Form **990-PF**

EXTENDED TO NOVEMBER 16, 2020 Return of Private Foundation

OMB No. 1545-0047

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information. Department of the Treasury Internal Revenue Service For calendar year 2019 or tax year beginning

101	uicii	dai year 2010 or tax year beginning		, unu ci	iluliig		
		foundation				A Employer identification	number
		THERN KENYA FUND KNOLLWOOD INVESTMENT AI	74-3196803				
	•	nd street (or P.O. box number if mail is not delivered to street a			Room/suite	B Telephone number	
		INTERNATIONAL CIR		(443) 541-	2447		
		own, state or province, country, and ZIP or foreign po		C If exemption application is pe			
		T VALLEY, MD 21030-1332		, , , , , , , , , , , , , , , , , , , ,	J		
G	heck	all that apply: Initial return	Initial return of a fo	ormer public o	harity	D 1. Foreign organizations	s, check here
		Final return	Amended return			2 Foreign organizations ma	eting the 85% test
		Address change	Name change			2. Foreign organizations me check here and attach co	mputation
H C	_	type of organization: X Section 501(c)(3) ex				E If private foundation sta	
		ction 4947(a)(1) nonexempt charitable trust			1	under section 507(b)(1)	
		rket value of all assets at end of year J Accounting	-	Accr	uai	F If the foundation is in a	
(11)		lart II, col. (c), line 16) Ot	her (specify) nn (d), must be on cash basi	is.)		under section 507(b)(1)	i(D), Check here
	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	inco		income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	209,650.			N/A	
	2	Check if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	487.		487.		STATEMENT 3
		Gross rents					
Revenue		Net rental income or (loss)					
	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					
		assets on line 6a Capital gain net income (from Part IV, line 2)			0.		
Be	8	Net short-term capital gain					
	9	Income modifications					
		Gross sales less returns and allowances					
		Less: Cost of goods sold					
		Gross profit or (loss)					
		Other income					
	12	Total. Add lines 1 through 11	210,137.		487.		
		Compensation of officers, directors, trustees, etc.	0.		0.		0.
		Other employee salaries and wages					
"		Pension plans, employee benefits					
ıses	16a	Legal fees					
per	D	Accounting fees Other professional fees STMT 4	195.		0.		195.
Ä			133.		0.		193.
tive	18	Interest Taxes					
stra	19	Taxes					
ijË		Occupancy					
Adn		Travel, conferences, and meetings	2,177.		0.		2,177.
ď		Printing and publications	,				
<u> </u>	23	Other expenses STMT 5	1,736.		0.		1,736.
Operating and Administrative Expens		Total operating and administrative					
per		expenses. Add lines 13 through 23	4,108.		0.		4,108.
0		Contributions, gifts, grants paid	221,750.				221,750.
	26	Total expenses and disbursements.			_		
		Add lines 24 and 25	225,858.		0.		225,858.
		Subtract line 26 from line 12:	1				
		Excess of revenue over expenses and disbursements	-15,721.		487.		
		Net investment income (if negative, enter -0-)			40/•	N/A	
	C	Adjusted net income (if negative, enter -0-)				I 11/12	

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

Fo	rm 99	0-PF (2019) C/O KNOLLWOOD INVESTMENT		74-3	3196803 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<u> </u>
		column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		4,947.	4,947.
	2	Savings and temporary cash investments	120,859.	100,191.	100,191.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	IVa	Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
		Investments - mortgage loans			
		Investments - other			
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation			
		Other assets (describe			
	16	Total assets (to be completed by all filers - see the	100 050	105 100	405 400
_		instructions. Also, see page 1, item I)	120,859.	105,138.	105,138.
		Accounts payable and accrued expenses			
		Grants payable			
es		Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
es		and complete lines 24, 25, 29, and 30.			
Fund Balances	24	Net assets without donor restrictions			
3ak	25	Net assets with donor restrictions			
<u> </u>		Foundations that do not follow FASB ASC 958, check here			
Ξ		and complete lines 26 through 30.	0	_	
ō	26	Capital stock, trust principal, or current funds	0.	0.	
ets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	28	Retained earnings, accumulated income, endowment, or other funds	120,859.	105,138.	
Net Assets	29	Total net assets or fund balances	120,859.	105,138.	
_		Total Bability and advantage of the language	120 050	105 120	
=		Total liabilities and net assets/fund balances	120,859.	105,138.	
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 2	29		
		st agree with end-of-year figure reported on prior year's return)		1	120,859.
2		amount from Part I, line 27a			-15,721.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	105,138.
5	Decr	eases not included in line 2 (itemize) 🕨		5	0.

