Form C	90
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Depart	ment of	the Treasury		ot enter social security nu						Open to Public
		nue Service		to to www.irs.gov/Form990	for instructions			Inspection		
A F	or the	e 2022 calend	lar year, or tax yea	r beginning		, 2022, a	and endi	ng		, 20
B c	check if a	applicable:	C Name of organizatio			D Employ	yer identification number			
<u> </u>	ddress	change	Doing business as				1			81-0555265
<u> </u>	lame ch	ange	Number and street (te	E Telepho	one number				
- II	nitial retu	urn	201 2nd A	venue SE						(256)737-8281
F	inal retu	urn/terminated	City or town, state of	r province, country, and ZIP or foreign	postal code				G Gross	receipts
_ A	mended	d return	Cullman,	AL 35055					\$	2,293,856
A []	pplicatio	on pending	F Name and address of	of principal officer: Steve J	James, Presi	dent		H(a) Is this a	group return fo	r subordinates? Yes X No
			1000 6th	Avenue SE Cullman	AL 35055			H(b) Are all	subordinates	s included? Yes No
ΙТ	ax-exen	mpt status: X	501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		lf "No,"	attach a list.	See instructions
JV	Vebsite:	: www	.kenyarelief	.org				H(c) Group	exemption n	umber
K F	orm of c	organization: X	Corporation Trus	t Association Other		L Year of format	tion: 200	1 M S	State of lega	I domicile: AL
Pa	rt I	Summar	у							
	1	Briefly descr	ibe the organizatio	n's mission or most significan	t activities: To	provide m	nedical	l care,	educa	tion and hope to
		-	y in Africa.	-		-				
ce			-							
nan										
ver	2	Check this b	ox 🗌 if the organi	zation discontinued its opera	tions or disposed o	of more than 2	5% of its	net assets.		
ŝ	3			he governing body (Part VI, I	•				3	9
ø	4			members of the governing bo					4	9
ties	_								5	4
Activities & Governance										
Ac		6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a								0
				income from Form 990-T, Pa					7a 7b	0
		inel unrelate				• • • • • • •	· · · ·		70	
		Contribution	and granta (Dart)	(III line 1h)				Prior Year		Current Year
-	8		•	/III, line 1h)				1,505	,/38	2,293,496
nu	9	-		VIII, line 2g)						0
Revenue	10			blumn (A), lines 3, 4, and 7d)					300	360
Ř	11			n (A), lines 5, 6d, 8c, 9c, 10c,						0
	12			ugh 11 (must equal Part VIII,				1,506	,038	2,293,856
	13			d (Part IX, column (A), lines 1						0
	14			(Part IX, column (A), line 4)						0
s	15			mployee benefits (Part IX, co						429,540
ISe				Part IX, column (A), line 11e)						0
xpenses			• • •	rt IX, column (D), line 25)		41,345	_			
ŵ	17	•	•	n (A), lines 11a-11d, 11f-24e)				1,640	,116	1,677,039
	18	•		7 (must equal Part IX, colum	(),			1,640	,116	2,106,579
	19	Revenue les	s expenses. Subtra	act line 18 from line 12				(134	,078)	187,277
ces Ces							Begir	nning of Curro	ent Year	End of Year
sets	20		· · · /					1,331	,657	1,513,773
Net Assets or Fund Balances	21		, ,					5	,161	0
	22	Net assets o	r fund balances. S	Subtract line 21 from line 20				1,326	,496	1,513,773
Pa	rt II	Signatu	re Block							
				d this return, including accompanying er than officer) is based on all informa			t of my know	vledge and be	ief, it is	
uue,	COTTECL,	and complete. De		er man omder/ is based on all miorma	aon or which preparer h	as any knowledge.			1	
		STEV	E JAMES							
Sig	n	Signature of office	cer						Date	
Her	е	STEV	E JAMES, CEO							
		Type or print nar								
		Print/Type pre	eparer's name	Preparer's signature		Date		Oh a l		PTIN

·	Print/Type preparer's name		Preparer's signature		Check if	PTIN						
Paid	Erica A Miller	CPA	Erica A Miller CPA	02-09-2024		self-employed	P00885783					
Preparer	Firm's name	Erica A		Firm's	EIN							
Use Only	Firm's address	PO Box 1	78		Phone no.							
				256-	654-0925							
May the IRS	lay the IRS discuss this return with the preparer shown above? See instructions											

