

**Short Form  
Return of Organization Exempt From Income Tax**

**2009**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2009 calendar year, or tax year beginning \_\_\_\_\_, 2009, and ending \_\_\_\_\_**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> NOMADIC KENYAN CHILDREN'S EDUCATIONAL FUND P. O. BOX 7015 MCLEAN, VA 22106-7015	<b>D</b> Employer identification number 54-2056227
			<b>E</b> Telephone number 703-790-8238
			<b>F</b> Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (Specify) ▶

**I Website:** ▶ WWW.NKCEF.ORG

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J Tax-exempt status (check only one)** —  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

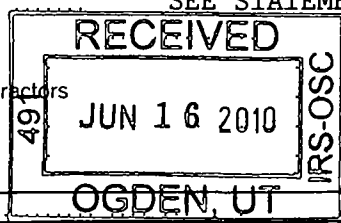
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 176,318.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

SCANNED JUL 28 2010

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	175,273.
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	
<b>4</b>	Investment income	<b>4</b>	862.
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
<b>6a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>6b</b>	Less: direct expenses other than fundraising expenses	<b>6b</b>	
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>7b</b>	Less: cost of goods sold	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe ▶ SEE STATEMENT 1)	<b>8</b>	183.
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	176,318.
<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	151,287.
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	7,595.
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	518.
<b>16</b>	Other expenses (describe ▶ SEE STATEMENT 3)	<b>16</b>	5,833.
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	165,233.
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	11,085.
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	298,935.
<b>20</b>	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	<b>20</b>	-438.
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	309,582.



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	235,324.	356,144.
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe ▶ SEE STATEMENT 5)	64,430.	82,487.
<b>25</b> Total assets	299,754.	438,631.
<b>26</b> Total liabilities (describe ▶ SEE STATEMENT 6)	819.	129,049.
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	298,935.	309,582.

GA 10



**Part V Other Information** (Note the statement requirements in the instrs for Part V.) **SEE STATEMENT 8**

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>35b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0.		
<b>37b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>38b</b>	If 'Yes,' complete Schedule L, Part II and enter the total amount involved N/A		
<b>39</b>	Section 501(c)(7) organizations. Enter		
<b>39a</b>	Initiation fees and capital contributions included on line 9 N/A		
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities N/A		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
<b>40b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
<b>40c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
<b>40d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
<b>40e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
<b>41</b>	List the states with which a copy of this return is filed ▶ <u>NONE</u>		

**42a** The organization's books are in care of ▶ ANNE BORDEN EVANS Telephone no. ▶ 703-759-6814  
 Located at ▶ 8920 POTOMAC FOREST DRIVE GREAT FALLS VA ZIP + 4 ▶ 22066

		Yes	No
<b>42b</b>	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)? If 'Yes,' enter the name of the foreign country ▶ _____		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>			
<b>42c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ▶ _____		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶  **43**  N/A  N/A

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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		X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ Ricki Kanter Signature of officer ▶ 6-10-10 Date

▶ Ricki Kanter, Vice President Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ Carla McGarry Date 6-3-10 Check if self-employed  Preparer's Identifying Number (See instructions) N/A

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CARLA MCGARRY CPA & ASSOCIATES EIN ▶ N/A

PO BOX 15266 Phone no ▶ (301) 840-8470

CHEVY CHASE, MD 20825

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
<b>4 Total.</b> Add lines 1-through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**13 First five 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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%

**16a 33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

**b 33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

**17a 10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

**b 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported 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 instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	100,941.	115,299.	194,453.	134,575.	175,273.	720,541.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>6 Total.</b> Add lines 1 through 5	100,941.	115,299.	194,453.	134,575.	175,273.	720,541.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons	37,640.	52,127.	63,626.	58,490.	57,600.	269,483.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b	37,640.	52,127.	63,626.	58,490.	57,600.	269,483.
<b>8 Public support</b> (Subtract line 7c from line 6.)						451,058.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	100,941.	115,299.	194,453.	134,575.	175,273.	720,541.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,214.	5,132.	9,393.	6,779.	862.	25,380.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
<b>c</b> Add lines 10a and 10b	3,214.	5,132.	9,393.	6,779.	862.	25,380.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) <b>SEE PART IV</b>				700.	183.	883.
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12)						746,804.

**14 First five 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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	60.4 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	50.7 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	3.4 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	3.8 %

**19a 33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 8**  
**OTHER REVENUE**

VOIDED CHECKS.

TOTAL \$ 183.  
\$ 183.

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME: SEE ATTACHED  
 RELATIONSHIP OF DONEE: NONE  
 CASH AMOUNT GIVEN:

\$ 151,396.

