| Form C | 90 |
|---------------|----|
|---------------|----|

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

| | | | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation) | ations) | | | | | |
|---------------|------------|---------------------------------|---|------------------|-------------------------|--|--|--|--|
| Dana | [| Open to Public | | | | | | | |
| | | of the Treasury enue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspection | | | | |
| _ | | | ar year, or tax year beginning , 2023, and ending | | , 20 | | | | |
| _ | | f applicable: | | D Employe | r identification number | | | | |
| | | schange | Doing business as | | 81-0555265 | | | | |
| | Name o | • | | E Telephor | | | | | |
| | Initial re | • | 201 2nd Avenue SE | | (256)737-8281 | | | | |
| | | turn/terminated | | G Gross re | | | | | |
| | | ed return | Cullman, AL 35055 | \$ | 1,715,918 | | | | |
| | | tion pending | F Name and address of principal officer: GARY WALTON H(a) Is this a gr | | | | | | |
| | прриса | ion pending | Same as C above H(b) Are all s | | | | | | |
| | Taxaax | empt status: X | | | See instructions | | | | |
| | Websit | | .kenyarelief.org | | | | | | |
| | | | | tate of legal of | | | | | |
| | rt I | Summar | | late of legal t | | | | | |
| 10 | 1 | | be the organization's mission or most significant activities: To provide medical care , | odugat | ion and hone to | | | | |
| | 1. | | | equidat | | | | | |
| ė | | che neeu | y in Africa. | | | | | | |
| anc | | | | | | | | | |
| Governance | 2 | Chock this h | x ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | | | |
| Š | 2 | | biting members of the governing body (Part VI, line 1a) | 3 | 0 | | | | |
| | 3 | | - | 8 | | | | | |
| ies | 4 | Number of in | 4 | 8 | | | | | |
| Activities & | 5 | | r of individuals employed in calendar year 2023 (Part V, line 2a) | 5 | 4 | | | | |
| Act | 6 | | of volunteers (estimate if necessary) | 6 | | | | | |
| | | | ed business revenue from Part VIII, column (C), line 12 | 7a | 20,213 | | | | |
| | | o Net unrelate | d business taxable income from Form 990-T, Part I, line 11 | 7b | 0 | | | | |
| | | | Prior Year | | Current Year | | | | |
| | 8 | | and grants (Part VIII, line 1h) | ,496 | 1,695,705 | | | | |
| nue | 9 | | vice revenue (Part VIII, line 2g) | | 0 | | | | |
| Revenue | 10 | | acome (Part VIII, column (A), lines 3, 4, and 7d) | 360 | 552 | | | | |
| Ř | 11 | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 19,661 | | | | |
| | 12 | | e - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,293 | ,856 | 1,715,918 | | | | |
| | 13 | | imilar amounts paid (Part IX, column (A), lines 1-3) | | 0 | | | | |
| | 14 | | to or for members (Part IX, column (A), line 4) | | 0 | | | | |
| s | 15 | - | | ,540 | 392,239 | | | | |
| enses | | | fundraising fees (Part IX, column (A), line 11e) | | 0 | | | | |
| be | | | sing expenses (Part IX, column (D), line 25) 7,168 | | | | | | |
| Exp | 17 | | ses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,289,296 | | | | |
| | 18 | | es. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,106 | | 1,681,535 | | | | |
| | 19 | Revenue les | | ,277 | 34,383 | | | | |
| ŗ | 5 | | Beginning of Curre | | End of Year | | | | |
| sets | 20 | | (Part X, line 16) | ,773 | 1,548,156 | | | | |
| Net Assets or | 21 | Total liabilitie | es (Part X, line 26) | | 0 | | | | |
| _Set | 22 | Net assets of | r fund balances. Subtract line 21 from line 20 | ,773 | 1,548,156 | | | | |

Part II Signature Block

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.

| | JOHN HOLDER | MAN | | | | | | |
|-------------|------------------------------|-----------------|--------------------------------|------------|---------------|-----------|--|--|
| Sign | Signature of officer | | | | D | ate | | |
| Here | JOHN HOLDERMAN, CEO | | | | | | | |
| | Type or print name and title | | | | | | | |
| | Print/Type preparer's name | | Preparer's signature | Date | Check if | PTIN | | |
| Paid | Erica A Miller | CPA | Erica A Miller CPA | 12-05-2024 | self-employed | P00885783 | | |
| Preparer | Firm's name | Erica A | Miller and Company LLO |] | Firm's EIN | | | |
| Use Only | Firm's address | PO Box 1 | | Phone no. | | | | |
| | | 256- | -654-0925 | | | | | |
| May the IRS | discuss this return with | the preparer sh | nown above? See instructions . | | | Yes X No | | |

| Forn | n 990 (2023) kenyarelief.org | 81-0555265 Page 2 |
|-----------|--|------------------------|
| Pa | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | <u></u> |
| 1 | Briefly describe the organization's mission: | |
| | To provide medical care, education and hope to the needy in Africa. | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | 🗌 Yes 🗵 No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. | 🗌 Yes 🕱 No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. | - |
| 4a | (Code:) (Expenses \$1,326,261 including grants of \$) (Revenue Provide medical and dental care along with medical supplies and equipment | |
| | Operate an orphanage for impoverished children; furnish housinbg and educa | |
| | conduct sustainability projects. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue | e \$) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenu | ie \$) |
| 40 | |)) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e EEA | Total program service expenses 1,326,261 | Form 990 (2023) |
| | | |

| | 990 (2023) kenyarelief.org | 81-05552 | 65 | P | age 3 |
|-----|---|----------|--------|-----|--------|
| Par | rt IV Checklist of Required Schedules | | | | |
| | | 1 | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A | | 4 | | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. | F | 1 2 | x | x |
| 2 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | 2 | | ~ |
| U | candidates for public office? If "Yes," complete Schedule C, Part L | | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | • | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | - | | | |
| | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | | |
| | "Yes," complete Schedule D, Part I | | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | _ | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | ••••• | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | • | | |
| • | complete Schedule D, Part III | | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV. | | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | Ĵ | | л |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | - | | |
| | VII, VIII, IX, or X, as applicable. | | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | | |
| | complete Schedule D, Part VI | | 11a | x | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more | | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | 11b | | х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more | | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | 11c | | x |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | 44.1 | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | F | 11d | | x |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | ••••• | 11e | | x |
| f | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.> | , | 11f | | x |
| 12a | | F | | | ~ |
| 120 | Schedule D, Parts XI and XII | | 12a | | x |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . | | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | [| 13 | | х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | [| 14a | | х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | ••••• | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. | ••••• | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | 40 | | |
| 17 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV. | | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e2 /f "Ves." complete Schedule G. Part I. See instructions | | 17 | | v |
| 18 | Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | ••••• | 17 | | x |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI. | | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | | |
| - | If "Yes," complete Schedule G, Part III | | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | H | 20a | | x |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum? | F | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | 21 | | х |
| | | | - | | (0000) |

