Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Open to Public

Inspection

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning			January 1 , 2018, and ending		_	embe		18			
B Check if applicable:		oplicable:	Name of organization			D Empl	entification numbe	ər			
	Address change		Samburu Youth Education Fund					27-3537872			
	Name change		Number and street (or P.O. box, if mail is no	ot delivered to street address)	F	Room/suite	E Telep	Telephone number			
=	Initial retur	rn rn/terminated	640 Peterson St.				970-691-7243				
=	Amended		City or town, state or province, country, and	d ZIP or foreign postal code			F Grou	F Group Exemption			
\equiv		i letuili					Nun	nber 🕨	•		
G	Account	ting Method:		cify) ►		Н	Check ▶ ☐ if the organization is not				
	Vebsite		samburuyouth.org					red to attach Schedule B			
JΤ	ax-exen	npt status (che	eck only one) — 501(c)(3) 501(c)	() ◄ (insert no.) ☐ 4947	(a)(1) or	527	(Form 9	990, 990-EZ, or 990-PF).			
			☐ Corporation ☐ Trust	Association C							
L	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts	s. If gross receipts are \$200,0							
(Pa	rt II, coli	umn (B)) are \$	500,000 or more, file Form 990 instead	l of Form 990-EZ				▶ \$			
	art I		e, Expenses, and Changes in					ctions	for Part I)		
			the organization used Schedule			•			,	. 🗸	
	1		ons, gifts, grants, and similar amou					1		59,905	
	2		ervice revenue including governme					2		00,000	
	3	_	ip dues and assessments					3		0	
	4	Investment						4		53	
	5a		ount from sale of assets other than		5a						
	b			-	5b		0				
		b Less: cost or other basis and sales expenses								0	
	6	Gaming and fundraising events:									
	а	•	ross income from gaming (attach Schedule G if greater than								
Revenue	a		\$15,000)								
Vel	b	Gross income from fundraising events (not including \$ of contributions									
Re		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 66									
		sum of suc	h gross income and contributions	exceeds \$15,000)	6b		6,622				
	С	Less: direc	t expenses from gaming and fundr	aising events	6c		1,554				
	d		ome or (loss) from gaming and fundraising events (add lines 6a and 6b and sub-								
		line 6c) .						6d		5,068	
	7a	Gross sale	s of inventory, less returns and allo	wances	7a		11,463				
	b	Less: cost of goods sold				5,904					
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line	7a) .			7c		5,559	
	8	Other reve	nue (describe in Schedule O)					8		0	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7d	c, and 8			. ▶	9		70,585	
Expenses	10		d similar amounts paid (list in Sched					10		36,568	
	11	Benefits pa	aid to or for members					11		0	
	12		ther compensation, and employee					12		4,640	
	13	Profession	al fees and other payments to inde	pendent contractors				13		1,432	
	14	Occupancy	y, rent, utilities, and maintenance					14		999	
	15	Printing, pi	ublications, postage, and shipping					15		484	
	16		enses (describe in Schedule O) .					16		24,796	
	17		enses. Add lines 10 through 16 .					17		68,920	
Net Assets	18	Excess or	(deficit) for the year (Subtract line 1	7 from line 9)				18		1,665	
	19	Net assets	or fund balances at beginning of	year (from line 27, colun	nn (A)) (ı	must agree	e with				
			r figure reported on prior year's ret					19		63,466	
et ,	20	Other changes in net assets or fund balances (explain in Schedule O)					20		4,633		
Z	21		or fund balances at end of year. C					21		60,498	

Form 990-EZ (2018)

Part II Balance Sheets (see the instructions for Part II)

