2013 TAX RETURN

Client Copy

Client: ZANAA

Prepared for: American Friends of ZanaAfrica Corp 12 West 72nd Street, 17B New York, NY 10023 917-456-2890

Prepared by: Chetan Amin ANALYTIX BUSINESS SOLUTIONS, LLC 800 W CUMMINGS PARK STE 2000 WOBURN, MA 01801-6515 (978) 853-5057

Date: August 12, 2014

Comments:

Route to: _____

2013 Exempt Org. Return prepared for:

American Friends of ZanaAfrica Corp 12 West 72nd Street, 17B New York, NY 10023

ANALYTIX BUSINESS SOLUTIONS, LLC 800 W CUMMINGS PARK STE 2000 WOBURN, MA 01801-6515

American Friends of ZanaAfrica Corp 12 West 72nd Street, 17B New York, NY 10023 917-456-2890

FEDERAL FORMS

Form 990-EZ2013 Return of Organization Exempt from Income TaxSchedule AOrganization Exempt Under Section 501(c)(3)Schedule BSchedule of ContributorsSchedule OSupplemental InformationForm 8868Application for Extension

FEE SUMMARY

Preparation Fee

(978) 853-5057

2013 Federal Exempt Organizat	Page 1		
American Friends of Z	ZanaAfrica Corp		26-1358805
FORM 990-EZ REVENUE	2013	2012	Diff
Contributions, gifts, and grants Investment income Net income (loss) - special events	147,178 13 0	127,294 4 17,740	19,884 9 -17,740
Total revenue	147,191	145,038	2,153
EXPENSES Grants and similar amounts paid Professional fees/pymt to contractors Occupancy/rent/utilities/maintenance Printing, publications, and postage Other expenses	20,870 52,919 660 609 36,336	70,352 2,835 0 1,168 115,750	-49,482 50,084 660 -559 -79,414
Total expenses	111,394	190,105	-78,711
NET ASSETS OR FUND BALANCES Excess or (deficit) for the year Net assets/fund bal. at beg. of year Other changes in net assets/fund bal Net assets/fund bal. at end of year	35,797 41,728 -1,780 75,745	-45,067 86,795 0 41,728	80,864 -45,067 -1,780 34,017

