Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u> </u>	For th	e 2022 calenc	lar year, or tax year begin	nning	, 2	2022, and e	ending		, 20	
B Check if applicable: C Name of organization Kakenya Center For Excellence								D Emp	loyer identification number	r
П	Address	change	change Doing business as Kakenya's Dream					26-3658409		
Ħ	Name cl	-		ex if mail is not delivered to street address)		Roo	m/suite	F Telen	phone number	
Ħ		•	,	, ,		1100	600	L Telep		^
H	Initial ret		4250 North Fai		600	• •	(571) 527-4960			
H		urn/terminated		, country, and ZIP or foreign postal code					ss receipts	
H	Amende		Arlington, VA					\$	2,175,6	
Ш	Applicati	on pending	F Name and address of principa				1 ''		- F	X No
			Same as C abov	re	_		H(b) Are all s	ubordinat	tes included? Yes	No
<u> </u>	Tax-exe	npt status: X	501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527		If "No," a	attach a li	st. See instructions	
<u>J</u>	Website		.kakenyasdream.or	rg			H(c) Group e	xemption	number	
		organization: X	Corporation Trust Ass	ociation Other	L Year o	of formation:	2008 M S	tate of le	gal domicile: VA	
Pa	art I	Summar	У							
	1	Briefly descr	ibe the organization's miss	ion or most significant activities:	To inves	st in gi	rls from	rural	communities	
a)		through	educational, heal	th, and leadership in	tiatives	to cre	ate agents	of	change. We drea	am
Governance			•	women and girls are va						
rna			y.(See Continuati							
ĕ	2			discontinued its operations or disposit	sed of more t	than 25% o	f its net assets			
တိ	3							3	1	L4
∞ ″	4		· ·	rs of the governing body (Part VI, I				4		L4
ţį	5			n calendar year 2022 (Part V, line 2	•			5		
Activities				· ·	•			6		7
Ac	6		r of volunteers (estimate if	• /						2
-	7a			Part VIII, column (C), line 12				7a		0
	l b	Net unrelate	d business taxable income	from Form 990-T, Part I, line 11		· · · · ·		7b		0
Revenue						_	Prior Year		Current Year	
	8		• ,	1h)		<u> </u>	1,632	,050	2,164,4	<u>418</u>
	9	Program ser	vice revenue (Part VIII, line	e 2g)		· · · · _				0_
Ϋ́	10	Investment i	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)		L	5	,118	10,6	<u>656</u>
Re	11	Other reven	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e)			1	,924	6	<u>615</u>
	12	Total revenu	e - add lines 8 through 11 ((must equal Part VIII, column (A), I	ine 12)		1,639	,092	2,175,6	689
	13	Grants and s	similar amounts paid (Part I	IX, column (A), lines 1-3)			1,052		941,9	996
	14	Benefits paid	paid to or for members (Part IX, column (A), line 4)						0	
	15			e benefits (Part IX, column (A), lin			595	,989	556,0	073
ses	16a			column (A), line 11e)				,,,,,,	3307.	0
ens	''		sing expenses (Part IX, col	, , ,		,940				
Expenses	17		• • • • • • • • • • • • • • • • • • • •	nes 11a-11d, 11f-24e)			114,964		155,3	331
	18			equal Part IX, column (A), line 25					1,653,4	
	19	-	•	18 from line 12			1,763	,029 ,937)	,	
	_	Neveriue les	s expenses. Subtract line	18 HOHI IIII e 12			,	, ,	/-	286
Net Assets or	2 2	T. (.)	(D. a.t.) (Page 40)			-	Beginning of Curre		End of Year	
sset	20		(Part X, line 16)			· · · ⊢	2,865		3,305,7	
at A	[21		, -,			• • • ⊢		,125	16,9	
				line 21 from line 20			2,855	,293	3,288,7	<u> 727 </u>
	art II		re Block							
				urn, including accompanying schedules and s ficer) is based on all information of which pre			y knowledge and be	eliet, it is		
o: a			nya Ntaiya					L		
Sig		Signature of office	cer					Da	ate	
He	re	Kake	nya Ntaiya, Found	er and President						
		Type or print nar								
		Print/Type pre	eparer's name	Preparer's signature	Date		Check	if	PTIN	
Pai	id	John Mu	ıllins	John Mullins	05-1	.0-2023	self-em	oloved	P01429307	
	pare		Mullins,	•	, , , , , , , , , , , , , , , , , , ,		Firm's EIN	-,	,	
	e On		<u> </u>	sconsin Avenue			Phone no.			
-5	J J 111	Fillis addres					FIIONE NO.	200	770_6271	
N 4	. +1 10	C dia #-		MD 20814			L		770-6371	
May	the IR	S discuss this	return with the preparer sh	nown above? See instructions					X Yes	No

detailed description of this program service.