Form 990 (2023)

| | | 0555265 | 5 | P | age 4 |
|--------|---|------------------|------------|-----|-------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | res | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. | : | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the | | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | | |
| | employees? If "Yes," complete Schedule J | [| 23 | | х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 2 | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 2 | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | | |
| | to defease any tax-exempt bonds? | | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 2 | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 2 | 25a | | х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | | |
| | If "Yes," complete Schedule L, Part I | 2 | 25b | | х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II. | · · · · 2 | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | ~~ | | |
| 20 | persons? If "Yes," complete Schedule L, Part III | •••• | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (See the Schedule | | | | |
| _ | L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | | |
| h | "Yes," complete Schedule L, Part IV. | | 28a 28b | | X |
| b c | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 2 | 200 | | х |
| C | "Yes," complete Schedule L, Part IV. | 2 | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | | 29 | | x |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | 23 | | |
| | conservation contributions? If "Yes," complete Schedule M. | | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J. | | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | · · · _ <u> </u> | • | | |
| | complete Schedule N. Part II | ; | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | ; | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | | |
| | or IV, and Part V, line 1 | ; | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 3 | 35a | | х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 3 | 35b | | x |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | : | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI | · · · L3 | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O | 3 | 38 | х | |
| Par | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | ••• | | |
| | | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | | |
| | reportable gaming (gambling) winnings to prize winners? | <u></u> 1 | 1c | х | |
| | | - | - | 000 | 0000 |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2 Entre the number of employses properd on Form W/s. A Transmited Valey and Tax 2 4 4 5 3 Extre the number of employses properd on Form W/s. The setup. 2a 4 4 5 3 Did the organization have unreliated business gross income of \$1,000 or more during the year?. 3a x 4 Any time during the calendar year adding the organization have annikaceutilis a subjustue or other funcial account? 3a x 5 With Yes, 'name the name of the foreign county K8 x 5a x 6 Did sty stassing the granization function any time during the tax year? 5a x x 6 Did sty stassing the granization function any time during the tax year? 5a x x 6 Did sty stassing the granization function any annial grass in a spire tax on the spire of 100,000, and did the organization include with every solicitation an express statement tax out contribution or attre tax during the spire of the spire of 100,000, and did the organization include with every solicitation an express statement tax out contribution or attre tax during the spire of the spire of 100,000, and did the organization include with every solicitation and expres statem | Form | 990 (2023) kenyarelief.org 81-0555 | 265 | F | age 5 |
|---|------|---|-----|-----|-------|
| Statements. Red for the calendary year and gives a row within the year covered by this stum Iza | Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
| b If a least one is reported on line 2a, dd the organization file all required lederal amplyment tax returns? 2b X a Did the organization have unitable business growing on supported to reproduing the vesar? 3b X a At any time dung the calendary year, did the organization have an interest in or a signature or other authority over, a financial account in a toreing nounly (such as a bark account scutties account) in other financial accounts (FBAR). 3b X b If "res," near the name of the foreign county (such as a bark account scutties account, or other financial accounts (FBAR). 3a X 58 Sea in autocaling port, such it was or is a park to a prohibited tax schlet transaction at any time dung the tax year? 5a X 50 Did any inxeginarization have annual gross receipts that an onthe financial Accounts (FBAR). 5a X c If "Yes" to line so of Sb, did the organization that any time dung the tax year? 5a X c If "Yes" to line so or Sb, did the organization that any time dung the tax year? 5a X d If "Yes" to line so or Sb, did the organization have that an onthigh year that an onthigh tax year? 5a X d If "Yes" to line so or Sb, did the organization have that an onthigh year that an onthigh tax year? 5a X d If " | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | Statements, filed for the calendar year ending with or within the year covered by this returm 2a 2a | | | |
| b If Yes, 'Insi it lied a Form 950-T for this year.' If Yo''c lime 3b, provide an explanation on Sciendule 0 | b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | x | |
| 4 At any time during the calendar year, dif the organization have an interest in, or a signature or other authority over, a financial account)? Image: a star interest in a signature or other authority over, a signature or other authority over, and interest in or a signature or other authority over, and a signature or other authority or a prohibited tax signature or other authority or a prohibited tax signature or other authority or and a signature or other authority or a prohibited tax signature or other authority or a prohibited tax signature or other authority or and a signature or other authority or a prohibited tax signature or other authority or and a signature or other authority or and and a signature or other authority or a prohibited tax signature or other authority or and a signature or other authority or and a signature or other authority or any signature or other authority and andity andity andity andity andity andity andity andity an | 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | х |
| a function account in a foreign country (such as a bark account, securities account, or other financial account? 4a x b If Yes," more the name of the foreign, country is a prohibited tax shelter transaction at any time during the tax yeor? 5a x 5a Was the organization a pany to a prohibited tax shelter transaction? 5b x c If Yes," of the organization the organization the room sale shelter transaction? 5b x c If Yes," of the organization the organization the two or is a prohibited tax shelter transaction? 6a x b If Yes," of the organization the organization the organization solicit any cortributions that are normally greater than \$100,000, and did the organization theolde with were solicitation an express statement that such cortributions or gifts were not tax deductible? 6a x b If Yes," folde organization theole a payorf must be costication an express statement that such cortributions or gifts were not tax deductible? 7a x c If Yes," indicate the number of Form 8822 field during the year. 7c x 7c x d If Yes," indicate the number of Form 8822 field during the year? 7d x x f Ub the organization necelle a contribution of qualified intellectual property. for which it was required to the year. 7d x g If the organization meane execes business function and secescore socontalon or during the year. 7d </th <td>b</td> <td>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</td> <td>3b</td> <td></td> <td></td> | b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| b If "Yes," enter the name of the foreign country XE See instructions for filing country See instructions for filing country in a prohibited tax shelter transaction at any time during the tax year? 5a See instructions for filing country in a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party noily the organization the row 3896-77 5c See instructions colical any contributions that were normally greater than \$100,000, and did the organization include with every solicitation and prior tax deductible contributions or glifts were not tax deductible contributions under section 170(c). 6a x If "Yes," idd the organization include with every solicitation and express statement that such contributions or glifts were not tax deductible? 7a x If "Yes," idd the organization noily the donor of the value of the globad sepse of argible personal proved of the value of the contract? 7a x If "Yes," idd the organization noily the donor of the value of the globad sepse of argible personal proved for with value or the contract? 7d x If Ures," indicate the number of forms 8282? 7c x x If Ures," indicate the number of forms 8282? 7d 7d x If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7fd x If t | 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| See instructions for filing requirements for FinoCEN Form 14. Report of Forcign Bank and Financial Accounts (FBAR). Sa Xa Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa Xa C If Yes' to line 6a or 5b, ddt the organization the Form 8896-17 Sa X B Does the organization account and gross receivits that are normally greater than \$100,000, and dithe organization incide with were not tax deductible as charitable contributions or gifts were not tax deductible? Ga X If Y'es' to line 6a or 5b, ddt the organization incide with werey solicitation an express statement that such contributions or gifts were not tax deductible? Ga X If Y'es', full the organization necelve as of S75 mode party is a contribution and party for goods and services provided to the payor? Ta X If Y'es', full the organization necelve as of S75 mode party is a contribution and party for goods and services provided to the payor? Ta X If Y'es', full the organization cavels as payort in recessed S75 mode payorent in exceeds and payorent in exceeds and payorent in exceeds and payorent in exceeds of targible personal property for which it was required to file Form 8282? Ta Ta Ta If Y'es', fundicate the number of Forms \$282 filed during the year? Ta Ta Ta Ta If the organization during the year. Ta <td></td> <td>a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td> <td>4a</td> <td>x</td> <td></td> | | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | x | |
| 53 Was the organization a party to a prohibited tax shelter transaction? Sa x b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sa x c Dece the organization have arrund gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or glits were not tax deductible contributions an express statement that such contributions or glits were not tax deductible contributions under section 170(c). Ga Ga X Yes," did the organization include with every solicitation an express statement that such contributions or glits were not tax deductible contributions under section 170(c). Ga X Yes," did the organization notify the down of the value of the sade party as a contribution and party for goods and services provided? Ta X d I'Yes," did the organization notify the down of the value of the goods or services provided? To Za d I'Yes," did the organization notify the down of the value of the organization file form 8282? To Za X d I'Yes," did the organization notify the down of the value of the organization file form 8282? To X To Za X d I'Yes," did the organization notify the down of the value of the organization file form 8282? To X To X <td>b</td> <td>If "Yes," enter the name of the foreign country KE</td> <td></td> <td></td> <td></td> | b | If "Yes," enter the name of the foreign country KE | | | |
| b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes' to line 5a or 5b, did the organization file Form 8886-T? Sc Sc Sc Does the organization sell any contributions that ware not tax deductible as charitable contributions? 6a X organization scient any contributions that ware social and spress statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6b C 0 Did the organization notify the donor of the value of the goods or services provided? 7b C 0 If "Yes," ididate the number of Forms 8282 filed during the year. 7c X 0 Did the organization notify the donor of the value of indirectly, on personal benefit contract? 7c X 0 If "Yes," indicate the number of Forms 8282 filed during the year. 7d X 10 the organization notify the donor advised funds. 7d X 11 the organization notify the donor advised funds. 7d X 12 Uf the organization notify the donor advised funds. 7d X 11 the organization notify the donor advised funds. 7d X 12 Did the sopr | | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
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| b H**es,* dd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b c Organizations that may receive deductible contributions under section 170(c). 10 10 d) H**Yes,* dd the organization neceive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor? 7a x c) Did the organization neceive a payment in excess of 375 made partly as a contribution and partly for which it was required to file Form 38282? 7c x d) H**Yes,* indicate the number of Forms 8282 filed duing the year. 7d x x d) Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7d x g) If the organization receive a contribution of any basks, anteness, or other vehicles, dift the organization file Form 38282 7d x g) If the organization meevice a contribution of any other divides (d the organization file Form 38282 7d x g) Sponsoring organization maintaining doora advised funds. Did the sponsoring organization make any taxable distributions under section 49667 9e x g) Did the sponsoring organization make any taxable distributions under sources 10a 10a 10a 10a </th <td>6a</td> <td>Does the organization have annual gross receipts that are normally greater than \$100,000, and did the</td> <td></td> <td></td> <td></td> | 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
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| b If "Yes," did the organization notify the donor of the value of the goods or services provided?. 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form S2827 | | | 7a | | x |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c x d If 'Ves,' haicate the number of Forms 8282 filed during the year. 7d x e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e x f Did the organization receive a contribution of qualified intellectual property (di the organization file Form 8899 as required?. 7f x f Did the organization received a contribution of qualified intellectual property (di the organization file a Form 1038-C? 7h x g Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8a x 9 Sponsoring organizations maintaining donor advised funds. 10a 10a 10a 10 di the sponsoring organizations. Enter: 10a 10b 10b 10b 11 Section 501(c)(7) organizations. Enter: 11a 10b 10b 10b 10c 10b 10c 10b 10c 10b 10c | b | | | | |
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| a Initiation fees and capital contributions included on Part VIII, line 12 | | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13b 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a x b If "Yes," see the instructions and file Form 4720, Schedule N. 15 x 15 Is the organization nucleion and payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 x | | | | | |
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| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a 13c 14a Did the organization receive any payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 x If "Yes," complete Form 4720, Schedule O. 16 x 16 x | | | | | |
| against amounts due or received from them.) 111 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 14 Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 x 16 X If "Yes," complete Form 4720, Schedule O. 16 X | | | - | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 12b 12b 12b 12b 12b 12b 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13b 13a 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 13b 13c 14a x b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q 14b 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 x 16 X If "Yes," complete Form 4720, Schedule O. 16 X | - | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | | 12a | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 X If "Yes," complete Form 4720, Schedule O. 16 X | - | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X | | | | | |
| Note: See the instructions for additional information the organization must report on Schedule O. Image: the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: the instruction of the organization of the organization of the organization receives on hand Image: the instruction of the organization of the organization of the organization receive any payments for indoor tanning services during the tax year? Image: the instruction of the organization of the organization of the organization receive any payments for indoor tanning services during the tax year? Image: the organization of the organization of the organization of the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Image: the organization and the organization and the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Image: the organization and the organization and the organization subject to the section 4968 excise tax on net investment income? Image: the organization and the organization of the organization and the organization subject to the section 4968 excise tax on net investment income? Image: the organization and the organization and the organization of the organization and the organization subject to the section 4968 excise tax on net investment income? Image: the organization and the organization of the organization of the organization of the organization and the organization of the section 4968 excise tax on net investment income? Image: the organization of the organizat | | | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X | - | - | | | |
| the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X | b | | | | |
| c Enter the amount of reserves on hand 13c 14a x 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 x If "Yes," see the instructions and file Form 4720, Schedule N. 16 x If "Yes," complete Form 4720, Schedule O. 16 x | - | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 x If "Yes," see the instructions and file Form 4720, Schedule N. 16 x If "Yes," complete Form 4720, Schedule O. 16 x | С | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q | | | 14a | | x |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | | | - | | |
| excess parachute payment(s) during the year? | | | | | |
| If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. | | | 15 | | x |
| 16 x If "Yes," complete Form 4720, Schedule O. 16 | | | | | |
| If "Yes," complete Form 4720, Schedule O. | 16 | | 16 | | y |
| | | - | 10 | | • |
| ······································ | 17 | | | | |
| that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | ., | | 17 | | |
| If "Yes," complete Form 6069. | | | ., | | |