2013

General Information

American Friends of ZanaAfrica Corp

Page 1

26-1358805

Forms needed for this return

Federal: 990-EZ, Sch A, Sch B, Sch O, 8868, 8868 p2

Carryovers to 2014

None

	٥	90-EZ	Short Form Return of Organization Exempt From Income	Тах		OMB No. 1545-1150
For	m J	90-EZ	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (except private foundations)			2013
			Do not enter Social Security numbers on this form as it may be may	ade publi	с.	Open to Public
Depa Inter	artment nal Rev	t of the Treasury venue Service	Information about Form 990-EZ and its instructions is at www.irs.g	ov/form9	90.	Inspection
A	For t	he 2013 calen	dar year, or tax year beginning , 2013, and ending			,
В	Addres	if applicable: C ss change		1		identification number
	Name		erican Friends of ZanaAfrica Corp	H	26-13 E Telephone	<u>358805</u>
	Initial I	Ne	West 72nd Street, 17B w York, NY 10023	ľ		
	Termir	ded return			-	156-2890
		ation pending		1	F Group E Number	Exemption ►
G		ounting Method	: X Cash Accrual Other (specify) ►	H Check		e organization is not
			.zanaafrica.org	require	d to attach	Schedule B (Form
J	Tax-ex	xempt status (chec	k only one) — X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	990, 99	90-EZ, or 9	90-PF).
κ	Form	of organization	: X Corporation Trust Association Other			
L	Add	lines 5b, 6c, a	nd 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or r	nore, or it	f total	
			umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990 EZ…			<u>147,191.</u>
Pa	rt I		Expenses, and Changes in Net Assets or Fund Balances (see organization used Schedule O to respond to any question in this Part L			
	1		, gifts, grants, and similar amounts received			147,178.
	2		vice revenue including government fees and contracts		-	147,170.
	3	-	dues and assessments			
	4	Investment ir	ncome		4	13.
	5 a	Gross amour	t from sale of assets other than inventory 5a			
	b	Less: cost or	other basis and sales expenses			
			om sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
R E			e from gaming (attach Schedule G if greater than \$15,000)	-		
Ĕ	b		e from fundraising events (not including \$ of contributi	ions		
REVENUE		of such gross	ing events reported on line 1) (attach Schedule G if the sum income and contributions exceeds \$15,000)		_	
			expenses from gaming and fundraising events		_	
		6b and subtra	r (loss) from gaming and fundraising events (add lines 6a and act line 6c)		6d	
			of inventory, less returns and allowances		_	
			goods sold		7c	
	8		e (describe in Schedule O)			
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			147,191.
	10	Grants and s	imilar amounts paid (list in Schedule O)	le O	10	20,870.
	11	Benefits paid	to or for members		11	
E X	12		er compensation, and employee benefits			
EXPENSES	13		fees and other payments to independent contractors			52,919.
N S	14		ent, utilities, and maintenance			660.
E S	15	Printing, pub	lications, postage, and shipping	1e 0		609.
	16 17	Total expense	ses (describe in Schedule O). See Schedu.	-~.~	… <u>16</u> … ► 17	<u> </u>
	17	Excess or (de	es. Add lines 10 through 16	· · · · · · · · ·		35,797.
A S			fund balances at beginning of year (from line 27, column (A)) (must agree wit			
A NS EE T T	19	figure reporte	ed on prior year's return)		year 19	41,728.
'T S	20	Other change	s in net assets or fund balances (explain in Schedule O) See Schedu	le O	20	-1,780.
	21	Net assets or	fund balances at end of year. Combine lines 18 through 20		► 21	75,745.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II. (A) Beginning of year (B) End of year 22 Cash, savings, and investments 41,728. 22 77,90 23 Land and buildings 23 24 Other assets (describe in Schedule O) 24 25 Total assets 41,728. 25 26 Total liabilities (describe in Schedule O) See Schedule O 0. 26 2,10 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 41,728. 27 75,74 Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses (C)(3) and 501(c)(4) organization s primary exempt purpose? See Schedule O 0. 26 (C)(3) and 501(c)(4) organizations and section 50 What is the organization's primary exempt purpose? See Schedule O 0 0 294/(a)(1) trusts; optior for others.) 28 Donations to support_mission Signa Signa Signa Signa Signa 28 Donations_to_support_mission Signa Signa Signa Signa Signa	06. 06. 61. 45. 01
22 Cash, savings, and investments (A) Beginning of year (B) End of year 23 Land and buildings 41,728. 22 77,90 24 Other assets (describe in Schedule O) 24 25 Total assets 41,728. 25 77,90 26 Total liabilities (describe in Schedule O) See Schedule O 0.26 2,10 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 41,728. 27 75,74 Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses (C)(3) and 501(c)(4)	06. 06. 61. 45.