4e Total program service expenses 1,265,360

2) Kakenya Center For Excellence Checklist of Required Schedules Part IV

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
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		Х
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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	Х	
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	44-		
h		11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		.,
^		11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
٨	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		Х
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
•	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		x
f		116		
•	the organization's separate of consolidated infancial statements for the tax year include a footbote that addresses 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? <i>If</i> "Yes," <i>complete</i>			
124	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>	124		
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2022) Kakenya Center For Excellence
Part 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		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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? <i>If "Yes," answer lines 24b</i>			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5a		250		.,
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
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			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
<i>31</i>	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	37		_ X
30	19? Note : All Form 990 filers are required to complete Schedule O	38		
Dar		30	Х	
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Oncor it contequie o contains a response of note to any line in this Fall V	• • •	_	L NI -
	Enter the number reported in Pay 2 of Form 1000 Finter 0 if and applied in		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Pa	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 return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
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		Х
b	If "Yes," enter the name of the foreign country			
	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		Х
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		.,
А	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
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		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	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 • • • • • • • • • • • • • • • • • • •			
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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	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		Х
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		v
10	If "Yes," complete Form 4720, Schedule O.	10		Х
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Section A. Governing Body and Management

X

Part 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 instructions.

response to line sa, sb, or real below, accorde the should allow	, processes, or changes in concause of oce metractions.
Check if Schedule O contains a response or note to any line in th	is Part VI

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_ X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
_	one or more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		
_	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:	0-		
a	The governing body?	8a	Х	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b		_ X
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O · · · · · · · · · · · · · · · · · ·	9		v
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			X
	(The sound in a sound		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	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	, , , ,	15b	х	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a		160		.,
h	with a taxable entity during the year?	16a		X
D	ir res, and the organization follow a written policy of procedure requiring the organization to evaluate its			
	narticination in joint venture arrangements under applicable federal tay law, and take steps to safeguard the			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b		
Sec	organization's exempt status with respect to such arrangements?	16b		
	organization's exempt status with respect to such arrangements?	16b		
Sec 17 18	organization's exempt status with respect to such arrangements?	16b		
17	organization's exempt status with respect to such arrangements?	16b		
17	organization's exempt status with respect to such arrangements?	16b		
17	organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed Statement #17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	16b		
17 18	organization's exempt status with respect to such arrangements? Ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed Statement #17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Description C. Disclosure List the states with which a copy of this Form 990 is required to be filed Statement #17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Description C. Disclosure Statement #17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Description C. Disclosure Understand C. Disclosure Other (explain on Schedule O)	16b		
17 18	organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed Statement #17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	16b		

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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any rela	ated organiza	tion co	mpe	nsa	ted a	any cu	rren	t officer, director, o	r trustee.	
		(C)								
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation				
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Kakenya Ntaiya	40.00									
Founder and President				Х				118,396	0	1,331
(2) Jessica Hammond	40.00									
Chief Operating Officer						х		106,000	0	8,932
(3) Folake Fabunmi	1.00									
Director		х						0	0	0
(4) Marlene Johnson	1.00									
Director		х						0	0	0
(5) Jean Milbauer	1.00									
Director		х						0	0	0
(6) Leslie Calman	1.00									
Director		x						0	0	0_
(7) Elizabeth J. Hudson	1.00									
Director	[х						0	0	0
(8) Sarah Craven	1.00									
Director	T	х						0	0	0
(9) Kathleen Bonk	1.00									
Director	[х						0	0	0
(10)Amy Blackwood	1.00									
Director		x						0	0	0
(11)Anne-Marea Griffin	1.00									
Director	T	х						О	0	0
(12)Tara Bunch	1.00									
Director	T	х						0	0	0
(13)Pamela Reeves	2.00									
Vice Chair		х		х				0	0	0
(14)Anisa Tootla	3.00									<u> </u>
Chair		х		x				0	0	0

Form **990** (2022)

Form 990 (2022) 26-3658409 Kakenya Center For Excellence Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) from the from related compensation per week organization (W-2/ organizations (W-2/ from the (list any Individual trustee or director 1099-MISC/ 1099-MISC/ organization and Institutional trustee Highest compensated key employee hours for 1099-NEC) 1099-NEC) related organizations related organizations below dotted line) (15)Kathy Hall __1.00 Secretary X 0 0 (16)Michael O'Kane __1.00 Treasurer X X 0 (17)_____ (18) (19) (20)(21) (22) (23) (24)(25) Subtotal Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) 0 10,263 224,396 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2 Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Name and business address Description of services Compensation