**STATEMENT 3**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

BAD DEBT EXPENSE  
 EVALUATION EXPENSE  
 FUND RAISING  
 OFFICE EXPENSES  
 TAXES AND LICENSES  
 TELEPHONE

\$ 208.  
 1,568.  
 2,389.  
 1,208.  
 231.  
 120.  
 TOTAL \$ 5,724.

**STATEMENT 4**  
**FORM 990-EZ, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS

TOTAL \$ -438.  
\$ -438.

**STATEMENT 5**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

ACCRUED INTEREST  
 PLEDGES AND GRANTS RECEIVABLE

	BEGINNING	ENDING
\$ 580.	\$	0.
63,850.		82,487.
TOTAL \$ 64,430.	\$	82,487.

**STATEMENT 6**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 819.	\$ 129,049.
TOTAL	\$ 819.	\$ 129,049.

**STATEMENT 7**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO FACILITATE THE EDUCATION OF ABLE AND MOTIVATED CITIZENS AMONG THE NOMADIC PEOPLE OF KENYA WHO WILL WORK FOR THE BETTERMENT OF THEIR PEOPLE.

**STATEMENT 8**  
**FORM 990-EZ, PART V**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
OTHER INCOME		700.			
VOIDED CHECKS	183.				
TOTAL	<u>\$ 183.</u>	<u>\$ 700.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Nomadic Kenyan Children's Educational Fund  
2009 Scholarship Payments

	A	B
1	Student Name	Total Pd 2009
2	Naimadu, Agnes Nasingoi	543
3	Lomerleiya, Faith	449
4	Abdille, Adan Ahmed	543
5	Mateelong, Daisy Nasieku	679
6	Kamais, Joseph E.	437
7	Kerio, Paska Epeyenon	916
8	Lokine, Joseph Kerio	437
9	Willson, Mariam Sision	654
10	Chorodo, Grace Sasahati	931
11	Isacko, Christine Bati	942
12	Leado, Faustine Hellen Nasanoi	463
13	Leado, Felista Sipilan	942
14	Leruk, Francisca Mparipin	463
15	Longojine, Naomi Joram Njeri	913
16	Martin, Charity	942
17	Neepe, Faustine	942
18	Galgallo, Teresa	543
19	Saruni, Ann Yiantet	449
20	Enow, Rahma	543
21	Odhiambo, Josephine Akinyi	1237
22	Naserian, Victoria Elizabeth	928
23	Tardoi, Jemimah Nailantai	543
24	Kirritany, Eunice Naini	543
25	Abdille, Ali Dore	822
26	Abdille, Jimale Ahmed	543
27	Ahmed, Farhiya Hassan	822
28	Ahmed, Musdafa Sankus	543
29	Ali, Zam Zam Mohamed	822
30	Salat, Muktar Ali	543
31	Masikonde, Mary Nasieku	543
32	Kiambati, Mercy Karemi	899
33	Lenguroo, Peter Daniel	543
34	Maraka, P. Silvio	543
35	Mude, Osman Adan	543
36	Godana, Tume Hassan	543
37	Lengolos, James Ltingaya	916
38	Maiso, Joseph Lenangwesi	916
39	Meretin, Thomas Lekupes	928
40	Naepe, Emmanuel Loiriepije	916
41	Lengete, Leonard Mepukori	543
42	Haroon, Mohamed Adan	543
43	Kapua, Francis Ebek	440
44	Lomuria, Peter Muran	440
45	Adome, Fardosa Abdullahi	543
46	Abduba, Kabale Roba	543
47	Ibrahim, Abdia	543
48	Lokwa, Marion Wairimu	543

Nomadic Kenyan Children's Educational Fund  
2009 Scholarship Payments

	A	B
49	Marti, Rose Napeyok	928
50	Sadera, Danson Sirere	543
51	Esekon, Pascal Kirion	543
52	Halake, Mohamed Salesa	543
53	Ekai, Josphat Mbayan	605
54	Emegen, John Ekiru	62
55	Lekakwar, Joseph Baru	604
56	Lekisanyai, Andrew Huqa	604
57	Kanapal, Lawrence Lmutiyan	899
58	Pere, Nancy Sintakoi	992
59	Jarso, Mohamed	543
60	Neepe, Salaman	543
61	Kaitha, Raphael Elim	928
62	Ekiteles, George Ekai	928
63	Ekusi, Micah Lore	543
64	Sadera, Matthew Katet	543
65	Dokhole, Fredrick Fereiti	543
66	Ali, Fozia Hassan	543
67	Hassan, Jamila	543
68	Dadacha, Adan Jarso	543
69	Eyanae, Elizabeth L.	543
70	Kamar, Fridah Apeiyo	543
71	Lodaan, Mary	543
72	Nakio, Vallery N	543
73	Siloma, Simon	543
74	Otui, Simon Maitei	543
75	Memusi, Nelson Mootian	543
76	Mwaniki, James	449
77	Leakono, Dorcas Ntamunye	543
78	Lessit, Abubakar Lmelita	543
79	Elema, isako umuro	543
80	Lengima, Alikorin Ali	899
81	Ekiru, Samuel Lomenen	543
82	Esho, Beatrice Namunyak	543
83	Kanchori, Naomi Siamanta	543
84	Odupoi, Caroline Seim	543
85	Issack, Harun Osman	899
86	Leng'ereded, Moses Banale	543
87	Parsakei, David Meritei	543
88	Akou, Eris	434
89	Lemako, Reagan, Laanyu	543
90	Lenturkan, Pascal Larari	434
91	Lenyakopiro, Francis L.	913
92	Logilae, Daniel	434
93	Loliwo, John Akamais	434
94	Losike, Douglas Zacharia	913
95	Losokon, Paska Lochi	449
96	Moses, Thomas Lobura	543