0. 105,138. Form **990-PF** (2019)

6

NORTHERN KENYA FUND Form 990-PF (2019) C/O KNOLLWOOD INVESTMENT ADVISORY 74-3196803 Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (a) List and describe the kind(s) of property sold (for example, real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) 1a NONE h C d е (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) b d е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) FMV as of 12/31/69 over col. (j), if any as of 12/31/69 b C d е 🖊 If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 Part V | Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use assets 190,508. 32,073. 5.939825 2018 192,582. 44,971. 4.282360 2017 245,780. 68,764. 3.574254 2016 156,126. 55,235. 2.826577 2015 2014 146.335. 26.879. 5.444213 22.067229 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years 4.413446 the foundation has been in existence if less than 5 years 31,847. Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 140,555. Multiply line 4 by line 3 Enter 1% of net investment income (1% of Part I, line 27b) 5. 7 140,560. 8 Enter qualifying distributions from Part XII, line 4 225,858. 8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

Form **990-PF** (2019)

923521 12-17-19

See the Part VI instructions.

Page 4

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see in	struc	tion	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%				5.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				0.
	Add lines 1 and 2				5.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5				5.
6	Credits/Payments:				
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 1,693.				
b	Exempt foreign organizations - tax withheld at source 6b 0.				
C	Tax paid with application for extension of time to file (Form 8868) 6c 0.				
d	Backup withholding erroneously withheld 6d 0.				
7	Total credits and payments. Add lines 6a through 6d			1,6	93.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			1,6	88.
	Enter the amount of line 10 to be: Credited to 2020 estimated tax 1,688. Refunded 11				0.
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	
	any political campaign?		1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?		1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$0 .				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	1/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				
ı	CT, DE, MD, MA, NH, NY, TN, MT				
0	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		0.5	Х	
^	of each state as required by General Instruction G? If "No," attach explanation		8b	Λ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the tay year hadinging in 20102 See the instructions for Part XIV. If "Yes " complete Part XIV.		0		Х
10	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		10		X
ıυ	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			\ DE	_ A

Page	5
------	---

Pa	art VII-A Statements Regarding Activities (continued)			
	·		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
•	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
-	If "Yes," attach statement. See instructions	12		Х
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
10	Website address WWW.NORTHERNKENYAFUND.ORG	10	21	
11	The books are in care of KNOLLWOOD INVESTMENT ADVISORY Telephone no. (443)	5/11	-21	17
14	Located at \triangleright 217 INTERNATIONAL CIRCLE, HUNT VALLEY, MD ZIP+4 \triangleright 21	<u> </u>	44.	- /
45			_	$\overline{}$
10	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		► /A	
40	and enter the amount of tax-exempt interest received or accrued during the year 15	1/	Yes	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		163	X
	securities, or other financial account in a foreign country?	16		Λ
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
D۵	foreign country art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
Га			Voc	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	NO
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2019?	1c		_X_
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section $4942(j)(3)$ or $4942(j)(5)$:			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years ►,,,,,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No			
b	olf "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X