22 Cash, savings, and investments 41,728. 22 77,90 23 Land and buildings. 23 24 Other assets (describe in Schedule O) 24 25 Total assets. 41,728. 25 26 Total liabilities (describe in Schedule O) See Schedule O 0. 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 41,728. 27 75,74 Part III Statement of Program Service Accomplishments (see the instructions for Part III) X Expenses What is the organization's primary exempt purpose? See Schedule O (C)(3) and 501(c)(4) organizations and section 50 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons 424 28 Donations to support mission 28 Donations to support mission 41,728. 41,728.	06. 06. 61. 45. 01
23 Land and buildings. 24 Other assets (describe in Schedule O). 25 Total assets. 26 Total liabilities (describe in Schedule O). 27 Net assets or fund balances (line 27 of column (B) must agree with line 21). 27 Net assets or fund balances (line 27 of column (B) must agree with line 21). 27 Net assets or fund balances (line 27 of column (B) must agree with line 21). 28 Donation's program service accomplishments (see the services provided, the number of persons 28 Donations to support mission	06. 61. 45. 01
25 Total assets. 41,728. 25 77,90 26 Total liabilities (describe in Schedule O) See Schedule O 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 41,728. 27 75,74 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 41,728. 27 75,74 Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses Check if the organization used Schedule O to respond to any question in this Part III. X What is the organization's primary exempt purpose? See Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons 60. 24 (2,10) 28 Donations to support mission 29 Donations to support mission 11,728.	<u>61.</u> 45. 01 on
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>61.</u> 45. 01 on
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	45. 01 on
Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses Check if the organization used Schedule O to respond to any question in this Part III. X What is the organization's primary exempt purpose? See Schedule O Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 4947(a)(1) trusts; option for others.) 28 Donations to support mission Image: support mission	01 on
Check if the organization used Schedule O to respond to any question in this Part III. X (Required for section 50 (c)(3) and 501(c)(4) organization's primary exempt purpose? See Schedule O What is the organization's primary exempt purpose? See Schedule O (c)(3) and 501(c)(4) organizations and section sec	on
What is the organization's primary exempt purpose? See Schedule 0 (c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. (c)(3) and 501(c)(4) organizations and section of the services provided, the number of persons of the section of the services provided, the number of persons of or others. 28 Donations to support mission (c)(3) and 501(c)(4)	on
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Organization's program service, as describe the services provided, the number of persons for others.) Organization's program service, as describe the services provided, the number of persons for others.) Organization's program service, as describe the services provided, the number of persons for others.) Organization's program service, as describe the services provided, the number of persons for others.) 28 Donations_to_support_mission Organization's program services provided, the number of persons for others.)	nal
28 Donations to support mission	
28 Donations to support mission	
(Grants \$) If this amount includes foreign grants, check here X 28 a 20,8	
	/0.
29	
(Grants \$) If this amount includes foreign grants, check here	
30	
(Grants \$) If this amount includes foreign grants, check here 30 a	
31 Other program services (describe in Schedule O)	
32 Total program service expenses (add lines 28a through 31a)	70
Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)	<u>/0.</u>
Check if the organization used Schedule O to respond to any question in this Part IV.	
(a) Name and Title (b) Average hours per week devoted to (Forms W-2/1099-MISC) (c) Reportable compensation (Forms W-2/1099-MISC) (c) Report plans and defaured (c) Estimated amount (c) Reportable compensation	t of
(a) Name and Title week devoted to position (Forms W-2/1099-MISC) (forms W-2/1099-MISC) contributions to employee other compensation (e) Estimated amount other compensation	1
Margaret_White_Mukuria	
President 20 0. 0.	0.
Christine Folch	_
Chairman 15 0. 0.	0.
<u>Christina Winters</u> Vice Chairman 10 0. 0.	0
	0.