Nomadic Kenyan Children's Educational Fund  
2009 Scholarship Payments

	A	B
97	Dokhe, Francis Kenao	543
98	Elema, Elema Denge	543
99	Neepe, David Galdowo	543
100	Bilacha, Mary Huka	543
101	Lekupe, Alice Nailus	543
102	Kumpash, Robert Selembo	543
103	Galboran, Gedion Guma'di	899
104	Labarakwe, Shan Sodowo	543
105	Mauta, Jim Kamanga	543
106	Kuyo, Winnie Sintoyia	543
107	Sadera, Clementine Naeku	543
108	Kingara, Clare Siranga	58
109	Galmagaleh, Janet Diramo	543
110	Ali, Rahma Abdi	543
111	Jama, Munah Yussuf	543
112	Omar, Rose Bokayo	543
113	Leboo, Viona Shina	543
114	Oloiptip, Nancy Nairesiae	543
115	Wakera, Qabale Duba	543
116	Sadera, Geoffrey	543
117	Sadera, Joel Sokoroti	543
118	Sanga, Milcah Nashorwa	960
119	Siololo, Daniel Tokore	543
120	Kuyo, Miriam Sanaipei	543
121	Naiguek, Annet Soila	543
122	Sadera, Francis Kosiom	481
123	Lempaira, Elijah Desmon	543
124	Yohana, James Nawe	932
125	Ariton, Justus Ekai	437
126	Egialan, Peter E.	437
127	Ekuyen, Joseph Ekiru	437
128	Losike, Peter Eloto	543
129	Kurraru, Martin Longisa	543
130	Narankaik, Dominic Kashare	543
131	Ole Nanteya, Stephen Zachariah	543
132	Senteu, Johanna Kumomoru	449
133	Supaari, Francis Nkodidio	543
134	Yiankaso, Robert Kirisia	543
135	Tawuo, William Sankale	899
136	Ali, Ibrahim Abdi	543
137	Kotoli, Redempter Askuku	543
138	Lemein, Benjamin Leiaieny	543
139	Lokale, Stella Apat	543
140	Mateelong, Faustin Kantai	543
141	Meshana, Simon Moseka	543
142	Naimadu, Vincent Parsimei	543
143	Parakwo, Stephen Lekiteku	543
144	Rotiken, Joesphine Moindi	543

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	A	B
145	Sadera, Daisy Siana	543
146	Leriano, Delilah Ntezekwa	449
147	Mositet, Faith Nasha	543
148	Edukon, Dominic Mudek	928
149	Ekidor, Emanuel Elim Lim	928
150	Keya, Paul Esekon	543
151	Saruni, Daniel Lekhale	928
152	Lekopir, Yussuf Ltesekwa	923
153	Inthe, James Worguto	543
154	Kalaile, Stephen Mbore	543
155	Karbolu, Janet Naisimoi Lankeu	543
156	Malamo, Emily Maiputa	543
157	Supeyo, Susan Nashiae	543
158	Namunyak, Wilter Kerema	928
159	Ngusilo, Janet Subet	543
160	Nteeyia, Lucy Naneu	928
161	Passiany, Juliet M.	543
162	Kilelu, Joel Turpesio	543
163	Kilooncho, Timothy Simintei	543
164	Kishale, Joseph Kimani	543
165	Risie, Josephat Kupere	543
166	Mashua, Elvis Leivan	449
167	Kimogol, Joseph Nkalu	543
168	Kumpash, Pamela Nashipae	543
169	Lemara, Edwin Lemein	543
170	Katampe, Joel Nasieku	543
171	Kirrau, Samuel Sitat	543
172	Kosei, Nyinke	543
173	Ledede, Simon Tuberio	543
174	Ntari, Jackson Kayiok	543
175	Ntikoisa, Mathew Samuria	543
176	Rumpas, Geoffrey Sankale	543
177	Sailoji, Moses More	543
178	Saitoti, Jeremiah Yiampoi	440
179	Sankaire, Moses Aramat	440
180	Sitei, John Kayiok	543
181	Kuyo, Samson Lenana	543
182	Naaman, Josphat Sopia	543
183	Njapit, Peter Lesalon	543
184	Ntupa, Joram Saning'o	543
185	Sadera, Emily Nolari	543
186	Simel, Sammy Ngoshosh	543
187	Omar, Catherine, Kabale	417
188	Kipaa, Tracy Sente	481
189	Lenasalon, Moses L.	543
190	Seye, Grace Gumaa'do	899
191	Siankoi, Tumeki S	543
192	Dokhole, Emmanuel Kena	543

