



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Form 990-EZ

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: SEKOLO PROJECTS, INC. D Employer identification number: 80-0115298. E Telephone number: 203-987-5293. F Group Exemption Number. G Accounting Method: X Cash. I Website: WWW.SEKOLOPROJECTS.ORG. J Tax-exempt status: X 501(c)(3).

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 51,683.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (51,534); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Investment income (149); 5a-5c Gross amount from sale of assets other than inventory; 6a-6c Gross income from gaming and fundraising events; 7a-7c Gross sales of inventory, less returns and allowances; 8 Other revenue; 9 Total revenue (51,683); 10 Grants and similar amounts paid (21,500); 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits (23,338); 13 Professional fees and other payments to independent contractors (1,001); 14 Occupancy, rent, utilities, and maintenance; 15 Printing, publications, postage, and shipping (392); 16 Other expenses (12,829); 17 Total expenses (59,060); 18 Excess or (deficit) for the year (<7,377.>); 19 Net assets or fund balances at beginning of year (81,071); 20 Other changes in net assets or fund balances (0); 21 Net assets or fund balances at end of year (73,694).

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011)

132171 02-06-12

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations. Enter		
39a	a Initiation fees and capital contributions included on line 9	N/A	
39b	b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <u>CT</u>		
42a	The organization's books are in care of <u>WILLIAM KIERNAN</u> Telephone no <u>203-987-5293</u> Located at <u>108 OLD STONE BRIDGE ROAD, COS COB, CT</u> ZIP + 4 <u>06878</u>		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>_____</u>	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country: <u>NAMIBIA</u>	X	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with Yes/No columns. 46 Yes No X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns. 47 Yes No X, 48 Yes No X, 49a Yes No X, 49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All entries are NONE.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. All entries are NONE.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

X Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer WJK, Date July 2, 2012, Type or print name and title William Kiernan, Treasurer

Paid Preparer Use Only: Print/Type preparer's name WALTER J. MCKEEVER, JR., Preparer's signature, Date 6/28/12, Check self-employed X, PTIN P00964495, Firm's name WALTER J. MCKEEVER & COMPANY, LLC, Firm's EIN 06-1253566, Firm's address P.O. BOX 5147 15 VALLEY DRIVE GREENWICH, CT 06831, Phone no (203) 6228625

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization **SEKOLO PROJECTS, INC.** Employer identification number **80-0115298**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	129,885.	13,415.	66,757.	69,873.	51,534.	331,464.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	11,700.					11,700.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	141,585.	13,415.	66,757.	69,873.	51,534.	343,164.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						343,164.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	141,585.	13,415.	66,757.	69,873.	51,534.	343,164.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	665.	302.	1,162.	200.	149.	2,478.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	665.	302.	1,162.	200.	149.	2,478.
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 IV.)			44.			44.
13 Total support (Add lines 9, 10c, 11, and 12)	142,250.	13,717.	67,963.	70,073.	51,683.	345,686.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99.27 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	98.84 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	.72 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	1.14 %

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

SEKOLO PROJECTS, INC.

Employer identification number
80-0115298

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST

149.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: ACTIVITIES SUPPORT - SEE ATTACHED DESCRIPTION

GRANTEE NAME: SEKOLO PROJECTS NAMIBIA - CBO ENTANGO TALI PITI

GRANTEE ADDRESS: PO BOX 97059 WINDHOEK, NAMIBIA

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 04/08/11

AMOUNT GIVEN:

9,283.

ACTIVITY CLASSIFICATION: SOUP KITCHEN SUPPORT - SEE ATTACHED

GRANTEE NAME: SEKOLO PROJECTS NAMIBIA - CBO RED RIBBON SOUP

KITCHEN AT LUDERITZ

GRANTEE ADDRESS: PO BOX 97059 WINDHOEK, NAMIBIA

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 04/08/11

AMOUNT GIVEN:

9,329.