NORTHERN KENYA FUND					
Form 990-PF (2019) C/O KNOLLWOOD INVESTMENT			74-31968	03	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contin}	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	es X No		
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire	ectly,			
any voter registration drive?		Ye	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'	?	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? See instructions		X Ye	es No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,					
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und					
section 53.4945 or in a current notice regarding disaster assistance? See instru				5b X	
Organizations relying on a current notice regarding disaster assistance, check h				00 21	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant? SI	TO STATEMENT C	· 🔼 16	es NO		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			TZ		
a personal benefit contract?		Ye	es 🔼 No		1,7
\boldsymbol{b} Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	<u> </u>
If "Yes" to 6b, file Form 8870.					
${f 7a}$ At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	L Ye	es 🔼 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or				
excess parachute payment(s) during the year?			es X No		
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and tr		(a) Companyation	(d) 0i	l , , E.	
1 List all officers, directors, trustees, and foundation managers and the (a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	accour	pense t, other
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accour	pense t, other ances
(a) Name and address CHRISTOPHER L. BUNTING	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accour	t, other
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE	(b) Title, and average hours per week devoted to position PRESIDENT/DIR	(If not paid, enter -0-) ECTOR	compensation	accour	t, other ances
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 1.00	(If not paid, enter -0-) ECTOR	compensation O •	accour	t, other
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 REBEKAH S. BUNTING	(b) Title, and average hours per week devoted to position PRESIDENT/DIR	(If not paid, enter -0-) ECTOR	compensation O •	accour	t, other ances
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 REBEKAH S. BUNTING 217 INTERNATIONAL CIRCLE	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 1.00 SECRETARY/TRE	(If not paid, enter -0-) ECTOR 0. ASURER/DII	0.	accour	t, other ances
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 REBEKAH S. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 1.00 SECRETARY/TRE 1.00	(If not paid, enter -0-) ECTOR	0.	accour	t, other ances
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 REBEKAH S. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 DEB KMON DAVIDSON	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 1.00 SECRETARY/TRE	(If not paid, enter -0-) ECTOR 0. ASURER/DII	0.	accour	t, other ances
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 REBEKAH S. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 DEB KMON DAVIDSON 217 INTERNATIONAL CIRCLE	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 1.00 SECRETARY/TRE 1.00 DIRECTOR	(If not paid, enter -0-) ECTOR 0. ASURER/DII	0. RECT	accour	0 •
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 REBEKAH S. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 DEB KMON DAVIDSON	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 1.00 SECRETARY/TRE 1.00	(If not paid, enter -0-) ECTOR 0. ASURER/DII	0.	accour	t, other ances
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 REBEKAH S. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 DEB KMON DAVIDSON 217 INTERNATIONAL CIRCLE	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 1.00 SECRETARY/TRE 1.00 DIRECTOR	(If not paid, enter -0-) ECTOR 0. ASURER/DII	0. RECT	accour	0 •
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 REBEKAH S. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 DEB KMON DAVIDSON 217 INTERNATIONAL CIRCLE	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 1.00 SECRETARY/TRE 1.00 DIRECTOR	(If not paid, enter -0-) ECTOR 0. ASURER/DII	0. RECT	accour	0.
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 REBEKAH S. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 DEB KMON DAVIDSON 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 1.00 SECRETARY/TRE 1.00 DIRECTOR 1.00	(If not paid, enter -0-) ECTOR 0. ASURER/DII 0.	0. RECT	accour	0 •
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 REBEKAH S. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 DEB KMON DAVIDSON 217 INTERNATIONAL CIRCLE	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 1.00 SECRETARY/TRE 1.00 DIRECTOR 1.00	(If not paid, enter -0-) ECTOR 0. ASURER/DII 0.	O. RECT O.	accour	0.
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 REBEKAH S. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 DEB KMON DAVIDSON 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 1.00 SECRETARY/TRE 1.00 DIRECTOR 1.00	(If not paid, enter -0-) ECTOR 0. ASURER/DII 0.	O . RECT O . (d) Contributions to employee benefit plans and deferred	accour allow	0 •
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 REBEKAH S. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 DEB KMON DAVIDSON 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 1.00 SECRETARY/TRE 1.00 DIRECTOR 1.00 (b) Title, and average hours per week	(If not paid, enter -0-) ECTOR 0. ASURER/DII 0.	O. RECT O.	accour allow	0. 0. pense t, other
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 REBEKAH S. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 DEB KMON DAVIDSON 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 2 Compensation of five highest-paid employees (other than those incl	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 1.00 SECRETARY/TRE 1.00 DIRECTOR 1.00 (b) Title, and average hours per week	(If not paid, enter -0-) ECTOR 0. ASURER/DII 0.	O . RECT O . (d) Contributions to employee benefit plans and deferred	accour allow	0. 0. pense t, other
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 REBEKAH S. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 DEB KMON DAVIDSON 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 1.00 SECRETARY/TRE 1.00 DIRECTOR 1.00 (b) Title, and average hours per week	(If not paid, enter -0-) ECTOR 0. ASURER/DII 0.	O . RECT O . (d) Contributions to employee benefit plans and deferred	accour allow	0. 0. pense t, other
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 REBEKAH S. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 DEB KMON DAVIDSON 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 1.00 SECRETARY/TRE 1.00 DIRECTOR 1.00 (b) Title, and average hours per week	(If not paid, enter -0-) ECTOR 0. ASURER/DII 0.	O . RECT O . (d) Contributions to employee benefit plans and deferred	accour allow	0. 0. pense t, other
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 REBEKAH S. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 DEB KMON DAVIDSON 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 1.00 SECRETARY/TRE 1.00 DIRECTOR 1.00 (b) Title, and average hours per week	(If not paid, enter -0-) ECTOR 0. ASURER/DII 0.	O . RECT O . (d) Contributions to employee benefit plans and deferred	accour allow	0. 0. pense t, other
(a) Name and address CHRISTOPHER L. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 REBEKAH S. BUNTING 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 DEB KMON DAVIDSON 217 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030 2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 1.00 SECRETARY/TRE 1.00 DIRECTOR 1.00 (b) Title, and average hours per week	(If not paid, enter -0-) ECTOR 0. ASURER/DII 0.	O . RECT O . (d) Contributions to employee benefit plans and deferred	accour allow	0. 0. pense t, other

