orm	990

Return of Organization Exempt From Income Tax

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

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning , 20 , 2016, and ending Α C Name of organization Ndoto D Employer identification number в Check if applicable: Address change Doing business as For Africa's Future 27-0984861 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change \square Initial return 2526 Rosebud Court 214-563-4499 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Carrollton, TX 75006 G Gross receipts \$ Amended return 374 847 Application pending F Name and address of principal officer: Allison Schlack H(a) Is this a group return for subordinates? Yes V No 2526 Rosebud Court, Carrollton, TX 75006 H(b) Are all subordinates included? **Yes No** If "No," attach a list. (see instructions) ✓ 501(c)(3) ____ 501(c) () < (insert no.) 4947(a)(1) or Tax-exempt status: 527 Website: ► www.ndoto.org H(c) Group exemption number > J Form of organization: 🗸 Corporation 🗌 Trust M State of legal domicile: κ Association Other L Year of formation: 2009 ТΧ Part I Summarv 1 Briefly describe the organization's mission or most significant activities: Ndoto works to give at-risk youth in Kenya hope for a brighter future through education, discipleship, and development. Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 6 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 6 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 . . 4 6 Total number of volunteers (estimate if necessary) 6 20 Total unrelated business revenue from Part VIII. column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, line 34 h 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 8 305,087 374,601 Revenue 9 Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 246 501 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 0 0 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 305,588 374,847 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 201,546 140,427 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 111,349 115,597 Expenses Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25)
43,690 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 43,050 23,762 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 294,826 340,905 19 Revenue less expenses. Subtract line 18 from line 12 10,762 33,942 End of Year **Beginning of Current Year** Assets or Balances 20 Total assets (Part X, line 16) 193,368 224,751 21 Total liabilities (Part X, line 26) . 5,528 2,969 Net -und 22 Net assets or fund balances. Subtract line 21 from line 20 187,840 221,782

Signature Block Part II

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.

Sign	Signature of officer				Date	•	
Here	Type or print name and title						
Paid Preparer	Print/Type preparer's name		Check if self-employed	PTIN			
Use Only	Firm's name	Firm's EIN ►					
	Firm's address 🕨	Phone no.					
May the IRS	discuss this return with the pr	eparer shown above? (see instruct	ions)				. 🗌 Yes 🗌 No
For Paperwo	rk Reduction Act Notice see the	conarata instructions	C	+ No 11000V			Eorm 990 (2016)

For Paperwork Reduction Act Notice, see the separate instructions.

OMB No. 1545-0047 2016

Open to Public

orm 99	00 (2016)			Page 2
Part I				
			his Part III	. 🗆
1	Briefly describe the organization's m			
			education, discipleship, and development. Our mis	
			ity, glorify God, and use their gifts to transform the	ir
	community.			
2		significant program services during t		
			· · · · · · · · · · · · · · · · · · ·	∕ No
3	If "Yes," describe these new service Did the organization cease condu	es on Schedule O. Icting, or make significant changes	in how it conducts, any program	
			· · · · · · · · · · · · · · · · · · ·	🛛 No
	If "Yes," describe these changes on	Schedule O.		
4	expenses. Section 501(c)(3) and 50		of its three largest program services, as measu report the amount of grants and allocations to o d.	
la	(Code:) (Expenses \$	261,282 including grants of \$	201,546) (Revenue \$ 0))
	Student Spancarchin		· · · · · · · · · · · · · · · · · · ·	
	Ndoto is committed to the whole stud	lent. We mentor and train young people	e from preschool through university to dream abou	t what
	they want to do with their lives and th	en pursue those dreams. We also wor	< with their families and offer counseling and suppo	ort.
	One of our big commitments is the in	vestment we make in their education ar	nd school related expenses (uniform, shoes, bag, e	tc).
			I. Illness is an inhibitor to a good education in	
			This can include everything from a doctor visit an	
			case for one of our students. We also are committ	
			Kenya to minister to the students on a consistent	
			are a time of lots of fun. In 2016, Ndoto sponsored	
			dents the greatest opportunity possible to excel in s	schoo
	and lay a great foundation for their fu	itures.		
b	(Code:) (Expenses \$	1,165 including grants of \$	0) (Revenue \$0))
	Visiting Missionaries			,
		is our visiting missionaries. We have a	number of people who come to see us and invest i	in our
			visitors are safe and have what they need to funct	
			to the organization. This is crucial to the life and	
			ome of these visitors already sponsor students, but	many
			about Ndoto when they return home and are helpfu	
	getting sponsors for some of our stud			
c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	······································			
d	Other program services (Describe in	Schedule O.)		
	(Expenses \$ includi		enue \$)	
le	Total program service expenses	262,447		