ACTIVITY CLASSIFICATION: MANAGEMENT & OPERATING COSTS - SEE ATTACHED

GRANTEE NAME: SEKOLO PROJECTS NAMIBIA

GRANTEE ADDRESS: PO BOX 97059 WINDHOEK, NAMIBIA

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 04/08/11

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

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.

OMB No 1545-0047

2011
Open to Public
Inspection

Name of the organization

SEKOLO PROJECTS, INC.

Employer identification number
80-0115298

AMOUNT GIVEN: 2,888.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 21,500.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

OTHER FUNDRAISING 7.

POSTAGE & SHIPPING 288.

PROGRAMS 3,182.

SUPPLIES 645.

TAXES - PAYROLL 1,861.

TELEPHONE 137.

TRAVEL 4,411.

INSURANCE - CORPORATE 1,250.

MISCELLANEOUS 413.

FILING FEES 100.

BANK CHARGES 306.

SPECIAL EVENT-FUNDRAISER 229.

TOTAL TO FORM 990-EZ, LINE 16 12,829.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE MISSION OF SEKOLO
PROJECTS IS TO PREVENT NEW HIV INFECTION IN YOUNG PEOPLE IN NAMIBIA BY
PROVIDING AND SUPPORTING EDUCATION, PHYSICAL CARE AND PSYCHOSOCIAL
SUPPORT TO THOSE LIVING WITH AND AFFECTED BY HIV/AIDS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

SEKOLO PROJECTS, INC.

Employer identification number

80-0115298

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Multiple horizontal lines for additional information.

Statement of Program Services and Grants made in FY8 2011

Total Program Services Cost: \$45,363.62

Program Service #1: Community Based Organization Assistance Fund (\$45,363.62)

The mission of Sekolo Projects is to prevent new HIV infection in young people in Namibia by providing and supporting HIV prevention education, physical care and psychosocial support for young people living with and affected by HIV / AIDS.

In Namibia, the scale of the HIV epidemic is exacerbated by a complexity of ingrained and interlocking social problems, including poverty, hunger, illiteracy, and the subordination of women. Providing emotional and physical support for young people living with the virus and those whose lives are affected by it, especially girls, builds self-confidence and strengthens a positive peer community which protects a child from the risks of HIV infection.

Globally, there are 33.4 million people living with HIV, with 2.7 million people newly infected each year. **Two-thirds of those affected by the epidemic live in sub-Saharan Africa.**¹ In 2008, UNAIDS estimated 200,000 people in Namibia were living with HIV and **66,000 children had lost one or both parents to the virus.**²

The depth and breadth of poverty in Namibia contributes to the widespread impact of HIV, with the burden increasingly on young people. The number of orphans and vulnerable children is increasing dramatically as parents and caretakers succumb to the disease. The extended family is rapidly becoming overburdened and unable to care for these children. Over half the population lives on less than \$2 a day.³

Even with governmental and non-governmental assistance, children and the communities in which they live still struggle for basic needs and the additional care and support necessary for young people dealing with the affects of HIV in their families. Many local initiatives fail due to lack of funds. Even when funds are available, complicated logistics to channel funds from the national to community levels prevent the money from getting to small community organizations.

Sekolo Projects' Community Based Organization (CBO) Assistance Fund supports vulnerable and orphaned Namibian children. Through the support of their communities, children attend school with the necessary food and physical assistance required to make learning productive.

In FY8, Sekolo Projects Inc. supported two CBOs through our Namibian partner, Sekolo Projects Namibia. Grants were made to Sekolo Projects Namibia directly, and further

¹ UNAIDS 2009 AIDS Epidemic Update

² *Ibid*

³ World Bank, 2008 Report

administered by Sekolo Projects Namibia with the aim of training Sekolo Projects Namibia staff to take over management of program services in the short term future.

The CBOs supported were:

Etango Tali Piti (Sekolo Sunrise Kids), Oshakati

Project Cost FY8: \$21,208.62

Etango Tali Piti is a support group for orphaned and vulnerable children from the Oneshila township outside Oshakati. The children who participate in Etango Tali Piti gather twice a week for a 2-hr instructed dance or soccer activity session.

The name of the group, Etango Tali Piti, is Oshiwambo for “the sun also rises.” The peer-support given and received through the discipline of learning, performing and competing builds the self-confidence and self-worth of these children, enabling them to stay in school and work toward a better future for themselves.

Etango Tali Piti provides regular adult supervision, communal fellowship and peer support to ~200 girls and ~100 boys. The dancers perform several times throughout the year: World Music Day in Oshakati, Day of the African Child in Oshakati, and World AIDS Day in Oshakati, to name only a few. The soccer team regularly competes with other local teams.

Red Ribbon Soup Kitchen, Luderitz

Project Cost FY8: \$21,267.00

The Red Ribbon Soup Kitchen provides three hot meals a week for ~300 learners at the Luderitz Secondary School. Luderitz, although home to the substantial fishing industry in Namibia and the gateway town to the diamond mines, has a high level of unemployment. The HIV infection rate in Luderitz is higher than the national average and the population of orphans and vulnerable children is exploding.

The Luderitz Secondary School was built for 250 learners, and now educates ~900. The school continually struggles to find additional teachers and space in which to teach. In the beginning of the 2007 school year, the teachers faced an ‘epidemic’ of fainting in their classes. After discussion among the staff, they realized children were not getting enough to eat and proposed opening a soup kitchen at the school. Although the teachers made every effort to provide food themselves for the learners, it was not sustainable or regular. Consequently, the Regional School Counselor for Luderitz approached Sekolo Projects for funding and assistance with the administration and budgeting of a soup kitchen.

Feeding the children at school keeps them focused and more attentive in class. It also functions to keep learners in school – they do not need to find work or beg for money or food during the time in which they would otherwise be learning.

Sekolo Projects Inc.
Information for FY8 990EZ
June 2012

Sekolo works with three teachers at the school to keep account of purchases, arrange volunteers to help cook the soup at the school, and to approach local organizations for future funding.

Grants awarded in FY8
Total: \$21,500.00

Grant 1: CBO Etango Tali Piti (Sekolo Sunrise Kids)

Date: April 8, 2012

Amount \$9,283.00

Grant Recipient: Sekolo Projects Namibia, PO Box 97059, Windhoek, Namibia

Description of Grant Purpose: This grant was made to Sekolo Projects Namibia through Sekolo Projects Inc. Community Based Organization (CBO) Assistance Fund. The grant purpose was to fund bi-weekly activity sessions in dance and soccer for 300 children. Grant activities took place between 1-1-11 and 12-31-11.

Grant 2: CBO Red Ribbon Soup Kitchen at Luderitz Secondary School

Date: April 8, 2012

Amount: \$9,329.00

Grant Recipient: Sekolo Projects Namibia, PO Box 97059, Windhoek, Namibia

Description of Grant Purpose: This grant was made to Sekolo Projects Namibia through Sekolo Projects Inc. Community Based Organization (CBO) Assistance Fund. The grant purpose was to fund soup served to ~280 students at the school 3 afternoons each week. Grant activities took place between 4-1-11 and 12-31-11

Grant 3: Management and operating costs for Sekolo Projects Namibia

Date: April 8, 2012

Amount: \$2,888.00

Grant Recipient: Sekolo Projects Namibia, PO Box 97059, Windhoek, Namibia

Description of Grant Purpose: This grant was made to Sekolo Projects Namibia for operating costs during the period of transition to local leadership, and as an exchange rate cushion for the actual grants.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

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

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only
All other corporations (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, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions SEKOLO PROJECTS, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 80-0115298
	Number, street, and room or suite no. If a P O box, see instructions. P.O. BOX 138	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OLD GREENWICH, CT 06870-0138	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ ELIZABETH ROBINSON, 10 LAKE DRIVE, OLD GREENWICH, CT 06870
- Telephone No. ▶ 203-987-5293 FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 11 or

▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0