| For | n 990 (2023) kenyarelief.org 81-05552 | | | 9age 6 |
|-----|---|------------|--------|---------------|
| Pa | Int VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, | | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | See il | nstruc | ctions. |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | х |
| Se | ction A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 8 | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | - | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | x |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | x |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | х |
| 6 | Did the organization have members or stockholders? | 6 | | x |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | x |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| - | stockholders, or persons other than the governing body? | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| a | The governing body? | 8a | x | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | x | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| 800 | the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | Vac | No |
| 102 | Did the organization have local chapters, branches, or affiliates? | 10a | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | IUa | | x |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 100 11a | x | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | Tia | • | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13. | 12a | x | |
| 12a | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12a | x | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> | 12.0 | ~ | |
| U | describe on Schedule O how this was done | 12c | x | |
| 13 | Did the organization have a written whistleblower policy? | 13 | x | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | x | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | x | |
| b | Other officers or key employees of the organization | 15b | x | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | x |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | • | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed Alabama | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) | | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website I Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, | | | |
| | and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records. | | | |
| | | | | |

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|---|--|
| Part VII Compensation of Officers, Directors, Trustees, Key | Employees, Highest Compensated Employees, and |
| Independent Contractors | |
| Check if Schedule O contains a response or note to any line i | in this Part VII |
| Section A. Officers, Directors, Trustees, Key Employees, and H | lighest Compensated Employees |
| 1a Complete this table for all persons required to be listed. Report compensation for | r the calendar year ending with or within the |
| organization's tax year. | |
| • List all of the organization's current officers, directors, trustees (whether individ | duals or organizations), regardless of amount of |
| compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. | |

- · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.

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

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

See instructions for the order in which to list the persons above.

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

| (A) (B) (do not che | Po: eck m | (C) sition | | | | | | | | |
|--|--------------|-----------------------|---------------------------------|--------|--------------|--------------|--------------------------------|--------------------------------|-------------------------------------|--------------------------|
| (do not che | eck m | | | | | | | | | |
| (do not che | | | | | (D) | (E) | (F) | | | |
| Name and title Average box, unles | s per | | | 1 | Reportable | Reportable | Estimated amount | | | |
| hours officer and | | | | | compensation | compensation | of other | | | |
| per week | | | | | | | | from the organization (W-2/ | from related organizations (W-2/ | compensation from the |
| (list any 우규 규 hours for 요락 와 | Officer | Key | emp | Former | 1099-MISC/ | 1099-MISC/ | organization and | | | |
| difference of the second secon | cer | Key employee | bloye | mer | 1099-NEC) | 1099-NEC) | related organizations | | | |
| organizations 여러 위험 | | ploy | e com | | | | | | | |
| below star | | e | ipen | | | | | | | |
| dotted line) | | | Highest compensated employee | | | | | | | |
| | | | | | | | | | | |
| (1)John Holderman 50.00 | | | | | | | | | | |
| CEO X | | | | | 0 | 0 | 0 | | | |
| (2)John_Riley | | | | | | | | | | |
| DIRECTOR X | | | | | 0 | 0 | 0 | | | |
| (3)Heather Wurster | | | | | | | | | | |
| DIRECTOR X | | | | | 0 | 0 | 0 | | | |
| (4)Julie Munsell, Director | | | | | | | | | | |
| Chairman of the Board X | | | | | 0 | 0 | 0 | | | |
| (5) ELIZABETH_STUDLEY | | | | | | | | | | |
| VICE PRESIDENT X | | | | | 0 | 0 | 0 | | | |
| (6) GARY_WALTON | | | | | | | | | | |
| DIRECTOR X | х | | | | 0 | 0 | 0 | | | |
| | | | | | | | | | | |
| _(8) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| | | | | | | | F ame 200 (2000) | | | |