	0 (2016)			Page 3
Part	V Checklist of Required Schedules		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	ves √	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	↓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		1
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? <i>If "Yes," complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		1
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V \therefore	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		✓
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .	11e		✓ ✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f 12a		✓ ✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a	✓	
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	~	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	140	✓	
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	•	1
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		1
			000	<u> </u>

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		\checkmark
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	20b		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21		▼ ✓
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		\checkmark
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 through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		· ✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		✓ ✓
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		√
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		✓
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? <i>If "Yes," complete Schedule R, Part I</i>	33		✓
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	
		Forr	n 990	(2016)

Statements Regarding Other IRS Filings and Tax Compliance Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note note or not note or note or note or note or note or n	Form 99	0 (2016)		F	Page 5
The Enter the number reported in Box 3 of Form 1086. Enter -0- if not applicable 1a 0 De Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable 1b 0 De Did the organization comply with backing withholding nulles for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 0 2a Enter the number of engly with backing to organization if all required facter all required facter all engly end facts to refuse to a line 2a, did the organization if all required facter all engly end facts to refuse to a line 2a, did the organization if all required facter all engly end facts to refuse facts in a fact and zamo in a facter organization in the sam of the organization in the sam of the organization in a Schedule 0. 3a ✓ 3b Ut the organization apper to rish year // two'r to line 30, provide an explanator in Schedule 0. 3a ✓ 3c in the and a promoted and year in the organization in the sam of the organization in that twas are in a prime during the tax year? 5a ✓ 5a Was the organization a party to a prohibited tax shelter transaction? 5a ✓ ✓ 5a Was the organization include with were not tax deductible as charitable contributions? 5a ✓ ✓ 5a Was the organization needew approximation in expresas tatament that such contributions? 5a	Part	V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number of Forms W-2G included in line 1a. Enter -0- in not applicable 1a 0 1b Inter the number of enter W-2G included in line 1a. Enter -0- in not applicable 1b 0 2a Enter the number of enter N-2G included in line 1a. Enter -0- in not applicable 1c 1c 2a Enter the number of enteropyces reported on Form W-3, Transmittal of Vage and Tax. 2a 2b V 3a Dot the organization have on line 2a, did the organizaton his a refurs? 3a V 3b If at least on line 2a, did the organizaton have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial account in a foreign country. 3a V 5c Was the organizaton have weno interest in usy ser? 5a V Schedulo 0 5c Se instructions for fling requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). 5a V 6f V a V Ba V 5a V a prohibited tax shelter transaction? Sa V 5a V bit in scale stable in the organization have annual gross receipts that are normally greater than \$100,000, and dith the organization include with every solicitation an ex		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 10 10 0 c Did the organization comparises in complex with backing with hold wiles for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1a 1a 1a 2a Enter the number of enprives reported on Form W-3. Transmittal of Wage and Tax. 2a 2b ✓ 3a Did the organization call as da is greater than 230, your may be required to enprive that xectures? 2a ✓ 3b Did the organization have unrelated business gross income of \$1,000 or more during the yaar? 3a ✓ 3b Dif the sen of lines 2 and 2 a is greater than 230, your and a poly and the yaar? 3a ✓ 3b Dif the organization have unrelated business gross income of \$1,000 or more during the yaar? 3a ✓ 3b Dif the organization aparty to a prohibited tax shelter seascound; or other financial account; securities account; or other financial account; fields, financial account in a foreign country: ▶ 5a ✓ 5c Maxable party notify the organization file form 886-17 5a ✓ 5b ✓ 5c Did and transmittion onbid the were solicitation an express statement that such contributions or gifts were not tax deductible? 5a ✓ 5b </th <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winning to prize withers? 1 1 1 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 1 1 3b If at least one is reported on line 2a, did the organization file air required to <i>a</i> -life (see instructions) 3a 2 3a 2 3a 2 3b 4 At any time during the calendar year, did the organization have was 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?). 3a 4	1a				
reportable gaming (gambling) winnings to prize winners? 1 1 1 1 28 Exter the number of employees reported on Form W-3, Transmittal of Wage and Tax, 2 2 1 1 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2	b				