**Nomadic Kenyan Children's Educational Fund  
2009 Scholarship Payments**

	A	B
193	Dakane, Mohamed Mohamud	543
194	Abdikadir, Arbelle Khobocho	960
195	Halake, Mohamed Halake	543
196	Leng'ereded, Henry	543
197	Kimeleny, Valeria Paranai	543
198	Galmagar, Jumo Jama	928
199	Nampaso, Marriel Wanjiku Silanoi	899
200	Lowa, Naomi Yusele	931
201	Ayaki, Pauline Lois	543
202	Sadera, Agnes Nyamalo	543
203	Leiroiya, Janet Sein	543
204	Lekoona, Clare Miniwa	543
205	Lenambeti, Roseline Ndepu	899
206	Ntunyo, Gladys Pirisa	543
207	Lemaletian, Fidelis Sariaki	543
208	Kotikot, Monicah Nasieku	543
209	Koikai, Mary Sirintai	543
210	Duba, Diram Dido	543
211	Leokoe, Susana Patricia	543
212	Harsama, Jillo Galgallo	948
213	Lekilelei, Halima Maringan	469
214	Juma, Yasmin Mohamed	543
215	Konchoro, Talaso Iribo	543
216	Lompopoki, Rose Nalshorua Kilua	919
217	Wario, Ashu	543
218	Lekomboi, David Loitipa	481
219	Loboitangu, Jacob Ltimirwa	960
220	Lokodos, Gabriel Augustino	543
221	Arboy, Samuel Lengerwa	543
222	Boru, Dominic Diid	543
223	Chito, Wario Guyo	543
224	Dabasso, Dominic Denge	543
225	Gesile, John Borano	543
226	Huqa, Henry Halkano	543
227	Jalle, Alfred Gumathi	543
228	Lantare, John Fales	543
229	Learapo, John Lkikarwan	543
230	Lekiliara, Henry Lendi	543
231	Lempirikany, Jacob Loitur	543
232	Lenguya, Richard Ladaru	543
233	Lesilon, Sebastian Lesilon	543
234	Obeile, Peter Mambasian	960
235	Wambile, John Yurat	931
236	Agetemo, Joseph A.	543
237	Bonaya, Guyo Gollo	543
238	Jarso, Abdub Diba	543
239	Lenaipa, Daniel Dokota	543
240	Leruk, James Lkarisan	543

Nomadic Kenyan Children's Educational Fund  
2009 Scholarship Payments

	A	B
241	Obeile, Peter Kulmicha	543
242	Lanyasanya, Michelina L.	543
243	Lebasha, Esther Amuria	543
244	Lekuchula, Winnie Nasieku	543
245	Lemasulani, Mary Mpaine	543
246	Letinina, Belinda Nadina	543
247	Maribor, Liza Orre	543
248	Nabei, Della Alain	543
249	Ogom, Consolata Diboya	543
250	Mohamed, Ali Adan	543
251	Mohamed, Siyad Hussein	543
252	Lemasian, Jane Naimo	543
253	Ali, Seyrug Hussein	543
254	Jimale, Zamzam Hirab	928
255	Salat, Habon Abdullahi	543
256	Barrow, Osman Hassan	928
257	Gedi, Mohamedkhier Yussuf	545
258	Idle, Daud Abdi	550
259	Noor, Abdikadir Samow	550
260	Osman, Osman Mohamed	550
261	Shale, Ahmed Adan	550
262	Sheikh, Abdikadir Adan	550
263	Ibrahim, Abdishakur Mohamed	550
264	Jimale, Rukia Mohamed Nur	550
265	Laqman, Yussuf Abdikadir	550
266	Miscellaneous 2009 refunds	-766.68
267	Refunds of 2008 payments	-7008
268	<b>TOTAL Scholarship Payments</b>	<b>151287.32</b>

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I**  **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only   
*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>	Name of Exempt Organization <b>NOMADIC KENYAN CHILDREN'S EDUCATIONAL FUND</b>	Employer identification number <b>54-2056227</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>P. O. BOX 7015</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MCLEAN, VA 22106-7015</b>	

**Check type of return to be filed** (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ► ANNE BORDEN EVANS

Telephone No ► 703-759-6814 FAX No ► 703-759-9240

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 09 or
- tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ 0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ 0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**