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|---------|--|---|-----------------------------------|-----------------------|------------------------|--------------|-----------------------------------|--------|---|---|---------------------------|---------|--|---------------|
| Part | VII Section A. Officers, Directors, T | rustees, | Key E | Emp | olo | yee | s, an | nd I | Highest Comp | ensated | I Emplo | oyees | (cont | tinued |
| | (A) Name and title | | box, | unles | Po: eck m ss pei | rson is | nan one s both ai /trustee) | | (D) Reportable compensation from the organization (W-2/ | (E) Reporta compensa from rela | table sation elated | cor | (F) nated am of other mpensati rom the | |
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | 1099-MISC/ 1099-NEC) | organizatior 1099-MI 1099-NE | ISC/ | orga | nization d organiz | |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| 1b c | Subtotal | | · · · | ••• | | ••• | ••• | • | | | | | | |
| d 2 | Total (add lines 1b and 1c) Total number of individuals (including but not set of individuals) | ot limited to | o those | · · ə lis | ted | abo | ve) w | /ho | 0 received more th | nan \$100 | 0 ,000 of | | | 0 |
| | reportable compensation from the organization | tion | | | | | | | | | | | Yes | 0 No |
| 3 | Did the organization list any former officer, direc employee on line 1a? <i>If "Yes," complete Schedul</i> | | • | | | | - | | • | | | 3 | | x |
| 4 | For any individual listed on line 1a, is the sum of re organization and related organizations greater th | eportable co | mpensa | ation | and | loth | er com | nper | nsation from the | | | | | |
| | individual | | | | •• | ••• | | | | | | 4 | | x |
| 5 | Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes</i> | | | - | | | - | | | | | 5 | | x |
| Sect | on B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest cor compensation from the organization. Repor | | | | | | | | | | | | tax v | ear. |
| | (A) | | | | | | | , | (B) | | | (C) | - | |
| | Name and business addres | S | | | | | | | Description of servic | es | | Compens | ation | |
| | | | - | | | _ | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir | - | | | | | ose li | stee | d above) who | | | | | |
| | received more than \$100,000 of compensat | tion from th | ne orga | aniz | atio | n | | | | | | | | |

| Form 99 | 90 (20 | | | ief.org | | | | | 81-05552 | 65 Page 9 |
|---|-----------------------------|--|---------------------------|---------------------------|----------------------------------|-------------------------|---|--|--------------------------------------|---|
| Part ' | VIII | Statement of Rev | enu | e | | | | | | |
| | | Check if Schedule C |) con | tains a res _l | oons | e or note to any li | ne in this Part \ (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d e f | Fundraising events Related organizations Government grants (contri All other contributions, gif and similar amounts not in | ibutio ts, gr nclud | ons) ants, ed above | 1a 1b 1c 1d 1e 1f | 1,695,705 | | | | |
| a C | h | Total. Add lines 1a-1f | | | | | 1,695,705 | | | |
| Program Service Revenue | b c d e | | | | | | | | | |
| <u>م</u> | | 1 0 | | | | | | | | |
| | | Total. Add lines 2a-2f . Investment income (includi other similar amounts) . Income from investment of Royalties | ing di ••• tax-e | vidends, inte | rest, a | and •••••• | 552 | | 552 | |
| | b c | Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) | 6a 6b 6c | (i) Real | | (ii) Personal | | | | |
| venue | b | Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) | 7a 7b 7c | (i) Securitie | S | (ii) Other | | | | |
| Other Revenue | 8a | Net gain or (loss) Gross income from fundra events (not including \$ _ of contributions reported of 1c). See Part IV, line 18 Less: direct expenses . | ising n line | | 8a 8b | | | | | |
| | 9a b | Net income or (loss) from a Gross income from gaming activities. See Part IV, line Less: direct expenses . Net income or (loss) from a | g 19 . | | 9a 9b | | | | | |
| | 10a b | Gross sales of inventory, I returns and allowances . Less: cost of goods sold Net income or (loss) from | ess ••• | | 10a 10k | a | | | | |
| anous inue | 11a b | GIFT SHOP | | | | Business Code 448000 | 19,661 | | 19,661 | |
| Miscellanous Revenue | е | All other revenue Total. Add lines 11a-11d Total revenue. See instru | ••• | • • • • • • • • | ••• | | 19,661 1,715,918 | | 20,213 | 0 |

kenyarelief.org **Statement of Functional Expenses**

| Sec | tion 501(c)(3) and 501(c)(4) organizations must comple | | | | |
|----------|--|----------------|-----------------|------------------|-------------|
| - | Check if Schedule O contains a response or r | (A) | (B) | (C) | <u></u> (D) |
| | not include amounts reported on lines 6b, 7b, | Total expenses | Program service | Management and | Fundraising |
| | 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| - | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 371,147 | 129,810 | 241,337 | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 21,092 | | 21,092 | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 21,152 | 11,136 | 10,016 | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A), amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | 2,930 | 2,930 | | |
| 13 | Office expenses | 8,418 | | 8,418 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | | 11,683 | | 11,683 | |
| 17 | Travel | 33,720 | 33,720 | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 7,168 | | | 7,168 |
| 23 | | 23,329 | | 23,329 | , |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A), amount, list line 24e expenses on Schedule O.) | | | | |
| а | MISSIONS EXPENSE | 774,640 | 774,640 | | |
| b | BHOG - UNALLOCATED | 262,255 | 262,255 | | |
| c | OTHER MIGORI EXPENSES | 30,973 | 30,973 | | |
| d | BANK AND SERVICE CHARGES | 32,231 | 50,313 | 32,231 | |
| u e | All other expenses | 80,797 | 80,797 | 54,431 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,681,535 | 1,326,261 | 210 106 | 7,168 |
| 25 26 | Joint costs. Complete this line only if the | 1,001,005 | 1,320,201 | 348,106 | /,108 |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | $1010001201 \cdot \cdot$ | | | | |

| Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X | (A) | <u></u> | П |
|--|---|-------------------|---------|------------|
| | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | (Δ) | | |
| | | ., | | (B) |
| | | Beginning of year | | nd of year |
| 2 | Cash - non-interest-bearing | 120,665 | 1 | 165,447 |
| 2 | Savings and temporary cash investments | 301,551 | 2 | 290,618 |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | | 4 | 534 |
| 5 | Loans and other receivables from any current or former officer, director, | | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| <u>ທ</u> 7 | Notes and loans receivable, net | | 7 | |
| Assets 6 8 | Inventories for sale or use | | 8 | |
| | Prepaid expenses and deferred charges | | 9 | |
| 10; | | | | |
| | basis. Complete Part VI of Schedule D 10a 1,142,205 | | | |
| | | 1,091,557 | 10c | 1,091,557 |
| 11 | Investments - publicly traded securities | | 11 | |
| 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 1,513,773 | 16 | 1,548,156 |
| 17 | Accounts payable and accrued expenses | | 17 | |
| 18 | | | 18 | |
| 19 | | | 19 | |
| 20 | Tax-exempt bond liabilities | | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| 22 sei | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| 23 Lia | controlled entity or family member of any of these persons | | 22 | |
| 23 | Unsecured notes and loans payable to unrelated third parties | | 23 | |
| 25 | Other liabilities (including federal income tax, payables to related third | | 24 | |
| 25 | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | of Schedule D | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 Image: Contract of the second s | 0 | 26 | 0 |
| | Organizations that follow FASB ASC 958, check here | Ŭ | 20 | |
| | and complete lines 27, 28, 32, and 33. | | | |
| ອີ 27 | Net assets without donor restrictions | 1,513,773 | 27 | 1,548,156 |
| 28 | Net assets with donor restrictions | 1/010///0 | 28 | |
| Ba | Organizations that do not follow FASB ASC 958, check here | | - | |
| nuc | and complete lines 29 through 33. | | | |
| มี 5 29 | Capital stock or trust principal, or current funds | | 29 | |
| st 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 8 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| Net Assets or Fund Balances Net Assets or Fund Balances 30 31 32 33 34 35 36 36 37 36 36 37 36 37 37 36 37 37 37 37 37 37 37 37 37 37 | Total net assets or fund balances | 1,513,773 | 32 | 1,548,156 |
| ž 33 | Total liabilities and net assets/fund balances | 1,513,773 | 33 | 1,548,156 |