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a c Statements, filed for the calendar year ending with or within the year covered by this return 2b c Note. If the sum of lines 2a, add as ig greater than 250, you may be required to e-file (see instructions) 3a c 3b Did the organization have unrelated business gross income during the year? 3a c 3b 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 accounts of the organization have an interest in, or a signature or other authority fer any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a 4 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the casy have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions? 5a 4 6a V 11 "Yes," indicate the number of the parger of the way be aparty to a prohibited tax shelter transaction? 6b 7 Organization state are ormally greater than \$100,000, and did the organization file of the way be aparty that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions of grif	С				
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fit (see instructions)	_				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a √ 3b Diff **Gs*, thus it filed a form 990-T for this graft #*/or to line 3b, provide an explanation in Schedule 0. 3b 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 ✓ 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 (FEAR). 5a ✓ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a ✓ 5a Dos the organization include with every solicitation an express statement that such contributions or granization notify the every notification an express statement that such contributions or grifs were not tax deductible? 5a ✓ 7 Organization notify the conor of the value of the goods or services provided? 7a ✓ 7 Organization notify the conor of the value of the goods or services provide? 7a ✓ 7 Organization shat may enceive deductible contributions on parsonal banefit contract? 7b 7c ✓ 7 Did the organiz	b		2b	✓	
b If "Yes," has it filed a Form 990-T for this year," if "No" to line 3b, provide an explanation in Schedule 0. 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 accounts of this requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Vas the organization have an use or is a party to a prohibited tax shelter transaction? 5a 5b J J 5a Vas the organization have annual gross receipts that are normally greater than \$100.000, and did the organization shat may receive deductible contributions under section 170(c). 6a 7 Organization shat may receive deductible contributions under section 170(c). 7b 10 9 Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c 7d 7 Did the organization onceive a pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c 7d 7 Did the organization neceive a outful, directly promy for which it was required to file form 8282? 7d 7d 10 Did t	0-				
4a Ar 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)? 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 (FPAR). 5a Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Sa Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization hold the very solicitation and party to a prohibited tax shelter transaction? 5a C Organization hold any contributions that were nor tax deductible as charitable contributions? 6b O' Organization include with every solicitation an express statement that such contributions? 6b O' Organization notify the donor of the value of the goods or services provided? 7a O' Di the organization notify the donor of the value of the goods or services provided? 7a C Di the organization notify the donor of the value of the goods or services provide? 7a C Di the organization notify the donor of the value of the goods or services provide? 7a C Di the organization notify the donor of the value of the goods or services provide? 7a C Di the organization shattamesex, orthy which using the service? 7a <td></td> <td></td> <td></td> <td></td> <td>✓</td>					✓
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Form 99	90 (2016)		F	Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.
Secti	Check if Schedule O contains a response or note to any line in this Part VI			√
Secu			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 in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . 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	√	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 7a		$\begin{array}{c} \checkmark \\ \checkmark \\ \checkmark \\ \checkmark \\ \checkmark \\ \checkmark \end{array}$
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7u 7b		↓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-		
а	The governing body?	8a	\checkmark	
b 9	Each committee with authority to act on behalf of the governing body?	8b 9	1	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	-	ode)	v
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
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	\checkmark	
b	Describe in 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	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	\checkmark	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	√	
13	Did the organization have a written whistleblower policy?	13	<u>√</u>	
14 15	Did the organization have a written document retention and destruction policy? 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?	14	✓	
~	The organization's CEO, Executive Director, or top management official	15a	/	
a b	Other officers or key employees of the organization	15a 15b		
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150	*	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		-
Secti	on C. Disclosure			1
17 18	List the states with which a copy of this Form 990 is required to be filed ► none Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
19	□ Own website □ Another's website ☑ Upon request □ Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	oolicy	/, and