Form **990-PF** (2019)

Total number of other employees paid over \$50,000

74-3196803 Page **7**

Part VIII	Information About Officers, Directors, Trustees, Foundation Management Paid Employees, and Contractors (continued)	anagers, Highly	
3 Five high	nest-paid independent contractors for professional services. If none, enter "NONE		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	NONE		
Total number	r of others receiving over \$50,000 for professional services		▶ 0
Part IX-A	Summary of Direct Charitable Activities		·
List the foun	dation's four largest direct charitable activities during the tax year. Include relevant statistical infor ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	mation such as the	Expenses
	N/A		
2			
3			
4			
Dort IV F			
	Summary of Program-Related Investments two largest program-related investments made by the foundation during the tax year on lines 1 ar	d 2.	Amount
1	N/A		
2			
	gram-related investments. See instructions.		
3			
Total. Add li	nes 1 through 3		0.

0 . Form **990-PF** (2019)

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; a Average monthly fair market value of securities 1a **b** Average of monthly cash balances 1b Fair market value of all other assets 1c 32,332 Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and Acquisition indebtedness applicable to line 1 assets 2 2 3 Subtract line 2 from line 1d 3 485. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 847. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 1,592 Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here
and do not complete this part.) 1,592. Minimum investment return from Part X, line 6 Tax on investment income for 2019 from Part VI, line 5 C Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 6 7 ,587 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 225,858. 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 225,858 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2019)

4940(e) reduction of tax in those years.

Form 990-PF (2019)

Part XIII Undistributed Income (see instructions)

Form 990-PF (2019)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,	оограз	τομιο μποι το 20 το	2010	2010
line 7				1,587.
2 Undistributed income, if any, as of the end of 2019:				,
a Enter amount for 2018 only			0.	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014 144,991.				
b From 2015 153,364.				
c From 2016 242,354.				
d From 2017 190,333.				
e From 2018 188,910.				
f Total of lines 3a through e	919,952.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ►\$ 225,858.				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				1,587.
e Remaining amount distributed out of corpus	224,271.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount	0			0
must be shown in column (a).) 6 Enter the net total of each column as	0.			0.
indicated below:	1 144 222			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,144,223.			
b Prior years' undistributed income. Subtract		^		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously		0.		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line			0.	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2020				0.
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	98,500.			
8 Excess distributions carryover from 2014	30,300.			
not applied on line 5 or line 7	46,491.			
9 Excess distributions carryover to 2020.	10,4514			
Subtract lines 7 and 8 from line 6a	999,232.			
10 Analysis of line 9:	233,2321			
a Excess from 2015 153,364.				
b Excess from 2016 242,354.				
c Excess from 2017 190, 333.				
d Excess from 2018 188,910.				
e Excess from 2019 224,271.				