EEA

Form **990** (2023)

| Form | 990 (2023) kenyarelief.org | 81-0555265 | i | Pa | age 12 |
|------|---|------------|------|-------|---------------|
| Par | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,7 | 715, | 918 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,6 | 581, | 535 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 34, | 383 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,5 | 513, | 773 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | 1,5 | 548, | 156 |
| Par | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | - | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both. | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both. | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | L |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| EEA | | | Form | 990 (| (2023) |

| SCHE | DULE | Α |
|-------|------|---|
| (Form | 990) | |

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.

| OMB | No. | 1545-0047 |
|-----|-----|-----------|
| | | |

20

23

| Department of the Treasury Attach to Form 990 or Form 990-EZ. Open to | | | | | to Public | | | | | |
|---|-----------|-------------------------------|--|--|---|---|---------------------------|---|-----------|---|
| Interna | al Reven | ue Service | Go to | o www.irs.gov/For | m990 for instructions a | and the la | test inforr | nation. | Ins | pection |
| Name | of the c | organization | | | | | | Employer identification | on numbe | er |
| keny | arel | ief.org | | | | | | 81-05552 | 65 | |
| Par | tl | Reason | for Public Cha | rity Status. (Al | I organizations mus | t comple | ete this p | art.) See instruct | tions. | |
| The o | rganiza | ation is not a | private foundation b | ecause it is: (For lin | nes 1 through 12, check o | only one bo | ox.) | | | |
| 1 | A (| church, conv | vention of churches, | or association of c | hurches described in se | ction 170 | (b)(1)(A)(i) | | | |
| 2 | 🗌 A s | school desc | ribed in section 170 |)(b)(1)(A)(ii). (Attac | h Schedule E (Form 990 | D).) | | | | |
| 3 | 🗌 A I | hospital or a | cooperative hospita | al service organizat | ion described in section | 170(b)(1) | (A)(iii). | | | |
| 4 | 🗌 A I | medical rese | earch organization o | perated in conjunct | tion with a hospital desc | ribed in se | ction 170 | b)(1)(A)(iii). Enter th | е | |
| | | • | e, city, and state: | | | | | | | |
| 5 | An | n organizatio | n operated for the be | enefit of a college o | r university owned or op | erated by a | a governme | ental unit described in | | |
| | se | ction 170(b |)(1)(A)(iv). (Comple | ete Part II.) | | | | | | |
| 6 | | federal, stat | e, or local governme | ent or governmenta | I unit described in section | on 170(b)(| 1)(A)(v). | | | |
| 7 | An | n organizatio | n that normally rece | ives a substantial pa | art of its support from a g | overnmen | tal unit or f | rom the general public | | |
| | | | ection 170(b)(1)(A) | | , | | | | | |
| 8 | _ | | | | (vi). (Complete Part II.) | | | | | |
| 9 | | - | - | | ction 170(b)(1)(A)(ix) o | | - | - | ollege | |
| | | • | r a non-land-grant co | ollege of agriculture | (see instructions). Enter | the name, | city, and s | ate of the college or | | |
| | | iversity: | | | | | | | | |
| 10 | reo su | ceipts from a pport from g | activities related to it ross investment inco | s exempt functions, ome and unrelated b | 33 1/3% of its support fro subject to certain excep pusiness taxable income e section 509(a)(2). (Co | tions; and (less secti | (2) no mor ion 511 tax | e than 33 1/3% of its | ISS | |
| 11 | An | n organizatio | n organized and op | erated exclusively t | to test for public safety. | See sectio | on 509(a)(4 | l). | | |
| 12 | An | n organizatio | n organized and ope | erated exclusively for | or the benefit of, to perform | m the func | tions of, or | to carry out the purpo | oses of | |
| | on | e or more p | ublicly supported or | ganizations describ | ed in section 509(a)(1) | or section | n 509(a)(2) | . See section 509(a) | (3). Cheo | ck 🛛 |
| | the | e box on line | s 12a through 12d tl | nat describes the typ | pe of supporting organization | ation and c | omplete lir | nes 12e, 12f, and 12g. | | |
| а | | Type I. A | supporting organiza | tion operated, supe | ervised, or controlled by i | ts support | ed organiz | ation(s), typically by | giving | |
| | | the support | rted organization(s) | the power to regula | rly appoint or elect a ma | jority of the | e directors | or trustees of the | | |
| | _ | supporting | organization. You | must complete Pa | rt IV, Sections A and B | i. | | | | |
| b | | Type II. A | supporting organiza | ation supervised or | controlled in connection | with its su | pported or | ganization(s), by hav | ing | |
| | | control or | management of the | supporting organiza | tion vested in the same | persons that | at control o | r manage the support | ted | |
| | _ | • | on(s). You must co | • | | | | | | |
| С | | | | 11 0 | rganization operated in c | | - | , , | d with, | |
| | | | | | ou must complete Par | | | | | |
| d | | | - | • | ng organization operate | | | | . , | |
| | | | | - | n generally must satisfy a | | • | ent and an attentivene | ess | |
| | | | | - | ete Part IV, Sections A | | | | | |
| е | | | - | | en determination from the | | • • | I, Type II, Type III | | |
| | | | | - | integrated supporting o | rganizatior | 1. | | | |
| t | | | r of supported organ | | ••••• | • • • • • | •••• | •••• | •••• | |
| g | | | wing information abo | | Ĩ í | (1-2) In the s | | | 6.3 | . A |
| | (I) Ni | ame of supporte | d organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the o listed in you docum | ur governing | (v) Amount of monetary support (see instructions) | othe |) Amount of r support (see nstructions) |
| | | | | | | Yes | No | | | |
| | | | | | | | | | - | |
| (A) | | | | | | | | | | |
| (B) | | | | | | | | | | |
| (C) | | | | | | | | | | |
| | | | | | | | | | | |
| (D) | | | | | | | | | | |
| (E) | | | | | | | | | | |
| Total | | | | | | | | | | |

| | e A (Form 990) 2023 kenyarelie | | | | | 81-0555265 | |
|-------|---|-----------------|------------------|-----------------|-----------------|-----------------|------------------|
| Part | II Support Schedule for Organiza | ations Desc | ribed in Sect | tions 170(b)(| 1)(A)(iv) and | 170(b)(1)(A)(| vi) |
| | (Complete only if you checked th | | | | - | | lify under |
| | Part III. If the organization fails to | o qualify unde | er the tests lis | sted below, p | lease comple | te Part III.) | |
| | on A. Public Support | n | 1 | 1 | 1 | 11 | |
| Calen | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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. | | | | | | |
| | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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 | | | | | | |
| 10 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. | (see instructio | l ns) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the or | | | | | | ·)(3) |
| 10 | organization, check this box and stop he | - | | | - | | |
| Secti | on C. Computation of Public Suppo | | | | | | <u> </u> |
| 14 | Public support percentage for 2023 (line 6 | | | 11. column (f)) | | 14 | % |
| 15 | Public support percentage from 2022 Sch | | | | | 15 | % |
| 16a | 33 1/3% support test - 2023. If the organ | | | | | - | |
| | box and stop here. The organization qua | | | | | | |
| b | 33 1/3% support test - 2022. If the organ | • | | - | | | |
| | this box and stop here. The organization | | | | | | |
| 17a | 10%-facts-and-circumstances test - 20 | | | | | | |
| | 10% or more, and if the organization mee | | | | | | |
| | Part VI how the organization meets the fa | | | | | | |
| | organization | | | - | - | | |
| h | 10%-facts-and-circumstances test - 20 | | | | | | |
| b | 15 is 10% or more, and if the organization | - | | | | | |
| | in Part VI how the organization meets the | | | | | - | - |
| | | | | - | - | | - |
| 18 | organization If the organization di | | | | | | |
| 10 | | | | | | | |
| | | | | | • • • • • • • • | • • • • • • • • | · · · · · · L |