19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and
	financial statements available to the public during the tax year.

²⁰ State the name, address, and telephone number of the person who possesses the organization's books and records: ► John F. Seale 2526 Rosebud Court, Carrollton, TX 75006 214-563-4499

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

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

				((C)					
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	veek (list ally hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Allison Schlack	45									
Executive Director				✓				49,115	0	0
(2) Donna Tucker	5									
Bookkeeper				✓				3,180	0	0
(3) Tim Tucker	1									
Board Chairman		\checkmark		\checkmark				0	0	0
(4) Richard Ray	1									
Board Vice-Chairman		\checkmark		\checkmark				0	0	0
(5) Richard Cockcroft	1	r.								
Board Treasurer		✓		✓				0	0	0
(6) Roxane Malecek	1									
Board Secretary		✓		\checkmark				0	0	0
(7) Dr. Emily Sloan	1									
Board Member		✓						0	0	0
(8) Howard Bates	1									
Board Member		\checkmark						0	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)	 									

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, aı	nd H	lighes	st C	ompensated E	mployees (contin	ued)		uge 🗸
	(A)(B)Position (do not check more than one box, unless person is both an officer and a director/trustee)(D)(E)(A)Average hours perAverage hours perBeportable compensation fromReportable compensation from							Esti amo	(F) mated ount of				
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	- from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp fro orga and	ther ensatio m the nization related nization	1
(15)													
(16)			-										
(17)													
(18)		 											
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total	VII, Sectio		•		 	-		52,295	0			0
2	Total number of individuals (including but reportable compensation from the organi	t not limited				ed a	above	e) w		-	0 of		0
3	Did the organization list any former of employee on line 1a? If "Yes," complete									est compensate	d 3	Yes	No √
4	For any individual listed on line 1a, is the organization and related organizations <i>individual</i>	greater the	an \$1	150,	000)? I	f "Yes	s,"	complete Sch	edule J for suc			√
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsat	tion	froi	m any	un	related organiz	ation or individua			
Sectio	on B. Independent Contractors	· · ·							-				<u> </u>
1	Complete this table for your five highest compensation from the organization. Rep year.												ах

	(A) Name and business address	(B) Description of services	(C) Compensation
none			
2	Total number of independent contractors (including but not limited to	those listed above) who	
	received more than \$100,000 of compensation from the organization ►	0	