·	Check if the organization used Schedule	,	ny augstion in this	Part II		
	Officer if the organization used Schedule	e o to respond to a	Ty question in this	(A) Beginning of year	<u></u>	(B) End of year
22	Cash, savings, and investments			63,466	22	60,49
23	Land and buildings				23	30,10
24	Other assets (describe in Schedule O)				24	
25	Total assets			63,466	-	60,49
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column	n (B) must agree with	n line 21) [63,466	27	60,49
Par		•		,		
	Check if the organization used Schedule	•			/Da	Expenses
Wha	is the organization's primary exempt purpose?	Leadership develop	ment and education	in north Kenya		quired for section (c)(3) and 501(c)(4)
as n	ribe the organization's program service accompleasured by expenses. In a clear and concise rons benefited, and other relevant information for e	nanner, describe the			orga othe	anizations; optional for ers.)
28	Supported 52 youth with educational scholarships,		n/board, transport, s	upplies, uniforms,		
	books, and coordinator time to facilitate payments a	nd student support.				
	(Grants \$) If this amoun	t includes foreign gra	ants. check here .	• П	28a	42,97
29	Leadership workshops for youth regarding life skills					,
	empowerment	<i>y</i>				
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	🕨 🗌	2 9a	9,44
30	Women's income-earning activity via beadwork sale	s				
				<u></u> .		
		t includes foreign gra			30a	8,61
31	Other program services (describe in Schedule O)					
00	(Grants \$) If this amount	t includes foreign gra	ants, check here .	<u> ▶ ∐</u>	31a	-7.5
	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule			•	nstru	ctions for Part IV)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and	1.0	Estimated amount or other compensation
Brett	Bruyere					
Co F	punder	4		o l	0	ı
Adar	ı Beh					
Co-F	ounder	1	(ס	0	
Chris	tine Namunyak					
	d Chair	3	(0	0	ı
Boni	ace Isigi					
	Chair	2	(0	0	
	ifer Johnson					
	d Member	1	(0	0	
	a Mullen					
	d member e STafford	1		0	0	
	d membert	- 1			0	
	Yasin	•	,	<u>, </u>	-	'
Direc		 25			0	3,00
	n Alinta					0,00
		 15			0	1,50
						1,50
				<u> </u>	_	
]				
		_				

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? ... 38a If "Yes," complete Schedule L. Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: 39 39a **b** Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ► ; section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations, Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disgualified persons during the year under sections 4912. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ▶ 41 **42a** The organization's books are in care of ▶ Telephone no. ▶ ZIP + 4 ▶ **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country ▶ Kenya Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of 45b

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							Yes	No	
46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities	on behalf of	or in opposi	tion			
	to candidates for public office? If "Yes," of		, Part I			. 46		<u> </u>	
Part V									
	All section 501(c)(3) organization	s must answer que	stions 47–49b ar	nd 52, and o	complete th	e tables f	or lin	es	
	50 and 51.								
	Check if the organization used Sc	hedule O to respond	l to any question i	n this Part V	<u> 1 </u>			<u>. </u>	
							Yes	No	
	Did the organization engage in lobbying		section 501(h) e l ec	ction in effec	t during the	tax			
	year? If "Yes," complete Schedule C, Par		. 47		 				
	s the organization a school as described i				✓				
	d the organization make any transfers to an exempt non-charitable related organization?								
	Yes," was the related organization a section 527 organization?								
	Complete this table for the organization's								
	employees) who each received more than	n \$100,000 of comper	nsation from the or	ganization. If	there is non	e, enter "N	lone."	,	
		(b) Average	(c) Reportable		Ith benefits, ns to employee	(e) Estimate	nd amo	unt of	
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	henefit plan	s, and deferred				
		devoted to position	(1 011115 VV-2/ 1099-10116	comp	pensation				
Not app	licable								
	Total number of other employees paid ov								
	Complete this table for the organization			ent contracto	ors who each	n received	more	₃ than	
	\$100,000 of compensation from the orga	inization. If there is no	one, enter "None."						
	(a) Name and business address of each independ	(b) Type of	(c)	(c) Compensation					
			-						
			_						
			_						
			_						
			_						
d	Total number of other independent contra	actors each receiving	Over \$100 000	.▶					
	Did the organization complete Schedu	_			must attack				
	completed Schedule A	ile A: Note. All se	01(0)(0)	gariizations		.▶√ Yes	. 🗆 :	No	
	nalties of perjury, I declare that I have examined this	return including accompan	ving echedules and stat	ements and to t					
	ect, and complete. Declaration of preparer (other than					lowicage and	a bollot,	1010	
Sign	Signature of officer	ate							
Here									
	Type or print name and title								
Daid	Print/Type preparer's name	Print/Type preparer's name Preparer's signature Date							
Propa						l if			
Prepa	I	Firm's EIN ▶							
Use C	Firm's address >	lly							
May the	e IRS discuss this return with the prepare	r shown above? See i	instructions			► ☐ Yes		No	