Part XIV	Private Operating For	undations (see ins	tructions and Part VII	-A, question 9)	N/A	
1 a If the foun	dation has received a ruling or c	determination letter that i	t is a private operating			
foundation	, and the ruling is effective for 2	2019, enter the date of th	e ruling	>		
b Check box	to indicate whether the foundat	ion is a private operating	g foundation described in	n section	4942(j)(3) or 494	12(j)(5)
2 a Enter the I	esser of the adjusted net	Tax year		Prior 3 years		
income fro	m Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investmen	t return from Part X for					
each year	isted					
	e 2a					
c Qualifying	distributions from Part XII,					
line 4, for	each year listed					
d Amounts i	ncluded in line 2c not					
used direc	tly for active conduct of					
exempt ac	tivities					
e Qualifying	distributions made directly					
for active of	conduct of exempt activities.					
Subtract li	ne 2d from line 2c					
	Ba, b, or c for the test relied upon:					
	test relied upon. ternative test - enter:					
	of all assets					
	of assets qualifying section 4942(j)(3)(B)(i)					
	nt" alternative test - enter					
shown in F	Part X, line 6, for each year					
	alternative test - enter:					
	support other than gross					
invest	ment income (interest,					
	nds, rents, payments on					
	ties loans (section)(5)), or royalties)					
	ort from general public					
and 5	or more exempt					
	izations as provided in n 4942(j)(3)(B)(iii)					
	st amount of support from					
an exc	empt organization					
	investment income					
	Supplementary Inforr			f the foundation h	ad \$5,000 or more	e in assets
	at any time during the	e year-see instru	ctions.)			
1 Informat	ion Regarding Foundation	Managers:				
	anagers of the foundation who l			ibutions received by the f	oundation before the close	of any tax
- '	only if they have contributed mo		ction 507(d)(2).)			
CHRISTO	PHER L. BUNTING	G				
	anagers of the foundation who			or an equally large portior	n of the ownership of a par	tnership or
	y) of which the foundation has a	a 10% or greater interest	•			
NONE						
	ion Regarding Contribution			-		
	if the foundation onl					sts for funds. If
	tion makes gifts, grants, etc., to					
a The name,	address, and telephone number	r or email address of the	person to whom applica	ations should be addresse	ed:	
L TL ()	a collected a constituent and the second	and a second second		and discount of a		
b The form i	n which applications should be	supmitted and information	on and materials they sh	iouid include:		
	and an all the second s					
c Any subm	ssion deadlines:					
d Apurostria	tions or limitations on awards	cuch as by assarantical	arone charitable fields	kinds of institutions or of	thar factors	
u Any restric	tions or limitations on awards,	ouch ao ny yeograpilical	arvas, viiaritavie lielus,	niius vi iiisiiluliviis, Vi V	11101 IAULUI 3.	

923601 12-17-19 Form **990-PF** (2019)

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year CHALBI SCHOLARS ORGANIZATION EDUCATION NC PO BOX 52332-00100 NAIROBI, KENYA 221,750. **▶** 3a 221,750. Total **b** Approved for future payment NONE Total

Unrelated business income

Excluded by section 512, 513, or 514

(e)

Form 990-PF (2019)

Enter gross amounts unless otherwise indicated.