Part	: VIII	Statement of Revenue Check if Schedule O contains a respo	onco or noto to	any lina in this	Dort V/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a			lovolido		
Gra	b	Membership dues 1b					
ťs,	c	Fundraising events 1c					
Gif nilar	d	Related organizations 1d					
ons, Sirr	e f	Government grants (contributions) 1e					
utic	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
et j	~		374,601				
on ^t	g h	Noncash contributions included in lines 1a-1f: \$	N	274 (01			
			Business Code	374,601			
Program Service Revenue	2a	-					
Rev	b						
ce	c						
ervi	d						
u S	e						
grai	f	All other program service revenue .					
Pro	g	Total. Add lines 2a–2f	🕨	0			
	3	Investment income (including divider					
		and other similar amounts)		246			246
	4	Income from investment of tax-exempt bor	nd proceeds ►				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	🕨				
anue	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c).					
hei		See Part IV, line 18					
Ð		Less: direct expenses b					
		Net income or (loss) from fundraising e Gross income from gaming activities.	vents . 🕨				
	9 a	See Part IV, line 19					
	h	Less: direct expenses b					
	b c	Net income or (loss) from gaming activi	ities 🕨				
	-	Gross sales of inventory, less					
	iou	returns and allowances a					
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inver	ntory 🕨				
	0	Miscellaneous Revenue	Business Code				
	11a						
	b					<u> </u>	
	c b						
	d	All other revenue					
	e	Total. Add lines 11a–11d	►	0			
	12	Total revenue. See instructions.	H	374,847	0		246

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (C) **(D)** Fundraising Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 201,546 201,546 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 54,395 38,411 5,582 10,402 Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 19,982 4,996 9,991 4,995 Other salaries and wages 7 33,155 4,974 4,973 23,208 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 8,065 3,580 1,564 2,921 11 Fees for services (non-employees): Management а b Legal С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . 12 Advertising and promotion 341 17 0 324 13 Office expenses 7,523 75 575 6,873 14 Information technology 2,516 360 2,156 0 15 Royalties Occupancy 16 Travel 17 9,662 7,959 438 1,265 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 124 0 124 0 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 1,152 0 1,152 0 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Kenya Medical Needs а 192 192 0 0 Staff & Volunteer Development b 2,252 337 1915 0 С d All other expenses е Total functional expenses. Add lines 1 through 24e 25 340,905 262,447 34,768 43,690 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 🗌 if following ŠOP 98-2 (ASC 958-720)

orm 990 (Part X				Page 11
	Check if Schedule O contains a response or note to any line in this Pa	rtX		
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	58,418	1	96,664
2	Savings and temporary cash investments	125,031	2	125,266
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	6,546	4	601
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
<u>ه</u>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
7 set	Notes and loans receivable, net		7	
Assets 8 2	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a			-	
b		3,373	10c	2,220
11	Investments—publicly traded securities	0,010	11	2,220
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		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	193,368	16	224,751
17	Accounts payable and accrued expenses	5,528	17	2,969
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	
Ciabilities	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
ide	disqualified persons. Complete Part II of Schedule L		22	
²³ ت	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	5,528	26	2,969
Ernd Balances 27 28 29 29	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
UB 27	Unrestricted net assets	173,980	27	113,071
82 28	Temporarily restricted net assets	13,860	28	108,711
29	Permanently restricted net assets	0	29	·
or Fur	Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.			
ୟ 30	Capital stock or trust principal, or current funds		30	
8 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
≪ 4 32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets or 30 31 32 33	Total net assets or fund balances	187,840	33	221,782
34	Total liabilities and net assets/fund balances	193,358	34	224,751

	0 (2016)			Pa	ige 1 2
Part	XI Reconciliation of Net Assets			-	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		37	4,84
2	Total expenses (must equal Part IX, column (A), line 25)	2		34	10,90
3	Revenue less expenses. Subtract line 2 from line 1	3			33,94
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18	37,84
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		22	21,782
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		\checkmark
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		\checkmark
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ow				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	olain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		\checkmark
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	udits.	3b		
				n 990	(2016

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 20**16** Open to Public Inspection

Name of the organization	l
--------------------------	---

Ndoto

Employer identification number

27-	098	3486	51
21-	0/0		

Part I	Reason for Public Charity	Status (All organizations must complet	te this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 9 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 university:
- 10 ✓ An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% 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).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a 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.
 - **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.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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.
 - e 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.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

•		0 ()				
(i) Name of supported organization	d organization (ii) EIN (iii) Type of organizatio (described on lines 1–1 above (see instructions		listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2016

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

(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.)