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Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to gualify 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) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees 1,676,616 1,340,490 1,564,978 1,666,645 1,695,705 received. (Do not include any "unusual grants.") 7,944,434 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 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 1,676,616 1,340,490 1,564,978 1,666,645 1,695,705 7,944,434 7a Amounts included on lines 1, 2, and 3 received from disgualified persons . . **b** Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 8 Public support. (Subtract line 7c from 7,944,434 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 Amounts from line 6 1,676,616 1,340,490 1,564,978 1,695,705 1,666,645 7,944,434 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . 568 657 300 360 552 2,437 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 С Add lines 10a and 10b 657 300 568 360 552 2,437 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, 13 1,677,184 1,341,147 1,565,278 1,667,005 1,696,257 7,946,871 14 First 5 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 15 99.97 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 99.98 % Section D. Computation of Investment Income Percentage 0.00 % 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 0.00 % 19a 33 1/3% support tests - 2023. 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 х b 33 1/3% support tests - 2022. 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

1

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

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

6

7

| | A (Form 990) 2023 kenyarelief.org 81-0555265 | | P | 2age 5 |
|---------|--|---------|--------|---------------|
| Part I | V Supporting Organizations (continued) | | | |
| | | | Yes | No |
| | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| | provide detail in Part VI. | 11c | | |
| Sectio | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| - | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sectio | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sectio | on D. All Type III Supporting Organizations | | | |
| <u></u> | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 103 | |
| | | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI | | | |
| | how the organization maintained a close and continuous working relationship with the supported organization(s). | . 2 | | |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have | | | |
| | a significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sectio | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see | ə inst | ructic | ons). |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | -7 |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction) | ctions | | |
| | Activities Test. Answer lines 2a and 2b below. | 500113) | Yes | No |
| | | | 163 | NU |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's | | | |
| | involvement, one or more of the organization's supported organization(s) would have been engaged in? If | | | |
| | "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would | | | |
| | have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | |
| | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ju | | |
| 5 | | 3b | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| EEA | Schedu | ie A (F | orm 99 | U) 2023 |

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 Schedule A (Form 990) 2023
 kenyarelief.org

 Part IV
 Supporting Organizations (continued)

| Part | | | | |
|-------|---|----------|------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | - | | · |
| | instructions. All other Type III non-functionally integrated supporting organ | nizatio | ns must complete Sect | ions A through E. |
| Secti | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection | | | |
| | of gross income or for management, conservation, or maintenance of | | | |
| | property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Secti | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functiona | ally int | egrated Type III suppo | rting organization |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

EEA

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

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| Schedul | e A (Form 990) 2023 kenyarelief.org V Type III Non-Functionally Integrated 509(a)(3 | Supporting Organ | 81-05 | |
|---------|--|-----------------------------|--|---|
| | on D - Distributions |) capporting organ | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | xempt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exer | | ed | |
| | organizations, in excess of income from activity | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organ | izations 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | - provide details in Part | VI) 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | |
| | (provide details in Part VI). See instructions. | | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 10 |) |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2023 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | |
| а | From 2018 | | | |
| b | From 2019 | | | |
| C | From 2020 | | | |
| d | From 2021 | | | |
| е | From 2022 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2023 distributable amount | | | |
| i | Carryover from 2018 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2023 from | | | |
| | Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2023 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2019 | | | |
| b | Excess from 2020 | | | |
| С | Excess from 2021 | | | |
| d | Excess from 2022 | | | |
| е | Excess from 2023 | | | |
| EEA | | | | Schedule A (Form 990) 2023 |

| Schedule A (F | |
|---------------|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part |
| | III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section |
| | B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b |
| | 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, |
| | |
| | lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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| SCHEDULE D | |
|------------|--|
| (Form 990) | |

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

23

Open to Public Inspection tion number

| meme | 1110 | venu | | VICE |
|------|-------|-------|-------|-------|
| Name | of th | ne or | ganiz | zatio |

| | Department of the Treasury Attach to Form 990. | | | Open to Public | | | | |
|---|---|------------|--|--|---------------------|----------------------------|--|--|
| Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer id | | | | Inspection | | | | |
| | | | Employer identific | | | | | |
| | relief. | | ····· | | 81-05552 | 265 | | |
| Par | | - | - | Funds or Other Similar Funds or Act | counts | | | |
| | Co | mplete | if the organization answered "Yes" of | | | | | |
| | - | | | (a) Donor advised funds | (b) Fund | is and other accounts | | |
| 1 | | | nd of year | | | | | |
| 2 | | | | | | | | |
| 3 | | | f grants from (during year) | | | | | |
| 4 | | | t end of year | | | | | |
| 5 | - | - | | writing that the assets held in donor advised | | | | |
| c | | - | | ation's exclusive legal control? | | Yes No | | |
| 6 | - | | - | advisors in writing that grant funds can be us | | | | |
| | - | | | nor or donor advisor, or for any other purpose | | 🗌 Yes 🗌 No | | |
| Part | | | vation Easements | | | | | |
| Ian | | | if the organization answered "Yes" of | on Form 990 Part IV line 7 | | | | |
| 1 | | | servation easements held by the organization | | | | | |
| • | , | | and for public use (for example, recreation | | historically import | ant land area | | |
| | | | atural habitat | Preservation of a | | | | |
| | = | | open space | | | | | |
| 2 | | | | fied conservation contribution in the form of a | a conservation | | | |
| - | | | ast day of the tax year. | | | at the End of the Tax Year | | |
| а | | | | | | | | |
| b | Total acrea | age rest | ricted by conservation easements | | 2b | | | |
| с | | | vation easements on a certified historic str | | - | | | |
| d | Number of | conserv | vation easements included on line 2c, acq | uired after July 25, 2006, and not | | | | |
| | on a histori | ic structu | ure listed in the National Register | | 2d | | | |
| 3 | Number of | conserv | vation easements modified, transferred, re | leased, extinguished, or terminated by the c | organization during | the | | |
| | tax year | | | | | | | |
| 4 | Number of | f states v | where property subject to conservation ea | sement is located | | | | |
| 5 | Does the o | organizat | tion have a written policy regarding the pe | riodic monitoring, inspection, handling of | | | | |
| | violations, | and enfo | orcement of the conservation easements i | t holds? | | 🗌 Yes 🗌 No | | |
| 6 | Staff and v | olunteer | hours devoted to monitoring, inspecting, h | nandling of violations, and enforcing conserv | ation easements of | during the year | | |
| | | | - | | | | | |
| 7 | Amount of | expense | es incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation | n easements durin | g the year | | |
| | | | | | | | | |
| 8 | | | | e satisfy the requirements of section 170(h)(| | | | |
| | | | | | | 🗌 Yes 🔄 No | | |
| 9 | | | | tion easements in its revenue and expense s | | ince | | |
| | sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the | | | | | | | |
| D-1 | | | ounting for conservation easements | of Aut Illiotonical Terreserves | Nthe are O' 'I | A 4 - | | |
| Part | | - | - | of Art, Historical Treasures, or C | other Similar | Assets | | |
| | | | if the organization answered "Yes" of | | | | | |
| 1a | - | | | 58, not to report in its revenue statement and | | orks | | |
| | ot art, histo | prical tre | asures, or other similar assets held for pu | blic exhibition, education, or research in furth | nerance of public | | | |

service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of b art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

| | (i) Revenue included on Form 990, Part VIII, line 1 |
|---|--|
| | (ii) Assets included in Form 990, Part X |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the |
| | following amounts required to be reported under FASB ASC 958 relating to these items: |
| а | Revenue included on Form 990, Part VIII, line 1 |
| b | Assets included in Form 990, Part X |