	n 990-EZ (2013) American Friends of ZanaAfrica Corp 26-135880			age 3
Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ule		X
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		Yes	No
		33		Х
34	a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		Х
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	c 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	35 c		Х
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	36		Х
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		Х
	a 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?	38 a		Х
	a If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
ł	p Gross receipts, included on line 9, for public use of club facilities			
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
ł	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	40 b		Х
	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.			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	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	40 e		Х
41	List the states with which a copy of this return is filed > None			
42 a	a The organization's books are in care of ► <u>Margaret Mukuria</u>	56-2	<u>890</u>	
		- — — _[Yes	No
ł	• 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)?	42 b		X
	If 'Yes,' enter the name of the foreign country:►			

S	See the instructions for	exceptions and	filing requirement	s for Form	TD F 90-22.1	, Report of Fore	ign Bank and	d Financial A	Accounts.
c /	At any time during	the calenda	r year, did the	organiza	tion mainta	ain an office	outside of	the U.S.?.	
Ŀ	f 'Yes,' enter the	name of the	foreign countr	y:►					

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here				•	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year					N/A
					Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead					
	of Form 990-EZ.		4	4a		Х
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed					
	instead of Form 990-EZ			4b 4c		Х
c Did the organization receive any payments for indoor tanning services during the year?						Х
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?					
	If 'No,' provide an explanation in Schedule O			4d		
45 a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		4	5a		Х
b	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	s.'			
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		4	5 b		Х
	TEEA0812L 11/27/13		Form	990)-EZ ((2013)

Х

42 c

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. 46 46 Part VI Section 501(c)(3) organizations only 46 46 46 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. 50 and 51. 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' Yes I 47 Did the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48	X No X X X X
Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations 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. Yes 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes Yes 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 49 a b If 'Yes,' was the related organization a section 527 organization? 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.' (e) Reportable compensation (Forms W-2/1099-MISC) (e) Health benefits. comployee enefit plans, and deferred compensation	No No X X X X
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49 a Did the organization make any transfers to an exempt non-charitable related organization? 48 b If 'Yes,' was the related organization a section 527 organization? 49 a 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.' (c) Reportable compensation (Forms W-2/1099-MISC) (c) Reportable compensation contributions to employee benefit plans, and deferred compensation other compensation (e) Estimated amount of other compensation	No X X X
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49 a Did the organization make any transfers to an exempt non-charitable related organization? 48 49 a b If 'Yes,' was the related organization a section 527 organization? 49 b 49 b 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.' 49 b 49 b (b) 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 other compensation (e) Estimated amount other compensation (d) Health benefits, contributions to employee benefit plans, and deferred to position	X X X
49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization a section 527 organization? 49 b 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.' (d) Health benefits, contributions to employee benefit plans, and deferred to position (a) Name and title of each employee (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (e) Estimated amount of other compensation other compensation	X
b If 'Yes,' was the related organization a section 527 organization? 49 b 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.' (a) Name and title of each employee (b) 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 other compensation (e) Estimated amount of other compensation	nt of
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.' (a) Name and title of each employee (b) 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	
(a) Name and title of each employee (b) Average nours per week devoted to position (Forms W-2/1099-MISC) contributions to employee benefit plans, and deferred compensation (Forms W-2/1099-MISC)	
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.'	
(a) Name and business address of each independent contractor (b) Type of service (c) Compensation	n
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	_
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.	
Signature of officer Date	No
Sign Date Here Christine Folch Chairman	
Type or print name and title	
Print/Type preparer's name Preparer's signature Date Check If	
Print/Type preparer's name Preparer's signature Date PTIN Paid Chetan Amin Chetan Amin PTIN	
Paid Preparer Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Paid Preparer Chectan Amin Chectan Amin Paid Check if self-employed PO0175194	
Print/Type preparer's name Preparer's signature Date PTIN Paid Chetan Amin Chetan Amin PTIN	