Conti	on A. Dublic Cunnert						
	ion A. Public Support	(-) 0010	(b) 0010	(-) 0014	(4) 0015	(-) 0010	
	dar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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	193,277	301,171	248,587	304,389	374,601	1,422,025
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	193,277	301,171	248,587	304,389	374,601	1,422,025
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	80,345	148,983	51,430	53,664	103,995	438,417
b	Amounts included on lines 2 and 3 received from other than disqualified 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	80,345	148,983	51,430	53,664	103,995	438,417
8	Public support. (Subtract line 7c from line 6.)						983,608
Secti	on B. Total Support						
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	193,277	301,171	248,587	304,389	374,601	1,422,025
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	20	136	799	501	246	1,702
	Toyanico and moorne normanniar sources .	20					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	20					
b c	Unrelated business taxable income (less section 511 taxes) from businesses	20	136	799	501	246	1,702
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		136	799	501	246	1,702
с	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether		136		501	246	
с 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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.) Total support. (Add lines 9, 10c, 11,	20		2,293			2,293
с 11 12	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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.) Total support. (Add lines 9, 10c, 11, and 12.)	20 193,297 ne organization	<u>301,307</u> 's first, second	2,293 251,679 d, third, fourth,	304,890 or fifth tax ye	374,847 ar as a sectior	2,293 1,426,020 1 501(c)(3)
c 11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her	20 193,297 ne organization re	<u>301,307</u> 's first, second	2,293 251,679 d, third, fourth,	304,890 or fifth tax ye	374,847	2,293 1,426,020 1 501(c)(3)
c 11 12 13 14 <u>Secti</u>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her fon C. Computation of Public Suppor	193,297 ne organization re t Percentage	301,307 's first, second 	2,293 251,679 d, third, fourth, 	304,890 or fifth tax ye	374,847 ar as a sectior	2,293 1,426,020 n 501(c)(3) ► □
c 11 12 13 14 <u>Secti</u> 15	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her fon C. Computation of Public Suppor Public support percentage for 2016 (line 8	20 193,297 ne organization re t Percentage 3, column (f) div	301,307 's first, second 9 <i>i</i> ded by line 15	2,293 251,679 d, third, fourth, 3, column (f))	304,890 or fifth tax ye	374,847 ar as a sectior 15	2,293 1,426,020 n 501(c)(3) · · ▶ □ 69 %
c 11 12 13 14 <u>Secti</u> 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her fon C. Computation of Public Suppor Public support percentage for 2016 (line & Public support percentage from 2015 Sch	193,297 ne organization re	301,307 's first, second vided by line 13 II, line 15 .	2,293 251,679 d, third, fourth, 3, column (f))	304,890 or fifth tax ye	374,847 ar as a sectior	2,293 1,426,020 n 501(c)(3) ► □
c 11 12 13 14 <u>Secti</u> 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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.) Total support. (Add lines 9, 10c, 11, and 12.)	193,297 ne organization re t Percentago 3, column (f) div nedule A, Part I come Percer	301,307 's first, second yided by line 1 II, line 15 . 1tage	2,293 251,679 d, third, fourth, 3, column (f)) 	304,890 or fifth tax ye 	374,847 ar as a sectior 15	2,293 1,426,020 n 501(c)(3) · · ▶ □ 69 % 61 %