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

2

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Gifts, Grants ilar Amounts	1a b c d	Membership dues	a b c d d e e				
Contributions, Giffs, Grants and Other Similar Amounts	f g h	Noncash contributions included in lines 1a-1f	g \$ 4,965	2,164,418			
Program Service Revenue	g	All other program service revenue Total. Add lines 2a-2f					
	4 5 6a b c d	Gross amount from sales of assets (i) Securities	roceeds	10,656			10,656
Other Revenue	b c d 8a b c	Less: direct expenses	8a 8b				
,	b c 10a b	Less: direct expenses	9a 9b 				
Miscellano Revenue	11a b c d	Other All other revenue	Business Code 900099	615	615	0	10.656

26-3658409

Statement of Functional Expenses Part IX

 $\underline{ \ \, Section\ 501(c)(3)\ and\ 501(c)(4)\ organizations\ must\ complete\ all\ columns.\ All\ other\ organizations\ must\ complete\ column\ (A).}$

Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Db, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	ехрепзез
•	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	941,996	941,996		
4	Benefits paid to or for members	012,000	011,000		
5	Compensation of current officers, directors,				
	trustees, and key employees	224,396	108,210	66,822	49,364
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	246,235	118,741	73,325	54,169
8	Pension plan accruals and contributions (include	,	ĺ	,	,
	section 401(k) and 403(b) employer contributions)	18,545	8,943	5,522	4,080
9	Other employee benefits	35,901	17,312	10,691	7,898
10	Payroll taxes	30,996	14,947	9,230	6,819
11	Fees for services (nonemployees):				
а	Management				
b	Legal · · · · · · · · · · · · · · · · · · ·	3,715	656	2,772	287
С	Accounting	25,510	4,509	19,032	1,969
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.)	21,094	3,729	15,737	1,628
12	Advertising and promotion	5,040	891	3,760	389
13	Office expenses	55,302	22,946	22,631	9,725
14	Information technology	3,075	544	2,294	237
15	Royalties				
16	Occupancy	23,754	11,584	6,829	5,341
17	Travel	12,386	10,352		2,034
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	-	5,458		5,458	
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.)				
•	(A), amount, list line 24e expenses on Schedule O.)				
a b					
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,653,403	1,265,360	244,103	143,940
26 26	Joint costs. Complete this line only if the	1,000,403	1,203,300	244,103	143,940
	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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	945,495	1	1,596,743
	2	Savings and temporary cash investments	1,017,921	2	808,605
	3	Pledges and grants receivable, net	386,062	3	415,573
	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)		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	5,201	9	5,074
	10a	Land, buildings, and equipment: cost or other	·		·
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	506,473	11	475,455
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,266	15	4,266
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,865,418	16	3,305,716
	17	Accounts payable and accrued expenses	10,125	17	16,989
	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	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab.		controlled entity or family member of any of these persons		22	
_	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			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	10,125	26	16,989
"		Organizations that follow FASB ASC 958, check here			
Ce		and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions	1,368,291	27	2,240,417
B	28	Net assets with donor restrictions	1,487,002	28	1,048,310
oun		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
ts o	29	Capital stock or trust principal, or current funds		29	
sse	30 24	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	2 255 222	31	2 000 707
Ne	32		2,855,293	32	3,288,727
	33	Total liabilities and net assets/fund balances	2,865,418	33	3,305,716

EEA Form **990** (2022)

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the audit, review, or compilation of its financial statements and selection of an independent accountant?

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of

If the organization changed either its oversight process or selection process during the tax year, explain on

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

SCHEDULE A (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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

26-3658409 Kakenya Center For Excellence Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**. X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Section A. Public Support									
membership fees received. (Do not include any "unusual grants.")	Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
include any "unusual grants")	1	Gifts, grants, contributions, and		. ,	, ,			. ,		
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		membership fees received. (Do not								
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		include any "unusual grants.")	1,703,515	1,347,562	2,060,666	1,632,050	2,164,418	8,908,211		
or expended on its behalf	2		,			,	,	,		
The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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)		organization's benefit and either paid to								
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 8 Gross income from interest, dividends, payments received on securities loans, rents, royallies, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 17 Total support. Add lines 7 through 10 18 Gross receipts from related activities, etc. (see instructions) 19 Public support by secretary of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3 organization, check this box and stop here. The organization in did not check a box on line 13, and line 14 is 33 1/3% or more, che box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. Check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. Check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. Check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. Check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. Check this bo		or expended on its behalf								
organization without charge 4 Total. Add lines 1 through 3	3	The value of services or facilities								
Total. Add lines 1 through 3		furnished by a governmental unit to the								
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)		organization without charge								
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)	4	Total. Add lines 1 through 3	1,703,515	1,347,562	2,060,666	1,632,050	2,164,418	8,908,211		
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	5	The portion of total contributions by								
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		each person (other than a								
line 1 that exceeds 2% of the amount shown on line 11, column (f)		governmental unit or publicly								
shown on line 11, column (f)		supported organization) included on								
Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4		line 1 that exceeds 2% of the amount								
Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4		shown on line 11, column (f)						2,760,942		
Calendar year (or fiscal year beginning in) Amounts from line 4								6,147,269		
7 Amounts from line 4		• •								
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	Calend		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
payments received on securities loans, rents, royalties, and income from similar sources	7		1,703,515	1,347,562	2,060,666	1,632,050	2,164,418	8,908,211		
rents, royalties, and income from similar sources	8									
similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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 14 Public support percentage from 2021 Schedule A, Part II, line 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 16 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, che box and stop here. The organization qualifies as a publicly supported organization. 17 b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more this box and stop here. The organization qualifies as a publicly supported organization. 18 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 1 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain 15 is		•								
9 Net income from unrelated business activities, whether or not the business is regularly carried on		•								
activities, whether or not the business is regularly carried on						5,118	10,656	15,774		
is regularly carried on	9									
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)										
loss from the sale of capital assets (Explain in Part VI.)										
(Explain in Part VI.)	10									
Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 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 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) Public support percentage from 2021 Schedule A, Part II, line 14 15 Public support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, che box and stop here. The organization qualifies as a publicly supported organization. b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 1 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly support organization b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly support organization more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly support organization qualifies as a publicly		The state of the s								
12 Gross receipts from related activities, etc. (see instructions)		· ·		1,332	3,367	1,924	615	7,238		
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 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))		• • •	/				10	8,931,223		
organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))								\(\O\)		
Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	13	-	-			-	•			
Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	Sootie							· · · · · · <u> </u>		
 Public support percentage from 2021 Schedule A, Part II, line 14					11 solumn (f))		44			
 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, che box and stop here. The organization qualifies as a publicly supported organization							_	68.83 %		
 box and stop here. The organization qualifies as a publicly supported organization								67.85 %		
 b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more this box and stop here. The organization qualifies as a publicly supported organization	IVa									
 this box and stop here. The organization qualifies as a publicly supported organization	h									
 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 1 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain it Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly support organization										
 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly support organization	17a									
Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly support organization										
organization										
b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Experimeter the organization meets the facts-and-circumstances test. The organization qualifies as a publicly support.		•			•	•		_		
15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Expin Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly support	b	· ·						_		
in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly support	~		•							
							•	•		
organization		-			-			· · —		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	18	•						_		
instructions										

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 qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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	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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified			1			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, .						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
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			1			
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			1			<u> </u>
14	First 5 years. If the Form 990 is for the or		irst, second, th	ird, fourth, or f	ifth tax year as	a section 501	(c)(3)
	organization, check this box and stop her						<u> </u>
	on C. Computation of Public Suppo						
15	Public support percentage for 2022 (line 8		•			15	%
16	Public support percentage from 2021 Sch		•			16	%
	on D. Computation of Investment In				(6)	1 4= 1	
17	Investment income percentage for 2022 (17	%
18	Investment income percentage from 2021					18	<u>%</u>
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this b	-	-				_
b	33 1/3% support tests - 2021. If the organization						_
	line 18 is not more than 33 1/3%, check this box	-	-			-	· 📙
20	Private foundation. If the organization di	a not check a	pox on line 14	, 19a, or 19b, o	cneck this box a	and see instru	ວເເons 📋

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 Organiza	tions	
------------------------------------	-------	--

	•		Yes	No
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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified 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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"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		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	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		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			
	disqualified 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		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	01		
	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			
40-	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI</i> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
L	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	10h		
	determine whether the organization had excess business holdings.)	10b		

"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. Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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.

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.

Part 1	Check here if the organization satisfied the Integral Part Test as a qualifying			plain in Part VI) Soo
•	instructions. All other Type III non-functionally integrated supporting organ	-		•
Sect	ion A - Adjusted Net Income	iizat	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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-functional	ally i	ntegrated Type III suppo	rting organization
	(see instructions).			