	Public Charity Status and Public Support OMB No. 1545-0047											
SCHEDULE A (Form 990 or 990-EZ)	(Complete if the o	rganization is a section 4947(a)(1) nonexempt ► Attach to Form 990	t charita	ble trus	t.	or a se	ction		20	13	
Department of the Treasury Internal Revenue Service	Þ	Information abo	ut Schedule A (Form 9 at www.irs.gov	90 or 99	0-EZ) a		structio	ons is		Open to Inspe	o Publ ection	ic
Name of the organization								Employe	r identificat	tion number		
American Frien			-						358805			
Part I Reason fo The organization is not			(All organizations					See i	nstruct	ions.		
Ě			iation of churches desc	•		2		_				
			(ii). (Attach Schedule E				(•,/(•,/(•)	-				
3 A hospital or	a cooperati	ve hospital servic	e organization describe	ed in sec	tion 17	0(b)(1)(A	.)(iii).					
	-	nization operated	in conjunction with a h	iospital o	lescribe	d in sec	tion 17	0(b)(1)(A	4)(iii) . Er	nter the hos	spital's	
name, city, a 5	_	or the benefit of a	college or university own	ed or ope	erated by		nmenta	Lunit des	scribed in	section		
🖳 170(b)(1)(A)(i	v). (Comple	ete Part II.)										
			overnmental unit descri stantial part of its support					n the aer	neral pub	lic described	ł	
in section 17	0(b)(1)(A)(vi	i). (Complete Par	t II.) ''''		5			j.				
			0(b)(1)(A)(vi). (Completer than 33-1/3% of its s			ributions	mombe	archin fa	as and a	ross receipt	c	
investment in	come and u	s exempt functions unrelated business ion 509(a)(2). (Cor	ore than 33-1/3% of its s – subject to certain exce s taxable income (less nplete Part III.)	sections, a	and (2) r 511 tax)	no more t from bi	han 33- usiness	1/3% of es acqu	its suppo ired by tl	rt from gross he organiza	s ation a	fter
	on organized and operated exclusively to test for public safety. See section 509(a)(4).											
11 An organization more publicly describes the	An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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.											
а Туре I												
other than four												
check this bo	х		nation from the IRS that i									
g Since August	17, 2006, F	has the organization	on accepted any gift o	r contrib	ution fr	om any	of the fo	ollowing	persons	;?	Yes	Na
(i) A perso below, t	n who direc he governir	tly or indirectly cong body of the sup	ontrols, either alone or oported organization?	together	with pe	ersons d	escribe	d in (ii)	and (iii)	11 g (i)	Tes	No
•••			oed in (i) above?							11 g (ii)		
			described in (i) or (ii) a							11 g (iii)		
(i) Name of support	-	ormation about the	e supported organizatio	1	s the	(v) Did yo			s the	(vii) Amount	of mone	etary
organization	Silea		(described on lines 1-9 above or IRC section (see instructions))		ation in) listed in verning	the organi column (i supp	zation in) of your	organiz colur organize	ation in nn (i) ed in the S.?		port	
				Yes	No	Yes	No	Yes	No			
(A)												
(~)												
<u>(B)</u>												
(C)												
<u>(D)</u>												
<u>(E)</u>												
Total												
	1 1 4				00 57		-			000 000		10

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 American Friends of ZanaAfrica Corp

26-1358805 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(Å)(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									
begin	ldar year (or fiscal year ning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	17,440.	103,561.	184,829.	151,724.	147,178.	604,732.		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	17,440.	103,561.	184,829.	151,724.	147,178.	604,732.		
-	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)						0.		
6	Public support. Subtract line 5 from line 4						604,732.		
Section B. Total Support									
Caler begin	idar year (or fiscal year ning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
7	Amounts from line 4	17,440.	103,561.	184,829.	151,724.	147,178.	604,732.		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.		
	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.		
11	Total support. Add lines 7 through 10						604,732.		
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	0.		
	First five years. If the Form 990 is organization, check this box and						►X		
	ion C. Computation of Pu								
	Public support percentage for 20						%		
15	Public support percentage from	2012 Schedule A,	Part II, line 14			15	%		
16 a	33-1/3% support test – 2013. If and stop here. The organization	the organization of qualifies as a pub	did not check the plicly supported or	box on line 13, a rganization	nd the line 14 is 3	3-1/3% or more, 0	check this box		
b	33-1/3% support test – 2012. If t and stop here. The organization	the organization d qualifies as a pul	id not check a bo blicly supported o	x on line 13 or 16 rganization	a, and line 15 is a	33-1/3% or more,	check this box ·····►		
	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Éxplain in Part	IV how		
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an Private foundation. If the organi	meets the 'facts-a d-circumstances' f	and-circumstances test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Part ed organization.	IV how the►		

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.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admis- sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or						
	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
<u>Sec</u>	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total Support. (Add Ins 9,10c, 11 and 12.)						
14	organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(³⁾ ▶
Sec	tion C. Computation of Pu	blic Support P	ercentage			ı	
15	Public support percentage for 20						00
16	Public support percentage from					16	010
	tion D. Computation of Inv						
17	Investment income percentage f	or 2013 (line 10c,	column (f) divide	ed by line 13, colu	umn (f))		010
18	Investment income percentage f	irom 2012 Schedu	le A, Part III, line	. 17			olo
	33-1/3% support tests – 2013. It is not more than 33-1/3%, check						
	33-1/3% support tests – 2012. If line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	ne organization qu	alifies as a public	cly supported organ	nization 🕨
20	Private foundation. If the organi	zation did not che	CK a DOX ON line	14, 19a, or 19b, 0	CHECK THIS DOX AND	a see instructions	· · · · · · · · · · · · · · · · · · ·

Schedule A	(Form 990 or 990-EZ) 2013	American	Friends of	f ZanaAfrica	a Corp	26-1358805	Page 4
Part IV	Supplemental Informa or 17b; and Part III, lin (See instructions).	i tion. Provide le 12. Also co	e the explanat mplete this p	ions required art for any add	by Part II, line ditional informa	10; Part II, line 17a ition.	
						·	

Schedule A (Form 990 or 990-EZ) 2013

Schedule of Contributors

OMB No. 1545-0047

2013

Employer identification number

► Attach to	Form 990	, Form 990-EZ,	or Form	000 PE
	r orm 990	, FORM 990-EZ,	or rorm	990-FF

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

5			
American Friends of ZanaAf:	rica Corp		26-1358805
Organization type (check 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

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

501(c)(3) exempt 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

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

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, \$\$

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2013) or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page	1 of	1 of Part 1
Name of organization	Employer ide	ntification	n number
American Friends of ZanaAfrica Corp	26-1358	805	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	Weiksner Family Foundation 164 E 81st St., New York City, NY 10028	\$5,000.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u>	Paperseed Foundation Inc. 22 Pelican Way San Rafael, CA 94901	\$ <u>5,033.</u>	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3_</u>	TripAdvisor LLC 141 Needham St Newton, MA 02461	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(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) (2013)	Page	1 1	to 1	of Part II
Name of organization		Employ	er identification	number
American Friends of ZanaAfrica Corp		26-1	1358805	

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

artii	Noncash Property (see instructions). Use duplicate copies of Part II if addit	tional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	N/A		
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
[
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		^{\$}	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		^{\$}	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		^{\$}	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
		Ş	

Schedule	B (Form 990, 990-EZ, or 990-PF) (2013)		F	Page <u>1</u> to	1 of Part III		
Name of organ				Employer identification number			
	an Friends of ZanaAfrica Cor			26-1358			
Part III	Exclusively religious, charitable, e	tc., individual contribution	ns to section	501(c)(7), (8) or	(10)		
	organizations that total more than			ugn (e) and the follow	ing line entry.		
	For organizations completing Part III, enter tota contributions of \$1,000 or less for the year.	(Enter this information once. Se	e, etc., e instructions.).	▶\$	N/A		
	Use duplicate copies of Part III if additional			т	<u>1\/ A</u>		
(a)				(d)			
(a) No. from	Purpose of gift	(c) Use of gift		Description of ho	ow gift is held		
Part I	N7 / 2						
	<u>N/A</u>		+				
			+				
			- – – – – + – -				
		(e) Transfer of gift					
	Transferee's name, addres	ss, and ZIP + 4	Relation	ship of transferor to	transferee		
	[
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of ho	w aift is hold		
Part I	r uipose oi giit	Use of gift		Description of ne	w gift is neid		
	[
	[
	(e) Transfer of gift						
	Transferee's name, addres	Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
		, und 211 · · ·					
		+					
		+					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of ho			
No. from Part I	Purpose of gift	Use of gift		Description of ho	ow gift is held		
			+				
			+				
			+				
	(e) Transfer of gift						
	Turneformelle menne endelme		Dalation	- h. !	1		
	Transferee's name, addres	ss, and ZIP + 4	Relation	ship of transferor to	transferee		
(2)	(b)			(4)			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of ho	w gift is held		
Part I							
	L						
			+				
		1-1					
		(e) Transfer of gift					
	Transferee's name, addres		Relation	ship of transferor to	transferee		
BAA			Schedule	B (Form 990, 990-EZ,	or 990-PF) (2013)		