Part XVI-A Analysis of Income-Producing Activities

Program service revenue: a	(a) Business code	(b) Amount	Exclusion code	(d) Amount	Related or exempt function income
b					
С					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	487.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
С					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		487.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	487.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to					
Line No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than left).			contrib	uted importantly to the accom	plishment of

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

								1 1,	
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)									Yes No
(other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of:									
a		·							
		h							<u> X</u>
	(2) Oth	er assets						1a(2)	X
b		insactions:							
		es of assets to a noncharital							X
		chases of assets from a nor							X
		tal of facilities, equipment,							X
	(4) Reir	mbursement arrangements						1b(4)	X
	(5) Loa	ns or loan guarantees						1b(5)	X
		formance of services or me							X
		of facilities, equipment, ma							X
d		swer to any of the above is		-		-	-		ts,
		es given by the reporting fo			ed less than fair market valu	ue in any transaction	or sharing arrangem	ent, show in	
-1		(d) the value of the goods, (
a)∟	ne no.	(b) Amount involved	(c) Name of		e exempt organization	(a) Description	n of transfers, transactions	s, and sharing arrar	ngements
				N/A					
	-								
	-								
	+								
	+								
	+								
2 a	Is the fo	undation directly or indirect	lv affiliated with or r	elated to one	or more tax-exempt organ	izations described			
		n 501(c) (other than section	-					Yes	X No
b		complete the following sch							
	,	(a) Name of org			(b) Type of organization		(c) Description of rela	ationship	
		N/A							
	Unde	er penalties of perjury, I declare the	hat I have examined this	return, including	accompanying schedules and s	tatements, and to the be	st of my knowledge	May the IRS di	scuss this
Si	gn	belief, it is true, correct, and com	pioto. Doolaration of proj	saror (outor than	I		DENT/DIREC		preparer See instr.
He		•				TOR		X Yes	☐ No
	Si	gnature of officer or trustee			Date	Title	Observation Control of the		
		Print/Type preparer's na	me	Preparer's s	ignature	Date		PTIN	
D-	id					10,100,100	self- employed	200000	110
Pa Dr		JULIA FLANI				10/20/20		P009289	
	eparer e Only		OS LLP				Firm's EIN ► 42	1-0/1432	45
US	e Only		O TRIMETERS	TT () 1 7 7	DDTVE CUTE	T. 1400	1		
		1			DRIVE, SUIT	E 1400	. 410	246 05	0.01
		l BA	LTIMORE,	MD 212	U <u>Z</u>		Phone no. 410	-246-93	2 O T

FORM 990-PF DI	VIDENDS	AND INTER	EST FROM SECU	RITIES S	TATEMENT 3
	ROSS MOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
NORTHERN TRUST	487.		0. 487	. 487.	
TO PART I, LINE 4	487.		487	487.	
FORM 990-PF	OT	HER PROFES	SIONAL FEES	S	TATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
REGISTERED AGENT FEES		195.	0.		195.
TO FORM 990-PF, PG 1, L	N 16C	195.	0.		195.
FORM 990-PF		OTHER E	XPENSES	S	TATEMENT 5
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
UNIFIED REGISTRATION STATEMENT FILING FEES MANAGEMENT FEE BANK FEES		630. 1,000. 106.	0. 0. 0.		630. 1,000. 106.
TO FORM 990-PF, PG 1, L	N 23	1,736.	0.		1,736.

FORM 990-PF EXPENDITURE RESPONSIBILITY STATEMENT PART VII-B, LINE 5C

STATEMENT 6

GRANTEE'S NAME

CHALBI SCHOLARS ORGANIZATION

GRANTEE'S ADDRESS

PO BOX 52332-00100 NAIROBI, KENYA

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

156,000. 01/22/19

156,000.

PURPOSE OF GRANT

PROVIDES SCHOLARSHIPS FOR STUDENTS IN KENYA

DATES OF REPORTS BY GRANTEE

3/31/19, 6/30/19, 9/30/19

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

CHALBI SCHOLARS ORGANIZATION

GRANTEE'S ADDRESS

PO BOX 52332-00100 NAIROBI, KENYA

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED 13,250. 03/04/19

13,250.