Schedule A (Form 990) 2022 EEA

	e A (Form 990) 2022 Kakenya Center For Excell		26-3		.09 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continue	<u>(a)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	ted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	oses of supported orgar	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	t 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	n the organization is resp	oonsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		110 2022		Amount for 2022
2	Underdistributions, if any, for years prior to 2022				
_	(reasonable cause required - <i>explain in Part VI</i>). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
	From 2019				
d	France 0000				
<u>e</u>	From 2020				
c	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
— <u>''</u>	Carryover from 2017 not applied (see instructions)				
-	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
_	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
Ū	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
a	T f 0040				
<u>a</u>	F f 0040				
	F f 0000				
d	Excess from 2020 Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

aken	ya Center For Excellence			-3658409
Par			Accounts.	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.		
	•	(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 assets held in donor ad	vised	
	funds are the organization's property, subject to the organization	_		Yes No
6	Did the organization inform all grantees, donors, and donor	•		
	only for charitable purposes and not for the benefit of the do			
	conferring impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	•	∏Yes ∏No
Part				
	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, recreation	· · · · · · · · · · · · · · · · · · ·	of a historicall	y important land area
	Protection of natural habitat			istoric structure
	=		or a certified r	iistoric structure
_	Preservation of open space	:f: _ d : _ i _ st		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the for	m or a conser	
	easement on the last day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			<u>b</u>
С	Number of conservation easements on a certified historic st		2	С
d	Number of conservation easements included in (c) acquired	•	_	
	historic structure listed in the National Register			d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by	the organizati	on during the
	tax year			
1	Number of states where property subject to conservation ea			
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 co	nservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	vation easem	ents during the year
3	Does each conservation easement reported on line 2(d) about		()()()()	
9	In Part XIII, describe how the organization reports conserva-			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial state	ments that de	scribes the
	organization's accounting for conservation easements.		0/1 0	
art	Organizations Maintaining Collections		or Other S	similar Assets.
	Complete if the organization answered "Yes"			
1a	If the organization elected, as permitted under FASB ASC 99	58, not to report in its revenue statemen	t and balance	sheet works
	of art, historical treasures, or other similar assets held for pu	ıblic exhibition, education, or research ir	furtherance	of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ems.	
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement an	d balance she	eet works of
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in fu	ırtherance of _l	oublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
	following amounts required to be reported under FASB ASC		- · ·	
а	Revenue included on Form 990, Part VIII, line 1	<u> </u>		\$
				· · · · · · · · · · · · · · · · · · ·
b	Assets included in Form 990, Part X			\$

Par	t III Organizations Maintaining	Collections of A	Art, Historical	Treasures, or C	ther Similar As	sets (continued)			
3	Using the organization's acquisition, accessi	on, and other records	, check any of the	following that make s	significant use of its				
	collection items (check all that apply):								
а	Public exhibition		d Loan o	r exchange program					
b	Scholarly research		e 🗌 Other	0 1 0					
	c Preservation for future generations								
4									
7	-	ollections and explain	now they further th	ie organization s exe	ilipi pui pose ili i ait				
_	XIII.		f f . l . l . d l l f						
5	During the year, did the organization solicit or					п., п.,			
D	assets to be sold to raise funds rather than t		art of the organizati	on's collection?		☐ Yes ☐ No			
Par	t IV Escrow and Custodial Arra		E 000 E						
	Complete if the organization	answered "Yes" (on Form 990, F	Part IV, line 9, or	reported an am	ount on Form			
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod		-						
	,					Yes No			
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
					Amo	ount			
С	Beginning balance				С				
d	Additions during the year			1	d				
е	Distributions during the year			1	e				
f	Ending balance			1	f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or c	ustodial account liab	ility?	Yes No			
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	planation has been	provided on Part XI	II				
Par									
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back			
1a	Beginning of year balance	510,816	332,862	(c) The years back	(u) Three years back	(e) i sui ysuis zusii			
b	Contributions	43,112	157,363	332,845					
c	Net investment earnings, gains, and	45,112	137,303	332,043					
·	losses	(78,473)	20,591	17					
ч	Grants or scholarships	(70,473)	20,591	1		-			
d	· F								
е	Other expenditures for facilities and								
	programs	+			+	+			
f	Administrative expenses								
g	End of year balance	475,455	510,816	332,862					
2	Provide the estimated percentage of the cur	· ·	e (line 1g, column (a	a)) held as:					
a	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 posse	ession of the organizat	tion that are held a	nd administered for t	he				
	organization by:					Yes No			
	(i) Unrelated organizations					3a(i) x			
	(ii) Related organizations					3a(ii) X			
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requir	ed on Schedule R?			3b			
4	Describe in Part XIII the intended uses of the	e organization's endov	wment funds.						
Par	t VI Land, Buildings, and Equip	ment.							
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 11a.	See Form 990, I	Part X, line 10.			
	Description of property	(a) Cost or other	basis (b) Cost of	or other basis (c)	Accumulated	(d) Book value			
		(investmen	1 ' '	, ,	depreciation	` '			
	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment								
e	Other		- 						
	Add lines 1a through 1e. (Column (d) must eq		column (P) line 1	Oc.)					
1 Otal.	rad intes ta unough te. (Column (a) must eq	juuri onn 330, Fail X,	, column (B), illie 10	<i></i>					

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i ait vii	Complete if the organization answered "Yes" on	Form 990, Part	IV, line 11k	o. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book valu		(c) Me	thod of valuation: I-of-year market value
(1) Financial o	lerivatives				
(2) Closely-he	ld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Part VIII	Investments - Program Related.		IV/ line 114	Soo Form	. 000 Port V line 12
	Complete if the organization answered "Yes" on	Form 990, Part	IV, line TTO	c. See Form	1990, Part X, line 13.
	(a) Description of investment	(b) Book valu	ue	` '	thod of valuation: I-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
-					
(9)					
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)				
	on (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" on		IV, line 11c	d. See Form	n 990, Part X, line 15.
Total. (Column	Other Assets.		IV, line 110	d. See Form	n 990, Part X, line 15.
Total. (Column	Other Assets. Complete if the organization answered "Yes" on		IV, line 110	d. See Form	
Total. (Column	Other Assets. Complete if the organization answered "Yes" on		IV, line 110	d. See Form	
Total. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on		IV, line 110	d. See Form	
Total. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on		IV, line 110	d. See Form	
Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on		IV, line 110	d. See Form	
Total. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on		IV, line 110	d. See Form	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on		IV, line 110	d. See Form	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on		IV, line 110	d. See Form	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part	IV, line 110	d. See Form	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	Form 990, Part	IV, line 110	d. See Form	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) E	Form 990, Part			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) E	Form 990, Part			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) E	Form 990, Part			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) E	Form 990, Part			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) (3)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) E	Form 990, Part			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) E	Form 990, Part			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) E	Form 990, Part			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) E	Form 990, Part			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) E	Form 990, Part			(b) Book value

Part				Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, F	Part IV	[/] , line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	2,086,837
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	(88,852)		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	(88,852)
3	Subtract line 2e from line 1			3	2,175,689
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.)	4b			
С	Add lines 4a and 4b			4c	_
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	2,175,689
Part				er Re	eturn.
	Complete if the organization answered "Yes" on Form 990, F	Part IV	[/] , line 12a.		
1	Total expenses and losses per audited financial statements			1	1,653,403
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,653,403
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.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,653,403
Part					
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; F	Part X,	line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny addit	ional information.		
<u>01. I</u>	Cootnote for uncertain tax position under FIN 48 (Part	X)			
There	was no provision in these financial statements for pe	nalti	es and interest	on	income taxes as
there	were no uncertain tax positions for the year then end	led. I	ax years prior	to 2	019 are no longer
subje	ect to examination by the IRS or the tax jurisdiction o	f the	District of Co	lumb	ia
				_	_

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

vare	nya center for Excerre				Z0-30364	
Part			Outside the	United States. Complete if	f the organization answered	"Yes" on
1	Form 990, Part IV, line For grantmakers. Does the orga		tain records to s	ubstantiate the amount of its arr	ants and	
•	other assistance, the grantees' el					
	award the grants or assistance?					X Yes No
	v					
2	For grantmakers. Describe in Pa	art V the orgar	nization's proced	ures for monitoring the use of it	ts grants and other assistance	
	outside the United States.					
_						
3	Activities per Region. (The follow (a) Region	(b) Number	(c) Number of	(d) Activities conducted in the	needed.) (e) If activity listed in (d) is	(f) Total
	(-)	of offices in the region	employees, agents, and	region (by type) (such as, fundraising, program services,	a program service, describe specific type of	expenditures for and investments
		une region	independent	investments, grants to recipients	service(s) in the region	in the region
			contractors in the region	located in the region)		
(1) Sı	ıb-Saharan Africa			Program services	Education for Girls	941,996
(2)						
(3)						
(0)						
(4)						
(5)						
(0)						
(6)						
(7)						
(-,						
(8)						
(9)						
40\						
(10)						
(11)						
(12)						
(13)						
(14)						
(1-7)						
(15)						
(16)						
(17)	Subtotal					041 000
3a b	Subtotal Total from continuation					941,996
~	sheets to Part I					
С	Totals (add lines 3a and 3b)					941,996