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-E Complete to provide information for responses to specific questions		OMB No. 1545-0047
(Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.	-	
Department of the Treasury Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructio at www.irs.gov/form990.		Open to Public Inspection
Name of the organization <u>American Frien</u>	ds of ZanaAfrica Corp	Employer identificat 26-1358805	
Form 990-EZ,	Part III - Organization's Primary Exempt Purpose		
Mission Sta	tement		
ZanaAfrica	is a non-profit organization whose mission is to cra	ift tools f	
within_Afri	ca to slay the giants of poverty.Our tools are the r	nexus of he	ealth,
education_a	nd environment with a particular focus on gender and	<u>technoloc</u>	y. These
tools_addre	ss the root cause of poverty and are primarily marke	t-based_sc	olutions
with a_nati	onal and replicable scope to provide leverage and la	sting solu	itions
with a_sign	ificant multiplier effect focused in East Africa.		
Form 990-EZ,	Part V - Regarding Transfers Associated with Personal Benefit Co	ntracts	
(a) Did th	e organization, during the year, receive any funds,	directly o	or
indirectly,	to pay premiums on a personal benefit contract?	<u></u>	<u>No</u>
(b) Did th	e organization, during the year, pay premiums, direc	tly or	
indirectly,	on a personal benefit contract?	<u></u>	<u>No</u>

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Excess of \$5,000 Cash Amount Given: \$ 20 Form 990-EZ, Part I, Line 16 Other Expenses \$ 1, Bank Charges. Advertising and Promotion. \$ 1, Bank Charges. Conferences, Conventions, and Meetings. 1, Dues and Subscriptions. Information Technology. 1, Interest. Interest. 1, Membership Fees. Office Expenses 3, Research and Development. Travel. Yotal Yotal \$ -1,7 Solo \$ -1,7 Form 990-EZ, Part I, Line 26 Total Liabilities Penalty. Yotal Beginning. Ending	age
Grants and Similar Amounts Paid In Excess of \$5,000 Cash Amount Given: \$ 20 Form 990-EZ, Part I, Line 16 Other Expenses Advertising and Promotion Bank Charges Conferences, Conventions, and Meetings 1, Dues and Subscriptions Information Technology Information Technology Information Technology Information Technology Information Technology Interest Information Technology Travel Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances Penalty Form 990-EZ, Part II, Line 26 Total Liabilities Beginning Ending	3588
Form 990-EZ, Part I, Line 16 Other Expenses Advertising and Promotion \$ 1, Bank Charges Conferences, Conventions, and Meetings 1, Dues and Subscriptions Information Technology 1, Insurance Insurance 4, Interest Meals and Entertainment 1, Membership Fees Office Expenses 3, Research and Development Travel 9 Total \$ -1,7 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances Penalty. \$ -1,7 Form 990-EZ, Part II, Line 26 Total Liabilities	
Other Expenses Advertising and Promotion \$ 1, Bank Charges 1, Conferences, Conventions, and Meetings 1, Dues and Subscriptions 1, Information Technology 1, Insurance 4, Interest 1, Membership Fees 1, Office Expenses 3, Research and Development 10, Travel 9, Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances Penalty 5 -1, 7 Form 990-EZ, Part II, Line 26	,870
Bank Charges. Conferences, Conventions, and Meetings 1, Information Technology 1, Insurance 4, Interest 4, Meals and Entertainment 1, Membership Fees 3, Office Expenses 3, Research and Development 10, Travel 9, Total \$36, Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances Penalty 5 -1,7 Form 990-EZ, Part II, Line 26 Total Liabilities	
Other Changes In Net Assets Or Fund Balances Penalty Total \$ -1,7 Total \$ -1,7 Form 990-EZ, Part II, Line 26 Total Liabilities	237. 767. 725. 552. 595. 397. 215. 95. 022. 895. 098. <u>336.</u>
Total Liabilities <u>Beginning</u> Endin	780. 780.
	ng ,161. ,161.



(Rev January 2014)

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Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

Х

File a separate application for each return.