PURPOSE OF GRANT

PROVIDES SCHOLARSHIPS FOR STUDENTS IN KENYA

DATES OF REPORTS BY GRANTEE

09/30/19

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

CHALBI SCHOLARS ORGANIZATION

GRANTEE'S ADDRESS

PO BOX 52332-00100 NAIROBI, KENYA

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

25,000. 06/20/19

923.

PURPOSE OF GRANT

PROVIDES SCHOLARSHIPS FOR STUDENTS IN KENYA

DATES OF REPORTS BY GRANTEE

09/30/19

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

CHALBI SCHOLARS ORGANIZATION

GRANTEE'S ADDRESS

PO BOX 52332-00100 NAIROBI, KENYA

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

5,000. 06/26/19

0.

PURPOSE OF GRANT

TO SUPPORT THE WORK OF THE KALACHA WOMEN'S GROUP

DATES OF REPORTS BY GRANTEE

REPORT NOT RECEIVED PRIOR TO YEAR END

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

CHALBI SCHOLARS ORGANIZATION

GRANTEE'S ADDRESS

PO BOX 52332-00100 NAIROBI, KENYA

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

10,000. 07/17/19

0.

PURPOSE OF GRANT

PROVIDES SCHOLARSHIPS FOR STUDENTS IN KENYA

DATES OF REPORTS BY GRANTEE

REPORT NOT RECEIVED PRIOR TO YEAR END

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

CHALBI SCHOLARS ORGANIZATION

GRANTEE'S ADDRESS

PO BOX 52332-00100 NAIROBI, KENYA

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

6,250. 09/05/19

0.

PURPOSE OF GRANT

PROVIDES SCHOLARSHIPS FOR STUDENTS IN KENYA

DATES OF REPORTS BY GRANTEE

REPORT NOT RECEIVED PRIOR TO YEAR END

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

CHALBI SCHOLARS ORGANIZATION

GRANTEE'S ADDRESS

PO BOX 52332-00100 NAIROBI, KENYA

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

6,250. 12/05/19

0.

PURPOSE OF GRANT

PROVIDES SCHOLARSHIPS FOR STUDENTS IN KENYA

DATES OF REPORTS BY GRANTEE

REPORT NOT RECEIVED PRIOR TO YEAR END

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

CHALBI SCHOLARS ORGANIZATION

GRANTEE'S ADDRESS

PO BOX 52332-00100 NAIROBI, KENYA

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

30,000. 03/29/18

30,000.

PURPOSE OF GRANT

PROVIDES SCHOLARSHIPS FOR STUDENTS IN KENYA

DATES OF REPORTS BY GRANTEE

09/30/18, 3/31/19

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

CHALBI SCHOLARS ORGANIZATION

GRANTEE'S ADDRESS

PO BOX 52332-00100 NAIROBI, KENYA

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

5,000. 04/01/18

5,000.

PURPOSE OF GRANT

PROVIDES SCHOLARSHIPS FOR STUDENTS IN KENYA

DATES OF REPORTS BY GRANTEE

3/31/19

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

CHALBI SCHOLARS ORGANIZATION

GRANTEE'S ADDRESS

PO BOX 52332-00100 NAIROBI, KENYA

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

5,000. 06/20/18 5,000.

PURPOSE OF GRANT

PROVIDES SCHOLARSHIPS FOR STUDENTS IN KENYA

DATES OF REPORTS BY GRANTEE

3/31/19

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

CHALBI SCHOLARS ORGANIZATION

GRANTEE'S ADDRESS

PO BOX 52332-00100 NAIROBI, KENYA

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

5,000. 09/06/18

5,000.

PURPOSE OF GRANT

PROVIDES SCHOLARSHIPS FOR STUDENTS IN KENYA

DATES OF REPORTS BY GRANTEE

3/31/19

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

CHALBI SCHOLARS ORGANIZATION

GRANTEE'S ADDRESS

PO BOX 52332-00100 NAIROBI, KENYA

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

5,000. 12/04/18 5,000.

PURPOSE OF GRANT

PROVIDES SCHOLARSHIPS FOR STUDENTS IN KENYA

DATES OF REPORTS BY GRANTEE

3/31/19

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION