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Form	J	J	U	150	

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

2018	OMB No. 1545-1150
	2018

Open to Public

Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning August 1 , 2018, and ending Ju	ıly 31 , 20 19
B Check if applicable: C Name of organization D Employ	yer identification number
Address change Kenya Self Help Project, Inc.	450554312
Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telepho	one number
Initial return 32 Thibault Pkwy	8175076514
Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group	Exemption
Amended return Burlington, VT 05401 Numb	
	if the organization is not
	to attach Schedule B
), 990-EZ, or 990-PF).
K Form of organization: Corporation Trust Association Other	,,
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	
(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	¢
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructi	ions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I	
	1 154,915
	2
5	
	3
	4
5a Gross amount from sale of assets other than inventory	
b Less: cost or other basis and sales expenses	
	5c
6 Gaming and fundraising events:	
a Gross income from gaming (attach Schedule G if greater than	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the section 1)	
b Gross income from fundraising events (not including <u>\$</u> of contributions	
sum of such gross income and contributions exceeds \$15,000) 6b	
c Less: direct expenses from gaming and fundraising events 6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	
line 6c)	6d
7a Gross sales of inventory, less returns and allowances	
b Less: cost of goods sold	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe in Schedule O)	8
	9 154,915
	10 176,826
	11
	12
² 13 Professional fees and other payments to independent contractors	13
	14
15 Printing, publications, postage, and shipping	15
	16 738
	17 177564
19 Example or (definit) for the year (Subtract line 17 from line 0)	18 (22,649)
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	(
end-of-year figure reported on prior year's return)	19 57,689
	20
20 Other changes in her assets of fund balances (explain in schedule 0)	20 21 35040
For Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2018)

11 11 North Open	Belance Sheets (see the instructions	for Part II)				Pag
	Check if the organization used Schedule		nv question in this	Part II		
	5			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[57,689	22	35,0
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			57,689	++	35,0
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			57,689	27	350
Par		•				Expenses
M/ho	Check if the organization used Schedule		health maintenance in	the second s	(Red	quired for section
	t is the organization's primary exempt purpose?					(c)(3) and 501(c)(4)
as m perso	rribe the organization's program service accompl neasured by expenses. In a clear and concise r ons benefited, and other relevant information for e	nanner, describe th ach program title.	e services provideo		-	anizations; optional ers.)
28	Providing student scholarships (including books, uniform	ns, etc. for secondary s	school students			
~~	(Grants \$) If this amount	t includes foreign gr	ants, check here .	🏲 📋	28a	a 65,5
29	Providing sanitary supplies and health info at 23 rural so	shools around Kondu P				
	Froviding samilary supplies and realth into at 25 rular so		ay, NENTA			
	(Grants \$) If this amount	t includes foreign gr	ants check here	•	29a	59.3
30	1	00			200	
	support girl empowerment programs and school improv	ements at 23 schools				
	(Grants \$) If this amount	t includes foreign gra	ants, check here .	🕨 🗌	30a	a 19,7
31	Other program services (describe in Schedule O)				30a	
	Other program services (describe in Schedule O) (Grants \$) If this amount	t includes foreign gr	ants, check here	· · · · · ·	31a	a 32,1
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a	t includes foreign gr. through 31a) .	ants, check here	· · · · · · · · · · · · · · · · · · ·	31 <i>a</i> 32	a 32,1 176,8
	Other program services (describe in Schedule O) (Grants \$)) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Kee	t includes foreign gr through 31a) y Employees (list eac	ants, check here .	pensated—see the in	31 <i>a</i> 32	a 32,1 176,8
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a	t includes foreign gr. through 31a) y Employees (list eac e O to respond to a	ants, check here .	pensated—see the in	31 <i>a</i> 32	a 32,7 176,8
32	Other program services (describe in Schedule O) (Grants \$)) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Kee	t includes foreign gr through 31a) y Employees (list eac	ants, check here	Pensated – see the in Part IV (d) Health benefits, contributions to employ	31a 32 nstru	a 32,1 176,8 ctions for Part IV
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	t includes foreign gr. through 31a) . y Employees (list eac o O to respond to a (b) Average	ants, check here . h one even if not com ny question in this (c) Reportable	pensated – see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstru 	a 32,1 176,8 ctions for Part IV
32 Par	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	t includes foreign gra through 31a) . y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	ants, check here	pensated – see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstru 	a 32,1 176,8 ctions for Part IV
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32 Par Kathl Exec Saral Chair	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title een Dodge utive Director n Dekoven	t includes foreign gra through 31a) . y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	ants, check here h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstru 	a 32,1 176,8 ctions for Part IV
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Form 9	0-EZ (2018)			Pag
Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			T
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	
00	detailed description of each activity in Schedule O	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			T
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	05-		
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		+
c	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice,	000		+
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			I
	during the year? If "Yes," complete applicable parts of Schedule N	36		
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b		+
50 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			1
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			A REVENUTER
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			-
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		
41 42a	List the states with which a copy of this return is filed ►			_
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	T	Yes	-
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		-
	If "Yes," enter the name of the foreign country ►			and a second sec
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		
	If "Yes," enter the name of the foreign country ►			-
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			Т
442	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	-
444	completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			t
	completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		-
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	111		-
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		+
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	- Ou		1
-	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		1

Form 9	90-EZ (2018)					F	age 4
						Yes	No
46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of or in oppositi	on		
	to candidates for public office? If "Yes," of	complete Schedule C	Part I		46		1
Part	VI Section 501(c)(3) Organization	s Only					
~	All section 501(c)(3) organization	ns must answer que	stions 47-49b and	52, and complete the	tables f	or lin	es
	50 and 51.						
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI			
						1	No
47	Did the organization engage in lobbying	activities or have a s	section 501(h) electio	n in effect during the t	ax		
	year? If "Yes," complete Schedule C, Par	tll			47		\checkmark
48	Is the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complete \$	Schedule E	48		\checkmark
49a	Did the organization make any transfers t	to an exempt non-cha	ritable related organiz	ation?	49a		\checkmark
b	If "Yes," was the related organization a se	ection 527 organizatio	n?		49b		1
50	Complete this table for the organization's					es, an	d key
	employees) who each received more than	n \$100,000 of comper	isation from the organ	nization. If there is none	, enter "N	lone."	-
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other corr		

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

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE	2		
d	Total number of other independent contractors each rea	ceiving over \$100,000 ►	
52	Did the organization complete Schedule A? Note: completed Schedule A		
	enalties of perjury, I declare that I have examined this return, including a rect, and complete. Declaration of preparer (other than officer) is based		
Sign Here	Signature of officer Reginal DeKorch Type or print name and title	oven, Treasu	11/25/19 Date Ver
Paid	Print/Type preparer's name Preparer's sign	hature Date	Check if PTIN self-employed

Preparer		 1	 			,		
	Firm's name		Fi	rm's El	N Þ			
Osc only	Firm's address ►		P	none no	э.			
May the IRS	discuss this return with the preparer shown above? See instructions	 					X Yes	No

Schedule A (Form 990 or 990-EZ) 2018

Page 2

Parl							
	(Complete only if you checked th						lify under
Cast	Part III. If the organization fails to	quality unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	ion A. Public Support	(-) 2014	(h) 0015	(-) 2010	(4) 0017	(-) 0010	(6) Tatal
Caler 1	idar year (or fiscal year beginning in) ► Gifts, grants, contributions, and	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
24	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	128,727	174,270	182,652	159,333	154,915	799,897
2	Tax revenues levied for the	,/				101,010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	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	128,727	174,270	182,652	159,333	154,915	799,897
5	The portion of total contributions by						
5	each person (other than a						
	governmental unit or publicly	and the second second		Contraction Contra	and the second second		
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6 Fact	Public support. Subtract line 5 from line 4						
	ion B. Total Support Idar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(4) 2017	(a) 2019	(6) Total
7	Amounts from line 4	128727	174270	182652	(d) 2017 159333	(e) 2018 154915	(f) Total 799,897
8	Gross income from interest, dividends,	120121	114210	102002	100000	104010	700,007
0	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						799,897
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th	-					
0	organization, check this box and stop her			· · · · ·	<u>· · · · ·</u>		🕨 📋
	on C. Computation of Public Suppor			(0)		44	
14 15	Public support percentage for 2018 (line 6				-	14	<u>%</u>
16a	Public support percentage from 2017 Sch 33 ¹ / ₃ % support test-2018. If the organiz						
iou	box and stop here. The organization qual						
b	33 ¹ / ₃ % support test-2017. If the organiz						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test-20	18. If the orga	nization did no	ot check a box	on line 13, 16	a. or 16b. and	line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "f	facts-and-circu	imstances" tes	st. The organiz	ation qualifies	as a publicly s	supported
	organization						🕨 🗌
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organization	tion meets the	e "facts-and-c	ircumstances"	test, check the	his box and st	top here.
	Explain in Part VI how the organization m				-	on qualifies as	a publicly
	supported organization						Þ 🗌
18	Private foundation. If the organization did						ee
	instructions						🕨 🗖

Schedule A (Form 990 or 990-EZ) 2018

Schedule B Schedule of Contributors (Form 990, 990-EZ, or 990-PF) Attach to Form 990, Form 990-EZ, or Form 990-PF. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization Kenva Self Help Project, INC Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)() (enter number) organization 3 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

□ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018

OMB No. 1545-0047

Employer identification number

45-0554312