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Pa	IT 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?	🗌 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 \$1,723,242 including grants of \$) (Revenu	
	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 \$) (Revenue	e \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,723,242	
EEA		Form 990 (2022)

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Pa	rt IV Checklist of Required Schedules		1	1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
~	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		x
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			
	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	
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	446		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	44-		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
a	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	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.45		
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.01		
40	"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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
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	146		
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17		17		v
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		x
10		10		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
20 -	If "Yes," complete Schedule G, Part III.	19		x
20а ь		20a 20b	-	x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	-	+
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		v
				X

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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		Tes	NO
	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		x
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	24 a	1	х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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?	240	;	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	1	
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	25a	ı	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	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 or any of these persons? If "Yes," complete Schedule L, Part II	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			
	persons? If "Yes," complete Schedule L, Part III	27		x
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			
	"Yes," complete Schedule L, Part IV			х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b)	х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV		;	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.			x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	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,			
25-	or IV, and Part V, line 1			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
26	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b)	x
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		v
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			X
30	19? Note: All Form 990 filers are required to complete Schedule O	38		
Dor		30	X	
Par	Check if Schedule O contains a response or note to any line in this Part V			
		<u>· · · · · ·</u>	Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	165	INO
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
D D	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	1c	x	
	Toportable garning (garioing) withings to prize withers:	<u> </u>	A	(0000

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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	x	
b	If "Yes," enter the name of the foreign country KE			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	x	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		x
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
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 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:	0.0		
а	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	-		
11	Section 501(c)(12) organizations. Enter:	-		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
N N	against amounts due or received from them.)			
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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	154		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
N N	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		v
14a h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14a 14b		x
ь 15		140		
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15		x
10	If "Yes," see the instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities	4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"	,	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ns.		
	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 9			
	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		х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
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		х
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		х
b				
	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:			
а		8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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?	11a	х	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
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		15a	х	
b		15b	х	
	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				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	401		
<u>Sac</u>	organization's exempt status with respect to such arrangements?	16b		
	Lict the states with which a copy of this Form 900 is required to be filed			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Own website Another's website Upon request Other (<i>explain on Schedule O</i>)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
19 20				

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>	🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated En	nployees	
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with c	or within the	
organization's	tax year.		
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations), regardles	ss 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.

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

	lou organizat			((C)	.,				
					sition			(0)		
(A) Name and title	(B)	(do not check more than one box, unless person is both an				(D) Reportable	(E) Reportable	(F) Estimated amount		
Name and ute	Average hours					; both ar (trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	٩ آم	n	Q	K	e H	Fc	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	divid	stitut	Officer	ey er	ghes	Former	1099-NEC)	1099-NEC)	related organizations
	related organizations	ual t ctor	iona		Key employee	yee	7			
	below	Individual trustee or director	Institutional trustee		yee	mpe				
	dotted line)	ě	stee			Highest compensated employee				
						ă				
(1) Steve James, President	50.00									
President/Founder		х		х				100,000	0	0
(2) John Holderman										
DIRECTOR		x						0	0	0
(3) John Riley										
DIRECTOR		х						0	0	0
(4) Heather Wurster										
DIRECTOR		х						0	0	0
(5) Julie Munsell, Director										
Chairman of the Board		х						0	0	0
(6) ELIZABETH STUDLEY										
VICE PRESIDENT		х						0	0	0
(7) GARY WALTON										
DIRECTOR		х		х				0	0	0
(8)										
(9)										
<u>(10)</u>										
(11)										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										
										Form 000 (2022)

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Part	VII Section A. Officers, Directors, T	rustees,	Key E	Emp			s, an	nd F	lighest Comp	ensated	i Emplo	oyees	(conti	inued,
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos eck m ss per	son is	han one s both ar /trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reportable compensatio from related organizations (able ation ated	com	(F) ated amo of other opensation om the	
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE	ISC/	orgar	organiz	
(15)														
(16)														
<u>(17)</u>														
(18)														
(19)														
(20)														
(23)														
(24)														
(25)														
1b	Subtotal		• • •	•••	••	•••		•						
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		•••	•••	•••	•••		•	100,000		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization									of			Yes	0 No
3	Did the organization list any former officer, direc employee on line 1a? <i>If "Yes," complete Schedu</i>		-				-					3	103	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	othe	er com	npen	sation from the					
5	<i>individual</i>				••	•••					• • • •	4		x
	for services rendered to the organization? If "Yes	s," complete	Sched	ule .	J for	suc	h pers	on				5		х
	on B. Independent Contractors	te d'a des es				11				0 - (
1	Complete this table for your five highest compensa compensation from the organization. Report comp										ay year			
	(A)	ensation to		enua	ai ye		inuing	vviu	(B)			(C)		
	Name and business addres	SS							Description of servic	es		Compensa	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-		thos	e lis	ted a	above)) wh	10					

Form 9	990 (20	22) kenya	irel	ief.org					81-05552	65 Page 9
Part	: VIII	Statement of Rev	/enu	le						
		Check if Schedule O co	ontair	ns a respons	se or n	ote to any line in thi	s Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
s s	b	Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events			1c					
, G	d	Related organizations .			1d					
Gifts ar A	е	Government grants (cont	ributi	ons)	1e					
imil	f		-							
erS		and similar amounts not i			1f	2,293,496				
Ğţ	g									
and		lines 1a-1f			1g					
	h	Total. Add lines 1a-1f	••	• • • • • •	• • •		2,293,496			
	20					Business Code				
8	2a									
je ži	b									
Jram Serv Revenue	c d									
Program Service Revenue	e	-								
or O		All other program service								
μ.		Total. Add lines 2a-2f .								
	3	Investment income (includ								
	1	other similar amounts) .					360	360		
	4									
	5	Royalties								
				(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	C	Rental income or (loss)	6c							
	d	Net rental income or (loss)							
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets								
		other than inventory	7a							
	a	Less: cost or other basis	76							
anu		and sales expenses Gain or (loss)								
eve		Net gain or (loss)								
Other Revenue		Gross income from fundra			•••					
đ		events (not including \$	-							
•		of contributions reported of			-					
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
	С	Net income or (loss) from	fundr	aising even	ts					
	9a	Gross income from gamin	-							
		activities, See Part IV, line	919		9a					
		Less: direct expenses .								
	C	Net income or (loss) from	gami	ng activities	\$ <u></u>	•••••				
	10a	Gross sales of inventory,								
		returns and allowances .								
		Less: cost of goods sold				1				
	C	Net income or (loss) from	sales	s of inventor	у					
<i>(</i> 0	11a					Business Code				
au Jour	b						<u> </u>			
ent 'ent	C C									
Miscellanous Revenue		All other revenue								
ž		Total. Add lines 11a-11d								
		Total revenue. See instru					2,293,856	360	0	0

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	Check if Schedule O contains a response or note to	any line in this Part IX			X
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	i otal expenses	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	381,265	149,354	231,911	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	28,045		28,045	
10	Payroll taxes	20,230		20,230	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	21,569		21,569	
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	983	983		
13	Office expenses	7,362		7,362	
14	Information technology				
15	Royalties				
16	Occupancy				
17		67,280	67,280		-
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	597		597	
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	41,345			41,345
23					
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.)				
	MISSIONS EXPENSE	665,757	665,757		
b	BHOG - UNALLOCATED	374,762	374,762		
с С	OTHER MIGORI EXPENSES	2,000	2,000	22.070	
d	BANK AND SERVICE CHARGES	32,278	462 100	32,278	
е 25	All other expenses	463,106	463,106	241 000	A1 345
25 26	Joint costs. Complete this line only if the	2,106,579	1,723,242	341,992	41,345
	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)				

	990 (20	· · · · ·	8	1-055526	5 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		•••••	
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing		1	120,665
	2	Savings and temporary cash investments		2	301,551
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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) \ldots		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	-
Š	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,142,20			
	b	Less: accumulated depreciation	,,	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			14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,513,773
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		20	
Lia	22	controlled entity or family member of any of these persons		22 23	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
				25	
	26	of Schedule D		25	
	20	Organizations that follow FASB ASC 958, check here	5,161	20	0
		and complete lines 27, 28, 32, and 33.			
ses	27	Net assets without donor restrictions	1,326,496	27	1,513,773
lanc	28	Net assets with donor restrictions		28	1,313,773
Ba	20	Organizations that do not follow FASB ASC 958, check here		20	
pur		and complete lines 29 through 33.			
ц Ц	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ssel	30	Retained earnings, endowment, accumulated income, or other funds		30	
t A:	32	Total net assets or fund balances		32	1,513,773
Re	33	Total liabilities and net assets/fund balances		33	1,513,773
			1,331,037		Eorm 000 (2022)

EEA

Form **990** (2022)

Form	n 990 (2022) kenyarelief.org	81-0555265	5	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,2	293,	856
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,2	L06,	579
3	Revenue less expenses. Subtract line 2 from line 1	3	-	187,	277
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,3	326,	496
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,	513,	773
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		• • •	• •	
		г		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		
	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 ((2022)

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	'
2022	

		t of the Treasury		Attac	h to Form 990 or Form	990-EZ.			Open	to Public
Interna	I Rev	venue Service	Go to	www.irs.gov/For	m990 for instructions a	and the la	test inforn			pection
Name	of th	ne organization						Employer identification	on numbe	r
keny	are	elief.org						81-055526		
Par	tl	Reason f	or Public Cha	rity Status. (Al	I organizations mus	st comple	ete this p	art.) See instruct	ions.	
The o	rgan	ization is not a p	rivate foundation b	ecause it is: (For lir	nes 1 through 12, check o	only one bo	ox.)			
1		A church, conve	ention of churches,	or association of c	hurches described in se	ction 170	(b)(1)(A)(i)	•		
2		A school describ	oed in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	D).)				
3		A hospital or a c	cooperative hospita	al service organizat	ion described in section	170(b)(1)	(A)(iii).			
4		A medical resea	rch organization o	perated in conjunct	tion with a hospital desc	ribed in se	ction 170(b)(1)(A)(iii). Enter the	е	
		hospital's name,	city, and state:							
5		An organization	operated for the be	enefit of a college o	r university owned or op	erated by a	a governme	ental unit described in		
		section 170(b)	1)(A)(iv). (Comple	te Part II.)						
6		A federal, state,	or local governme	ent or governmenta	I unit described in section	on 170(b)(1)(A)(v).			
7		An organization	that normally recei	ves a substantial pa	art of its support from a g	overnmen	tal unit or f	rom the general public	;	
				(vi). (Complete Par	,					
8					(vi). (Complete Part II.)					
9		An agricultural r	esearch organizati	on described in se	ction 170(b)(1)(A)(ix) o	perated in	conjunctio	n with a land-grant co	ollege	
		or university or a	a non-land-grant co	ollege of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or		
	_	university:								
10		receipts from ac support from gro	tivities related to its oss 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 sect	(2) no mor ion 511 tax	e than 33 1/3% of its	DSS	
11		An organization	organized and ope	erated exclusively t	to test for public safety.	See sectio	on 509(a)(4	ł).		
12		An organization	organized and ope	rated exclusively for	or the benefit of, to perform	m the func	tions of, or	to carry out the purpo	ses of	
		one or more put	plicly supported or	ganizations describ	ed in section 509(a)(1)	or sectior	n 509(a)(2)	. See section 509(a)	(3). Chec	k
		the box on lines	12a through 12d th	nat describes the typ	pe of supporting organization	ation and c	omplete lin	nes 12e, 12f, and 12g.		
а		Type I. A su	pporting organization	tion operated, supe	ervised, or controlled by i	ts support	ed organiz	ation(s), typically by g	giving	
		the supporte	ed organization(s) t	he power to regula	rly appoint or elect a ma	jority of the	e directors	or trustees of the		
		supporting of	organization. You i	must complete Pa	rt IV, Sections A and B					
b		Type II. A s	upporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havi	ing	
		control or m	anagement of the s	supporting organiza	tion vested in the same	persons that	at control o	r manage the support	ed	
		organization	n(s). You must co	mplete Part IV, Se	ctions A and C.					
С					rganization operated in c				d with,	
					ou must complete Par					
d		_ //	•	•	ing 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.			[]
f			of supported orgar		•••••			•••••		
g				ut the supported or	Ĩ í					
	(i) Na	ame of supported orga	anization	(ii) EIN	(iii) Type of organization (described on lines 1-10		rganization Ir governing	(v) Amount of monetary support (see		Amount of support (see
					above (see instructions))	docum	0 0	instructions)		structions)
						Vac	No			
						Yes	No			
(A)										
(B)										
(C)										
(D)										
(D)										
(E)										