(a) Name of organization	(b) IRS code section and EIN	(c) Region						
	(if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan						
1)		Africa	Education for Gi	941,996			0	Fair market val
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
11)								
12)								
13)								
14)								
15) 16)								

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
1)							
2)							
3)							
ı)							
5)							
6)							
7)							
3)							
9)							
0)							
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							

Schedule F (Form 990) 2022 Kakenya Center For Excellence
Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	x	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	x	No

Schedule F (Form 990) 2022 EEA

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and
	Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
	information. See instructions.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

Rakenya Center For Excellence

26-3658409

O1. Committee meeting documentation (Part VI, line 8b)

There are no committees that have the authority to act on behalf of the governing body.

O2. Form 990 governing body review (Part VI, line 11)

The Federal Form 990 was prepared in draft format and distributed to the Finance and Audit

Committee and the Governance Committee for a detailed review prior to distribution to the entire Board for review.

O3. Conflict of interest policy compliance (Part VI, line 12c)

The conflict of interest policy was updated and approved by the Board in December 2018.

This policy is reviewed and signed by all members of the Board of Directors annually.

O4. CEO, executive director, top management comp (Part VI, line 15a)

Compensation of the president & founder is reviewed yearly by the Board of Directors and is based on goals and targets achieved as outlined in the performance review. In addition, compensation is periodically bench marked against similar international nonprofits focused on East Africa.

O5. Other officer or key employee compensation (Part VI, line 15b

Compensation of the members of management is determined by the president & founder based

on job responsibilities and performance reviews. All staff salaries are ultimately

approved by the Board of Directors yearly through the budgeting process.

O6. Governing documents, etc, available to public (Part VI, line 19)
KD will provide copies of its Federal Form 990 to the general public upon request. The

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
Kakenya Center For Excellence	26-3658409
Federal Form 990 is also available to the general public on its web	osite and on
www.quidestar.org.	
www.guidestai.org.	
07. Audited by an independent accountant (Part XII, line 2b)	
The process has not changed from the prior year.	
08. General explanation attachment	
Mission Statement Continuation: Kakenya's Dream's mission is to in	nvest in girls from
rural communities through educational, health, and leadership initi	atives to create agents
of change. We drown of a world whose African women and girls are we	alued and respected as
of change. We dream of a world where African women and girls are va	arued and respected as
leaders and equal in every way.	
The programs operate in Narok, Kisii, and Migori Counties, some of	the most marginalized
regions of southwestern Kenya, where nearly 80% of girls undergo fe	emale genital mutilation
(FOM) at anybout 500 and are 110 and are 150	70
(FGM) at puberty, 50% are married before the age of 19, and only 17	's complete a primary
education. As in most communities in Kenya, women and girls in the	counties we serve
remain severely marginalized by harmful traditional practices. Girl	s in the Maasai
community regularly stop going to school and are married off in add	olescence after
community regularly beop going to beneel and are married our in add	Jebeenee areer
undergoing FGM, a painful and harmful practice that is considered a	a rite of passage to
adulthood. When girls are not educated, the cycle of marginalization	on continues from one
generation to the next, with the men and tribal elders dictating a	girl's present and
future without considering her social, financial, physical, or emot	cional wellbeing.
Since 2008 Kakanya/a Droam has been shansing baliafa about the	uo of girls/ odusation
Since 2008, Kakenya's Dream has been changing beliefs about the val	tue of diffs, education
and empowerment. We work closely with the communities we serve to c	generate support for
program design demonstrate transparency and encourage trust ensur	a that the

EEA Schedule O (Form 990) 2022

interventions are culturally appropriate to the local context, and promote leadership from

within the community. The three core programs (Centers for Excellence, Network for