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

| Schedu | le D (Form 990) 2023 kenyarelief. | | | | | | | 81-055 | | | Page 2 |
|----------|---|-------------|-------------------|--------------|---------------|----------------|-----------|----------------------|------------|----------|----------|
| Par | t III Organizations Maintaini | ng Col | ections of | Art, His | torical T | reasures | , or Ot | her Similar A | ssets (| conti | inued) |
| 3 | Using the organization's acquisition, acc | ession, a | nd other record | ls, check a | iny of the fo | blowing that r | make się | gnificant use of its | | | |
| | collection items (check all that apply): | | | | _ | | | | | | |
| а | Public exhibition | | | d | | r exchange p | - | | | | |
| b | Scholarly research | | | е | Other | | | | | | |
| C | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization | n's collect | ions and explai | in how the | y further the | e organizatio | n's exen | npt purpose in Par | t | | |
| | XIII. | | | | | | | | | | |
| 5 | During the year, did the organization sol | | | | | | | | | | |
| | assets to be sold to raise funds rather the | | | part of the | organizatio | on's collectio | n? | | . 🗌 Y | es | No |
| Par | t IV Escrow and Custodial A | | | | | | _ | | | _ | |
| | Complete if the organizati | on ans | wered "Yes' | ' on Forr | n 990, P | art IV, line | 9, or | reported an an | nount o | n Foi | rm |
| | 990, Part X, line 21. | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, cus | | | - | | | | | _ | | — |
| | included on Form 990, Part X? | | | | | • • • • • • | | | . ∐ Y | es | No No |
| b | If "Yes," explain the arrangement in Par | XIII and | complete the fo | ollowing tal | ble. | | | | | | |
| | | | | | | | | | nount | | |
| C | Beginning balance | | | | | | | | | | |
| d | Additions during the year | | | | | | | | | | |
| e | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | | | | | — |
| 2a | Did the organization include an amount | | | | | | | • | | | ∐ No |
| b Par | If "Yes," explain the arrangement in Par t V Endowment Funds | XIII. Che | ECK nere if the e | explanation | nas been | provided on | Part XIII | • • • • • • • • • | • • • • | •• | |
| rai | Complete if the organizati | | warad "Vaa' | ' on For | ~ 000 D | ort IV/ line | 10 | | | | |
| | | | | | | | | | () = | | |
| 10 | Deginging of year balance | | Current year | (b) Pr | ior year | (c) Two years | s back | (d) Three years back | (e) Fo | our year | s back |
| 1a ⊾ | Beginning of year balance | | | | | | | | | | |
| b | | • | | | | | | | | | |
| С | Net investment earnings, gains, and | | | | | | | | | | |
| А | losses | | | | | | | | | | |
| d | Grants or scholarships Other expenditures for facilities and | • | | | | | | | | | |
| е | programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| | End of year balance | | | | | | | | | | |
| g 2 | Provide the estimated percentage of the | | oar and balanc | | column (a) |) hold as: | | | | | |
| <u>_</u> | Board designated or quasi-endowment | | | e (inte ty, | column (a) | | | | | | |
| b | Permanent endowment | % | 70 | | | | | | | | |
| c | Term endowment % | | | | | | | | | | |
| U | The percentages on lines 2a, 2b, and 2c | should a | nual 100% | | | | | | | | |
| 3a | Are there endowment funds not in the p | | | zation that | are held ar | nd administer | ed for th | ۵ | | | |
| Ju | organization by: | 033033101 | | | | | | 6 | | Yes | s No |
| | (i) Unrelated organizations? | | | | | | | | . 3a(i | - | 5 110 |
| | (ii) Related organizations? | | | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related or | | | | | | | | | , | |
| 4 | Describe in Part XIII the intended uses | | | | | | •••• | | 00 | _ | |
| Par | | | | | | | | | | | |
| | Complete if the organizati | - | | ' on Forr | n 990. P | art IV. line | 11a. S | See Form 990. | Part X | . line | 10. |
| | Description of property | | (a) Cost or oth | | | r other basis | | Accumulated | | ook valu | |
| | | | (investme | | ` ' | other) | . , | lepreciation | | | |
| 1a | Land | | | | | 66,799 | | | | 66 | ,799 |
| b | Buildings | | | | 1 | 580,062 | | 14,873 | | | ,189 |
| c | Leasehold improvements | | | | 1 | 18,988 | | 1,266 | | | ,722 |
| d | | | | | | 345,092 | | 34,509 | | | ,583 |
| e | Other | | | | | 131,264 | | , | | | ,264 |
| | Add lines 1a through 1e. (Column (d) m | | Form 990, Pa | rt X, line 1 | | - | | | 1 | | ,557 |
| EEA | | | | | | | | | nedule D (| | |

Schedule D (Form 990) 2023

| Schedule D (For | | | | | 81- | -0555265 | Page 3 |
|------------------|---|--------------------|--------------------|---------------|------------------|---|----------|
| Part VII | Investments - Other Securities | | | | | | |
| | Complete if the organization answered "Yes | s" on Forn | n 990, Part | IV, line 1 | 1b. See Form | n 990, Part X, | line 12. |
| | (a) Description of security or category (including name of security) | | (b) Book va | lue | • • | ethod of valuation: d-of-year market value |) |
| (1) Financial of | | | | | | | |
| | eld equity interests | | | | | | |
| (3) Other | | | | | | | |
| (A) (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | | | | | | | |
| (F) | | | | | | | |
| (G) | | | | | | | |
| (H) | | | | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, line 12, col.(B)) | | | | | | |
| Part VIII | Investments - Program Related | | | | | | |
| | Complete if the organization answered "Yes | s" on Forn | n 990, Part | IV, line 1 | 1c. See Form | n 990, Part X, | line 13. |
| | (a) Description of investment | | (b) Book va | lue | • • • | ethod of valuation: d-of-year market value | |
| (1) | | | | | Cost of en | u-oi-yeai market value | ; |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| | n (b) must equal Form 990, Part X, line 13, col. (B)) | | | | | | |
| Part IX | Other Assets | | | | | | |
| | Complete if the organization answered "Yes | | n 990, Part | IV, line 1 | 1d. See Form | | |
| | (a) Description | | | | | (b) Book | value |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, line 15 col. (B)) | | | | | | |
| Part X | Other Liabilities | | | | | | |
| _ | Complete if the organization answered "Yes line 25. | s" on Forn | n 990, Part | IV, line 1 | 1e or 11f. Se | e Form 990, F | Part X, |
| 1. | (a) Description of liability | (b) Book va | lue | | | | |
| (1) Federal i | ncome taxes | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | () / / / / / / / / / / / / / / / / / / / | | | | | | |
| | (b) must equal Form 990, Part X, line 25 col. (B)) . | footnota +- | the organizati | on's financia | l atatamanta the | roporto the | |
| - | uncertain tax positions. In Part XIII, provide the text of the | | - | | | | |
| | liability for uncertain tax positions under FASB ASC 740. | CHECK HEIE | | | | Schedule D (Fo | |
| EEA | | | | | | Conequie D (FC | 330) 204 |

| Schedu | le D (Form 990) 2023 kenyarelief.org | - | -0555265 | Page 4 |
|--------|--|--------|----------|--------|
| Part | | | Return | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | e 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | | | |
| b | Donated services and use of facilities | | | |
| С | Recoveries of prior year grants | | | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | | |
| b | Other (Describe in Part XIII.) | | | |
| С | Add lines 4a and 4b | | 4c | |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). | | 5 | |
| Part | | | r Return | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | | | |
| b | Prior year adjustments | | | |
| C | Other losses | | | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | | |
| b | Other (Describe in Part XIII.) | | | |
| C | Add lines 4a and 4b | - | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | |
| Part | XIII Supplemental Information | | | |

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

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

kenyarelief.org

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 Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public
Inspection

Employer identification number

81-0555265

01. Form 990 governing body review (Part VI, line 11)

ORGANIZATION'S PROCESS TO REVIEW FORM 990 irs FORM 990 IS REVIEWED BY THE CONTROLLER

BEFORE FILING.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE BOARD APPROVED NEW POLICIES AND PROCEDURES MANUAL FOR THE YEAR 2020 FORWARD.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE BOARD APPROVES ALL SALARY PAID TO CEO AND ANY EMPLOYEES.

04. Other officer or key employee compensation (Part VI, line 15b

THE BOARD APPROVES ALL OFFICERS AND KEY EMPLOYEES COMPENSATION.