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

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 extention 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
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
Type or		
Type or print		0.6 1050005
	American Friends of ZanaAfrica Corp	26-1358805
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
due dete for	12 West 72nd Street, 17B	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.		
	New York, NY 10023	

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	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	12

● The books are in the care of ► <u>Margaret Mukuria</u>	
Telephone No. ► 917-456-2890 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 box. If this box. If it is for part of the group, check this box. If the extension is for.	р, 🛄
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	
until $8/15$, 20 14 , to file the exempt organization return for the organization named above.	
The extension is for the organization's return for:	
► X calendar year 20 <u>13</u> 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 Change in accounting period Final return	
3a If this application is for Forms 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 Forms 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	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	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	Form 8868	3 (Rev 1-2014)			Page 2
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 3866. Image 10. Part II Additional (Not Automatic) 3-Month Extension complete only Part I (on page 1). Enter filer's identifying number, see instructions Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see instructions Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see instructions Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Application Enter filer's identify number (35%) Name or our other, state, and application is for (file a separate application for each return). Image: Separate application for each return). Image: Separate application for each return). Application Return Return Return Return Return Application Form 990-EZ 01 Form 4220 (bleft than individual) 09 Form 990-F1 (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-F1 Form 990-F2 (section 401(a) or 408(a) trust) 05			1 Extension	, complete only Part II and check this box	····· • X
Enter filer's identifying number, see instructions Type or print Name of exempt organization or other filer, see instructions. Empty or administration for the filer, see instructions. Number of second provide administry of the form paddress, see instructions. Null YTIX BUSINESS SOLUTIONS, LLC Social second provide filer of the filer, see instructions. Social second provide filer of the filer of	Note. Only	complete Part II if you have already been granted	an automa	tic 3-month extension on a previously file	
Enter filer's identifying number, see instructions Type or print Name of exempt organization or other filer, see instructions. Empty or administration for the filer, see instructions. Number of second provide administry of the form paddress, see instructions. Null YTIX BUSINESS SOLUTIONS, LLC Social second provide filer of the filer, see instructions. Social second provide filer of the filer of	 If you a 	are filing for an Automatic 3-Month Extension, com	plete only	Part I (on page 1).	
Name of exampl organization or other filer, see instructions. Employer identification number (EIP) or Ypp or number file by the file of the number is a P.0, box, see instructions. 26-1358805 Second security number (SBN) ANALYTYX BUSS SOLUTIONS, LLC Second security number (SBN) Sol of CUMMINGS PARK STE 2000 Second security number (SBN) Second security number (SBN) WOBURN, MA 01801-6515 Enter the Return code for the return that this application is for (file a separate application for each return). Image: Sol of COMMINGS PARK STE 2000 Application is for Return Code Application Return Code Second security number (SBN) Form 990-82 01 Form 1041-A 08 Form 990-92 01 Form 1041-A 08 Form 990-92 01 Form 5227 10 Form 990-92 04 Form 5227 10 Form 990-71 (rust other than above) 06 Form 8270 12 StoP 1 Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. • The books are in care of * Margaret_Mukuria	Part II	Additional (Not Automatic) 3-Month Ex	xtension	of Time. Only file the original (no	copies needed).
Type or print American Friends of ZanAfrica Corp 26-1358805 Anumber, steek, and room or sub number. If a P.0, box, see instructors. Boodal Security number. (ESR) ANALYTIX BUSINESS SOLUTIONS, LLC Boodal Security number. (ESR) Boodal Security number. (ESR) Boodal Security number. (ESR)					
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 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 this is for the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until <u>11/15</u>, 20 <u>14</u>. For calendar year <u>2013</u>, or other tax year beginning, 20, and ending, 20 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension <u>Taxpayer_respectfully_requests additional_time_to</u> 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	I eleph	one №. ► <u>917-456-2890</u>	Fax No.		. 🗆
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Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►	Title 🕨 Chairman	Date
BAA	FIFZ0502L 12/31/13	Form 8868 (Rev 1-2014)