c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u> 17	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her ion C. Computation of Public Suppor Public support percentage for 2016 (line & Public support percentage from 2015 Sch ion D. Computation of Investment Inc Investment income percentage for 2016 (line 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	193,297 ne organization re t Percentage 3, column (f) div nedule A, Part I come Percer line 10c, colum	301,307 's first, second <i>i</i> ded by line 15 II, line 15 itage n (f) divided by	2,293 251,679 d, third, fourth, 3, column (f)) / line 13, colum	304,890 or fifth tax ye 	374,847 ar as a sectior 15 16	2,293 1,426,020 n 501(c)(3) · · ▶ □ 69 %
c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her ion C. Computation of Public Suppor Public support percentage for 2016 (line & Public support percentage from 2015 Sch ion D. Computation of Investment Inc Investment income percentage from 2015 33 1/3% support tests – 2016. If the organi 17 is not more than 331/3%, check this box	20 193,297 The organization re	301,307 's first, second vided by line 15 II, line 15 n (f) divided by Part III, line 17 check the box The organization	2,293 251,679 d, third, fourth, 3, column (f)) / line 13, colum on line 14, an on qualifies as a	304,890 or fifth tax ye d line 15 is mo publicly suppo	374,847 ar as a sectior 15 16 17 18 ore than 33 ¹ /3% orted organization	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u> 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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.) Total support. (Add lines 9, 10c, 11, and 12.)	20 193,297 The organization re organization re	301,307 's first, second /ided by line 15 II, line 15 n (f) divided by Part III, line 17 check the box The organization neck a box on l	2,293 251,679 d, third, fourth, 3, column (f)) / line 13, colum on line 14, an on qualifies as a ine 14 or line 15	304,890 or fifth tax ye d line 15 is mo publicly suppo 9a, and line 16	374,847 ar as a sectior 15 16 17 18 ore than 33 ¹ / ₃ % orted organizatio is more than 33	$2,293$ $1,426,020$ $501(c)(3)$ $\cdot \cdot \blacktriangleright \square$ 69% 61% 0% 0% 0% $5, and line$
c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u> 17 18 19a	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her fon C. Computation of Public Suppor Public support percentage for 2016 (line & Public support percentage from 2015 Sch ion D. Computation of Investment Inc Investment income percentage from 2015 33 ¹ / ₃ % support tests – 2016. If the organiz 17 is not more than 33 ¹ / ₃ %, check this box and 33 ¹ / ₃ % support tests – 2015. If the organiz	20 193,297 ne organization re rt Percentago 3, column (f) divi- nedule A, Part I come Percer line 10c, colum 5 Schedule A, Fart ine 10c, colum 5 Schedule A, Fart 5 Schedu	301,307 's first, second yided by line 13 II, line 15 . ntage n (f) divided by Part III, line 17 check the box The organization neck a box on line ere. The organi	2,293 251,679 d, third, fourth, 3, column (f)) / line 13, colum on line 14, an on qualifies as a ine 14 or line 15 zation qualifies	304,890 or fifth tax ye d line 15 is mo publicly suppo 9a, and line 16 as a publicly su	374,847 ar as a section 15 16 17 18 ore than 33 ^{1/3} % orted organization is more than 33 upported organization	$ \begin{array}{c c} 2,293 \\ 1,426,020 \\ 501(c)(3) \\ $