Name of the organization Employer identification number Kakenya Center For Excellence 26-3658409 Excellence, and Health and Leadership Trainings) are designed to empower and motivate marginalized girls through education, health, and leadership initiatives to become agents of change and to break the cycle of harmful traditional practices such as FGM and child marriage. Kakenya Centers for Excellence Program: The Kakenya Centers for Excellence (KCE I and II) are located in the rural villages of Enoosaen and Isampin in southwestern Kenya. They serve the region's most vulnerable and underprivileged girls. The program launched in 2009 with 30 students at the first school, KCE I, and just one building on site for girls to learn. Since then, this program has grown into a transformative model that serves over 300 students each year in grade 4-12 in two campuses. 100% of the current students and alumnae are continuing their education, free from female genital mutilation (FGM) and early marriage. KD is committed to providing students with all the resources they need to excel inside and outside the classroom, addressing their physical, social, and emotional needs. We believe education is the key to unlocking each girl's unique potential. For this reason, we ensure the students receive high-quality instruction in five core areas: languages, math, science, technical skills, and humanities. The schools are staffed with well-trained teachers. With a student ratio of 20:1 at KCE I and 11:1 at KCE II, the student to teacher ratio is less than half the national average of 56:1 or even the government mandated ratio of 40:1 for public primary schools. We also provide the girls with all their school needs, including uniforms, textbooks, learning materials, and three nutritious meals per day, supplemented by fresh produce from the campus gardens. We enhance the girls' academic experiences with extracurricular activities, clubs, sports, field trips, and more. Finally, in order to overcome the significant challenges girls face, especially socialized norms that seek to oppress women, we work hard to ensure the girls know they are capable, supported, and strong. From public

Employer identification number

Name of the organization

Kakenya Center For Excellence 26-3658409 speaking to self-defense and leadership training, we teach girls a variety of skills to help them become independent and confident young women. Network for Excellence Program: In 2014, we created the Network for Excellence program to support the KCE alumni as they make the critical transition to secondary school (high school) and tertiary education (college/university), a time when most girls in the community experience increasing pressure to get married and are often forced to drop out. In the students' home communities, fewer than 50% of all girls are able to continue beyond primary school due to prohibitive costs and cultural expectations, with 15% receiving no education at all. Even for those who are able to attend high school, most schools have substandard curricula that do not prepare girls for continued education or successful careers. Through the Network for Excellence, we provide college and career guidance, scholarships and financial aid, tutoring, and social support so that the girls are set up for success in adulthood. The goal of the program is to support the KCE alumni to reach their first-choice destination, whether that's a university education, trade school, or job, as well as to ensure job readiness so that they can achieve economic empowerment in adulthood. Upon completion of high school, the university-bound alumni enter a nine-month gap year course that includes internships, other professional development opportunities, and academic skills enhancement to ensure they're ready for the demands of a college or vocational education. For those who want to start a career or family directly after high school, we assist them with skills and entrepreneur training and basic livelihood skills they and their future family will need to thrive. We also strive to maintain a strong alumni network, so we host trainings and events at the KCE campuses during academic holidays to ensure the young women in the Network for

Name of the organization	Employer identification number
Kakenya Center For Excellence	26-3658409
Excellence always have an opportunity to stay connected and give back to	o KD and the
current KCE students.	
Health and Leadership Training Program: With extremely limited healthcar	re resources and
education in the region, most people know very little about their bodies	s, particularly
with regard to sexual and reproductive health and the harmful effects of	F FGM and child
marriage. These topics are also highly taboo, so they aren't discussed i	in school or at
home. This leads to higher rates of FGM, child marriage, unintended teer	nage pregnancy, and
school dropout.	
Sensor dropout.	
In 2011, KD launched the Health and Leadership Training program to exter	nd our reach into
the wider community and fill this gap in health information. The program	n is offered to
both the KCE students and youth in partner schools across southwestern F	Kenya as weekly
after-school workshops for six months each academic year.	
died beneel workbnope for ein monens each deddemie year.	
A team of skilled facilitators lead impactful and engaging sessions on o	gender equality,
	16.1.6
FGM and child marriage, sexual violence, sexual and reproductive health,	self-defense, and
life skills like leadership and self-advocacy. This program also teaches	s participants to
share the information they've learned with their siblings, parents, and	communities and
empowers them to become partners in promoting gender equality and the er	nd of violence and
harmful practices committed against women and girls across Kenya. To dat	ce,19,000 girls and
have been been tooking at 121 ceballs are found and in	
boys have been trained at 131 schools across four counties.	
Youth-Friendly Health Clinic	
,	
To further meet the region's dire healthcare needs, we began construction	on in 2022 on the

Name of the organization	Employer identification number
Kakenya Center For Excellence	26-3658409
community's first and only youth friendly health clinic. Once operational,	the clinic will
serve the student bodies at both of the boarding schools, as well as the s	urrounding
between boures at both of the bouraing behoof, as well as the s	arrounarng
community, providing basic healthcare, mental health support and counseling	g, stigma-free
sexual and reproductive care, and an emergency hotline for reporting incide	ences of
violence. We anticipate that the clinic will launch operations toward the	and of 2023 with
violence. We undidipate that the clinic will launch operations toward the	ena or zozo wren
services available to the general community in 2024.	