	e A (Form 990) 2022 kenyareliet					81-0555265	
Part							
	(Complete only if you checked th	ne box on line	e 5, 7, or 8 of	Part I or if the	e organizatior	n failed to qual	ify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease complet	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	(4) 2010	(10) 2010	(0) 2020	(4) 2021	(0) 2022	(1) 10101
8	Gross income from interest, dividends,						
Ŭ	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
3	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.	(coo instructio				12	
13	First 5 years. If the Form 990 is for the or)(2)
15	organization, check this box and stop he	-			-		
Secti	on C. Computation of Public Suppor				• • • • • • • •		•••••
14	Public support percentage for 2022 (line 6			11 column (f))		14	%
15	Public support percentage from 2022 (intel Public support percentage from 2021 Sch					15	%
16a	33 1/3% support test - 2022. If the organ					-	
IUa	box and stop here. The organization qua						
b	33 1/3% support test - 2021. If the organ	-		-			
D	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 202						
17a							
	10% or more, and if the organization mee Part VI how the organization meets the fa						
	-			-	-		
b	organization						
b	10%-facts-and-circumstances test - 202	-					
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets the			-	-		·
40	organization						
18	Private foundation. If the organization di						
	instructions						[]

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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) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees 2,509,620 1,676,616 1,340,490 1,564,978 1,666,645 received. (Do not include any "unusual grants.") 8,758,349 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 8,758,349 2,509,620 1,676,616 1,340,490 1,564,978 1,666,645 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 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 8,758,349 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 2,509,620 1,676,616 1,340,490 1,564,978 1,666,645 8,758,349 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . 304 657 300 360 568 2,189 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 С Add lines 10a and 10b 657 300 304 568 360 2,189 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 8,760,538 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 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 99.98 % 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 99.97 % Section D. Computation of Investment Income Percentage 0.00 % 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 0.00 % 19a 33 1/3% support tests - 2022. 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 - 2021. 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 . .

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No

Yes

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 1 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. 1 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). 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. 3a 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. 3b 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. 3c 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. 4a 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. 4b 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. 4c 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 6 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. 6 7 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). 7 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). 8 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. 9a 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. 9b 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. 9c 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 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

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Part	IV Supporting Organizations (continued)			
			Yes	No
11	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		
Secti	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		
2	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		
Secti	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		
Secti	on D. All Type III Supporting Organizations			
	······································		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	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	2		
3				
	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	2		
Conti	supported organizations played in this regard.	3		
	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 (se	einst	ructic	ons).
a h	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
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 instru-	ictions,		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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.			
а	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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
EEA	Sched	ule A (F	orm 99	0) 2022

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 Schedule A (Form 990) 2022
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 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	izatio	ns must complete Sect	
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		
Secti	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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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).

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Schedule A (Form 990) 2022

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Schedul	e A (Form 990) 2022 kenyarelief.org V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	81-0		5265 Page 7
	on D - Distributions	b) oupporting organ			Current Year
1	Amounts paid to supported organizations to accomplish e	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	oses 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.	5		8	
9	Distributable amount for 2022 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) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
	Excess from 2019				
 C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				
EEA					Schedule A (Form 990) 2022

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
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.)

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.

Attach to Form 990.

OMB No. 1545-0047

|--|

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information	ation.
	Employer iden

	•••••••••
	Inspection
tifica	ation number

Nume e	the organization		-	inployer identification number
kenya	relief.org			81-0555265
Pa		Funds or Other S	imilar Funds or Acco	ounts.
	Complete if the organization answered "Yes"			
	i v	(a) Donor	advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the asset	s held in donor advised	
Ū	funds are the organization's property, subject to the organiz	-		No
6	Did the organization inform all grantees, donors, and donor a			
Ū	only for charitable purposes and not for the benefit of the do	-	-	
	conferring impermissible private benefit?			No
Par		<u></u>	•••••	
1 01	Complete if the organization answered "Yes"	on Form 990 Part	IV line 7	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati			storically important land area
	Protection of natural habitat		_	ertified historic structure
	Preservation of open space			
2		fied concernation cor	tribution in the form of a c	opportunition
2	Complete lines 2a through 2d if the organization held a quali easement on the last day of the tax year.			
-				Held at the End of the Tax Year
a L	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
C	Number of conservation easements on a certified historic st			. <u>2c</u>
d	Number of conservation easements included in (c) acquired	-		
•	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished	, or terminated by the org	anization during the
	tax year			
4	Number of states where property subject to conservation ea		<u> </u>	
5	Does the organization have a written policy regarding the pe	-		
_	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	, and enforcing conservat	ion easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	d enforcing conservation e	easements during the year
•			ments of eaching 470/h)/	
8	Does each conservation easement reported on line 2(d) abo			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conserva			
	balance sheet, and include, if applicable, the text of the footr	note to the organization	on s financial statements tr	hat describes the
Dor	organization's accounting for conservation easements. III Organizations Maintaining Collections	of Art Historia	al Transuras, or Ot	har Similar Accata
Par	Complete if the organization answered "Yes"			nei Sinnai Assels.
1a	If the organization elected, as permitted under FASB ASC 9			alanca short works
ia	of art, historical treasures, or other similar assets held for pu			
	•	-		
L	service, provide in Part XIII the text of the footnote to its final			naa abaat warka of
b	If the organization elected, as permitted under FASB ASC 9			
	art, historical treasures, or other similar assets held for publi	c exhibition, educatio	n, or research in furtheran	ice of public service,
	provide the following amounts relating to these items:			<u>~</u>
	(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 tro		-	in, provide the
	following amounts required to be reported under FASB ASC	•		
а	Revenue included on Form 990, Part VIII, line 1			\$

\$

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Part	III Organizations Maintaining	Collections of	Art, Historical	Treasures	, or Ot	her Similar A	ssets (c	ontinued)
3	Using the organization's acquisition, access	sion, and other record	s, check any of the	following that r	nake sig	nificant use of its	i	
	collection items (check all that apply):							
а	Public exhibition		d 🗌 Loan	or exchange p	rogram			
b	Scholarly research		e 🗌 Other	·				
С	Preservation for future generations							
4	Provide a description of the organization's of	collections and explai	n how they further t	he organizatio	n's exem	pt purpose in Pa	rt	
	XIII.							
5	During the year, did the organization solicit	or receive donations	of art, historical trea	sures, or other	' similar			
	assets to be sold to raise funds rather than	to be maintained as	part of the organiza	tion's collection	n? .		. 🗌 Ye	s 🗌 No
Part								
	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line	9, or r	eported an ar	mount on	Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custod		-				_	
	included on Form 990, Part X?						🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	blowing table:			1		
						A	mount	
C	Beginning balance					;		
d	Additions during the year				. 1d			
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on F							
b	If "Yes," explain the arrangement in Part XI	II. Check here if the e	explanation has bee	n provided on l	Part XIII			•
Part								
	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years	s back	(d) Three years bac	k (e) Fou	r years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur		e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment							
b	Permanent endowment%)						
С	Term endowment%							
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the poss	ession of the organiz	ation that are held a	and administere	ed for the	9		
	organization by:							Yes No
	(i) Unrelated organizations							
	(ii) Related organizations						,	
b	If "Yes" on line 3a(ii), are the related organi	•			• • • • •		. 3b	
4	Describe in Part XIII the intended uses of the	0	owment funds.					
Part					44- 0		DentV	l'
	Complete if the organization							
	Description of property	(a) Cost or oth (investme		t or other basis	• •	Accumulated epreciation	(d) Boo	k value
	Land		511()	(other)	de			
1a ⊾				66,799		14 675		66,799
b	Buildings			580,062		14,873		565,189
С Д	Leasehold improvements			18,988		1,266		17,722
d	Equipment			345,092		34,509		310,583
e Total	Other		rt V. oolumn (D) Him	131,264				131,264
i otal.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Pal	т л, соштп (В), IIN	e 100.,			±,(091,557

Schedule D (Form 990) 2022

Schedule D (For	· · · ·		81-0555265 Page 3
Part VII	Investments - Other Securities.		
	Complete if the organization answered "Yes	<u>s" on Form 990, Part IV, line ′</u>	11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial of	derivatives		
(2) Closely-he	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.).		
Part VIII	Investments - Program Related. Complete if the organization answered "Yes	s" on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.).	••••	
Part IX	Other Assets.	all on Form 000 Port IV/ line (11d See Form 000 Part V line 15
	Complete if the organization answered "Yes		
(4)	(a) Description	1	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) T () (0)			
	n (b) must equal Form 990, Part X, col. (B) line 15.).		•••••
Part X	Other Liabilities. Complete if the organization answered "Yes line 25.	s" on Form 990, Part IV, line 7	11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
	ncome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 25.) .		al eleteres to the second the
	uncertain tax positions. In Part XIII, provide the text of the	-	
organization's	liability for uncertain tax positions under FASB ASC 740.	Uneck here if the text of the footnote	nas been provided in Part XIII

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Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 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.).		
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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 2b		
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	-	
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)

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 81-0555265

kenyarelief.org

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	Form 4562 Depreciation and Amortization (Including Information on Listed Property)						2022		
	Attach to your tax return.							Attachment	
	Go to www.irs.gov/Form4562 for instructions and the latest information. ame(s) shown on return Business or activity to which this form relates								Sequence No. 179 ifying number
	(s) shown on return <pre>nyarelief.org</pre>		Dusiries	-	990 - 1	62			555265
Par		o Expense Ce	rtain Property Und					01-0	555205
			property, complete Pa			Part I.			
1			s)					1	
2	Total cost of sect	ion 179 property	placed in service (see	instructions)				2	
3									
4			ne 3 from line 2. If zero					4	
5		•	act line 4 from line 1.				•	_	
								5	
6	(a)	Description of property	/	(b) Cost (busin	ess use only)		(c) Elected cost		
7	Listed property	ntor the amount	from line 29		7				
8			roperty. Add amounts			7		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		,			12	
13			to 2023. Add lines 9 a			-			
Note	: Don't use Part I	l or Part III below	for listed property. In	stead, use Pa	art V.				
Part	t II Special De	epreciation All	owance and Other	Depreciati	on (Don't in	clude	listed property. S	ee inst	ructions.)
14			qualified property (ot						
			าร					14	
			1) election					15	
			<u>S)</u>					16	41,345
Part		epreciation (De	on't include listed pro		structions.)				
17	MACRS deductio	na for occota play	ced in service in tax ye	ection A	a hoforo 2022)		17	
			sets placed in service	-	-		· · · · · · · · · · ·	17	
10			· · · · · · · · · · · · · · · · · · ·	•	•		° –		
			ed in Service During					ו Svste	em
		(b) Month and yea	(c) Basis for depreciation	(d) Recovery	-		•		
(a)	Classification of proper	ty placed in service	(business/investment use only-see instructions)	period	(e) Conventior		(f) Method	(g) [Depreciation deduction
19a	3-year property								
b	5-year property								
C	7-year property								
d	, , , ,								
	15-year property								
f	20-year property			05		_	0/1	_	
g				25 yrs.	N 4 N 4		S/L		
n	Residential renta			27.5 yrs. 27.5 yrs.	MM MM	-	S/L S/L		
—i	Nonresidential re			39 yrs.	MM				
•	property			00 y13.	MM		S/L		
	Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System								
20a	Class life		<u></u>				S/L		
	12-year			12 yrs.			S/L		
-	30-year			30 yrs.	MM		S/L		
d 40-year 40 yrs. MM S/L									
Part	Part IV Summary (See instructions.)								
21	Listed property. I							21	
22			ines 14 through 17, lir						
			of your return. Partner		-	see ir	structions	22	41,345
23			ed in service during th	•					
	portion of the bas	is attributable to	section 263A costs			23			