 Social security number (SSN)	
File by the	Number, street, and room or suite number. If a PO box, see in					PO box, see instri	uctions		Social Security Humber (SSH)	
extended due date for	led to late for the ONE N.E. SECOND STREET, #201 See City! town of post office, state! and ZiP code For a foreign address, see instructions									
filing the return See								<u> </u>		
Instructions										
	TOKI	AHOMA CITÝ II OK 73104								
	_]						•			
Enter the f	Return	code for	the reti	ırn	that this ap	plication is for	(file a sepa	rate application for each return)		. 04
	<u> </u>				<u> </u>		<u> </u>	I		Detur
Application is For	n				}		Return Code	Application Is For		Return Code
				<u> </u>	l (
Form 990	<u> </u>			<u> 11</u>	! <u>\</u>		01	Form 1041-A		08
Form 990- Form 990-		- ·		<u> </u>	! ! 		01	Form 4720		09
Form 990-		<u> </u>			<u> </u>		04	Form 5227		10
Form 990-T (section 401(a) or 408(a) trust)							05	Form 6069		11
Form 990-T (section 401(a) or 400(a) (tust)							06	Form 8870	12	
				1 ,	1	1				
STOP! Do	not ço	mplete F	Part II if	yo	u were not	already grante	d an autom	atic 3-month extension on a previo	ously filed Form 8868.	
Teleph If the	hone No organiz	ation do	05) es not l Return,	35 av	9-0146 e an office der ter the organ	or place of bus nization's four o	FAX No. Page 15 in the digit Group	United States, check this box . Exemption Number (GEN) k this box ▶ ☐ and attach a list w	If this	. .
members					<u> </u>				·	
4 I red	quest a	n additio	nal 3⋅m	ion	th extension	of time until	Nov 15	, 20_ <u>12</u>		
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						than 12 month	ns, check re	ason Initial return	Final return	
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7 Stat	te ın de	tail why	you ne	éd	the extensio	n THE C	HARACTE	RIZATION OF CERTAIN 1	RANSACTIONS	
						SUFFICIE	NT TIME	FOR THE FILING OF A	COMPLETE	
		CURAT				<u> </u>				
					990-BL, 990 structions	P-PF, 9 9 0-T, 47	720, or 6069	, enter the tentative tax, less any	. 8a \$	0.
		_		_		T 4720 or 6	069 optor s	any refundable credits and estimate		
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correct, are	npiete		· N) 	id prepare in					
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