05. Governing documents, etc, available to public (Part VI, line 19)

ALL ORGANIZATIONAL AND FINANCIAL DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AT THE ADDRESS

LISTED IN BOX C ON PAGE ONE (1).

06. List of other expenses (Part IX, line 24e)

PROGRAM SERVICES OTHER EXPENSES INCLUDES: GIFTS, CONTRACT LABOR, MEDICAL SUPPLIES, SCHOOL

FEES, SPECIAL PROJECTS, TELEPHONE, AND UNIVERSITY STUDENT FEES.

FUNDRAISING ARE FOR ACTUAL COSTS TO FUNDRAISE AND MEALS AND ENTERTAINMENT.

MANAGEMENT AND GENERAL ARE OTHER OFFICE SUPPLIES AND TO RUN GENERAL IN HOUSE OFFICE

EXPENSES.

| | 1562 | | Depreciatio | on and A | mortizati | on | | (| OMB No. 1545-0172 |
|------------|---|--|--|---------------------|----------------------|---------|-------------------|---------|--|
| Form | 4562 Depreciation and Amortization (Including Information on Listed Property) | | | | | | 2023 | | |
| | nent of the Treasury | | | | | | | | Attachment |
| | Revenue Service | 6010 | | | hich this form relat | | | | Sequence No. 179 ifying number |
| | yarelief.org | | Dusines | - | 990 - 1 | 63 | | | 555265 |
| Par | | o Expense Ce | rtain Property Und | | | | | 91 0 | 555205 |
| | | | property, complete Pa | | | Part I. | | | |
| 1 | | | s) | | | | | 1 | |
| 2 | | | placed in service (see | | | | | 2 | |
| 3 | Threshold cost of | section 179 prop | erty before reduction | in limitation (| see instructio | าร) | | 3 | |
| 4 | Reduction in limit | ation. Subtract lin | e 3 from line 2. If zero | o or less, ente | er-0 | | | 4 | |
| 5 | Dollar limitation for | or tax year. Subtra | act line 4 from line 1. | If zero or less | s, enter -0 If i | marrie | d filing | | |
| | separately, see in | structions | | | | | | 5 | |
| 6 | (a) | Description of property | 1 | (b) Cost (busin | ess use only) | | (c) Elected cost | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 7 | | | from line 29 | | | | | | |
| 8 | | | roperty. Add amounts | , | , . | | | 8 | |
| 9 | | | aller of line 5 or line 8 | | | | | 9 | |
| 10 | | | from line 13 of your 2 | | | | | 10 | |
| 11 | | | naller of business incom | • | , | | | 11 | |
| 12 | | | dd lines 9 and 10, but to 2024. Add lines 9 a | | | | ••••• | 12 | |
| 13 Noto | | | for listed property. In: | | | 13 | | | |
| | | | owance and Other | | | dudo | listed property S | oo inct | |
| 14 | | | qualified property (ot | | | | | | |
| 14 | | | 18 | | | | | 14 | |
| 15 | | | 1) election | | | | | 15 | |
| | | | S) | | | | | 16 | 7,168 |
| | | | on't include listed pro | | | | | | |
| | | • | | ection A | , | | | | |
| 17 | MACRS deductio | ns for assets place | ced in service in tax ye | ears beginnin | g before 2023 | 3. | | 17 | |
| 18 | If you are electing | g to group any as | sets placed in service | during the ta | x year into on | e or m | ore general | | |
| | | | | | | | | | |
| | Section | B - Assets Plac | ed in Service During | 2023 Tax Yo | ear Using the | Gene | eral Depreciation | n Syste | em |
| (a) | Classification of proper | (b) Month and yea ty placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | | (f) Method | (g) 🗆 | Depreciation deduction |
| <u>19a</u> | , , , , | | | | | | | | |
| b | | | | | | | | _ | |
| <u></u> | 7-year property | | | | | _ | | | |
| d | 10-year property 15-year property | | | | | - | | | |
| E | 20-year property | | | | | | | | |
| g | | | | 25 yrs. | | | S/L | | |
| | Residential renta | | | 27.5 yrs. | MM | | S/L | | |
| | property | | | 27.5 yrs. | MM | | S/L | | |
| i | Nonresidential re | eal | | 39 yrs. | MM | | S/L | | |
| | property | | | | MM | | S/L | | |
| | Section | C - Assets Place | d in Service During | 2023 Tax Ye | ar Using the | Alterr | ative Depreciati | ion Sy | stem |
| 20a | Class life | | | | | | S/L | | |
| b | 12-year | | | 12 yrs. | | | S/L | | |
| - | 30-year | | | 30 yrs. | MM | | S/L | | |
| | 40-year | | | 40 yrs. | MM | | S/L | | |
| Part | t IV Summary (| | | | | | | | T |
| 21 | Listed property. | | | | | | | 21 | |
| 22 | | | ines 14 through 17, lir | | | | | | |
| | | | of your return. Partner | | | see ir | structions | 22 | 7,168 |
| 23 | | | ed in service during th | • | | | | | |
| | portion of the bas | is attributable to | section 263A costs | | | 23 | | | |

| | FOR YOUR RECOR | | 2023 | PG01 |
|----------------------------|-----------------------------|---------------------|---------------|-----------|
| Name(s) as shown on return | | | Tax ID Number | |
| kenyarelief.org | | | 81 | L-0555265 |
| Description | Investments - Cost/basis | Other Cost/basis | | Book |
| of Investment | (Investment) | (Other) | Depr | Value |
| OTHER AND VEHICLES | 0 | 131,264 | 11,486 | 119,778 |
| Total | 0 | 131,264 | 11,486 | 119,778 |

| 990 | Overflow Statement (This page is not filed with the return. It is for your records only.) | 2023 | Page 1 |
|----------------------------|---|------|------------|
| Name(s) as shown on return | | FEIN | |
| kenyarelief.org | | | 81-0555265 |

kenyarelief.org

81-0555265

ALL OTHER EXPNENSES

| Description | Amount |
|-------------------------|---------------------|
| CONTRACT LABOR | \$ 30,004 |
| DUES AND SUBSCRIPTIONS | 20,231 |
| GIFTS | 78 |
| LICENSES AND FEES | 78 |
| MEALS & ENTERTAINMENT | 1,825 |
| FUND RAISING EXPENSE | 857 |
| POSTAGE AND DELIVERY | 1,488 |
| PRINTING AND COPYING | 64 |
| REPAIRS AND MAINTENANCE | 596 |
| SPECIAL PROJECTS | 12,111 |
| TELEPHONE EXPENSE | 8,593 |
| CONTAINER EXPENSE | 4,872 |
| Tota | l: \$ <u>80,797</u> |

| Depreciation I | Detail | Listing |
|----------------|--------|---------|
|----------------|--------|---------|

2023

PAGE 1

* Item is included in UBIA for Section 199A calculations.

Name(s) as shown on return

See "UBIA" in lower right corner.

Fund Raising (This page is not filed with the return. It is for your records only.)

Social security number/EIN

| kenyarelief.org 81-055265 | | | | | | | | | | | | | | 0555065 | | | |
|--------------------------------------|-------------|------------|---------|------------|------------|-----|-----------------------|---------|------|----|-------|------|--------------|-------------------------|-----------------------------|-------|--|
| Basis Business Section - Depreciable | | | | | | | | | | | | | Prior | | | | |
| | Description | Date | Cost | Adjustment | percentage | 179 | Bonus depreciation | Basis | Life | Me | ethod | Rate | Depreciation | Current Depreciation | Accumulated Depreciation | Curre | |
| | EQUIPMENT | 01-01-2015 | 345,092 | | 100.00 | | | 345,092 | 10 | SL | HY | 10 | 344,760 | 332 | 345,092 | | |
| | OTHER | 01-01-2015 | 68,357 | | 100.00 | | | 68,357 | 10 | SL | ΗY | 10 | 60,653 | 6,836 | 67,489 | | |
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| | Totals | | 413,449 | | | | | 413,449 | | | | | 405,413 | 7,168 | 412,581 | | |