Schedule A (Form 990 or 990-EZ) 2016

Page **8**

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part III, Section B, Line 12, column C	
Other income consisted of exchange rate gains	

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.
 Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public
Inspection

	ent of the Treasury		Attach to Form 990.	Open to Public
	Revenue Service of the organization	► Information about Schedule D (Fo	orm 990) and its instructions is at <i>www.ir</i>	s.gov/form990. Inspection Employer identification number
	or the organization			
Ndoto Par	t Organi	zations Maintaining Donor Adv	rised Funds or Other Similar Fun	27-0984861
Fai		•	"Yes" on Form 990, Part IV, line 6.	
	Compi		(a) Donor advised funds	(b) Funds and other accounts
1	Total number a	at end of year		
2		ue of contributions to (during year)		
3		ue of grants from (during year)		
4		ue at end of year		
5			advisors in writing that the assets he	eld in donor advised
	funds are the o	organization's property, subject to th	e organization's exclusive legal contro	l? Yes □ No
6	Did the organi	zation inform all grantees, donors, a	and donor advisors in writing that grar	nt funds can be used
	-		fit of the donor or donor advisor, or fo	or any other purpose
	<u> </u>			· · · · · · · 🗌 Yes 🗌 No
Par		rvation Easements.		
			"Yes" on Form 990, Part IV, line 7.	
1	• • • •	conservation easements held by the	• • • • • • • •	
			tion or education)	
		of natural habitat	Preservation of	a certified historic structure
2		on of open space	eld a qualified conservation contributio	in the form of a concervation
2		he last day of the tax year.	eid a quaimed conservation contributio	Held at the End of the Tax Year
2		· · · ·		
a b			S	
c	•	-	historic structure included in (a)	
d			(c) acquired after 8/17/06, and not	
3	Number of cor tax year ►	nservation easements modified, trans	sferred, released, extinguished, or tern	ninated by the organization during the
4	Number of sta	tes where property subject to conse	rvation easement is located ►	
5			garding the periodic monitoring, ins	
	violations, and	enforcement of the conservation ea	sements it holds?	· · · · · · · 🗌 Yes 🗌 No
6	Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements during the year
7	Amount of expe	 enses incurred in monitoring, inspectir	g, handling of violations, and enforcing	conservation easements during the year
	▶\$			
8		•	2(d) above satisfy the requirements of	
9		•	conservation easements in its revenue	•
			of the footnote to the organization's fin	ancial statements that describes the
		accounting for conservation easeme		
Part		•	s of Art, Historical Treasures, or " "Yes" on Form 990, Part IV, line 8.	Other Similar Assets.
		<u> </u>	· · · ·	revenue statement and balance sheet
Ĩŭ	works of art,	historical treasures, or other similar		ucation, or research in furtherance of
b	works of art,		assets held for public exhibition, ed	revenue statement and balance sheet lucation, or research in furtherance of
	(i) Revenue in	cluded on Form 990, Part VIII, line 1		► \$
	(ii) Assets inclu	uded in Form 990, Part X		► \$
2	If the organiza	ation received or held works of art,	, historical treasures, or other similar FAS 116 (ASC 958) relating to these it	assets for financial gain, provide the
а	Revenue inclue	ded on Form 990, Part VIII, line 1 .		► \$
b	Assets include	d in Form 990, Part X		🕨 💲

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedu	le D (Form 990) 2016								Page 2
Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	, or O	ther Similar As	sets (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply):		ther recor	ds, chec	k any of th	e follov	wing that are a s	gnificant u	se of its
а	Public exhibition		d	Loan	or exchang	e prog	rams		
b	Scholarly research								
с	Preservation for future generations	S							
4	Provide a description of the organiza XIII.		and expla	in how tl	ney further	the org	ganization's exem	npt purpose	e in Part
5	During the year, did the organization assets to be sold to raise funds rather							r	🗌 No
Part									
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on For	m 990, F	Part IV, line	e 9, or	reported an arr	ount on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?							ot	🗌 No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	llowing ta	able:				
							Ar	nount	
С	Beginning balance					10	;		
d	Additions during the year					10	ł		
е	Distributions during the year					16	•		
f	Ending balance					11			
<u>2</u> a	Did the organization include an amou								🗌 No
	If "Yes," explain the arrangement in P	art XIII. Check her	re if the ex	planation	n has been	provid	ed on Part XIII .		
Par									
	Complete if the organization		1						
		(a) Current year	(b) Prio	or year	(c) Two year	s back	(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t		nd balanc	e (line 1g	, column (a)) held	as:		
а	Board designated or quasi-endowme	nt 🕨	%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of t	he organiz	zation that	at are held	and ac	Iministered for th		
	organization by:							Ye	s No
	(i) unrelated organizations							3a(i)	_
	(ii) related organizations							3a(ii)	_
b	If "Yes" on line 3a(ii), are the related o					• •		3b	
4	Describe in Part XIII the intended uses	-	on s enac	wment it	unas.				
Part			" on F or	000 Г					- 10
	Complete if the organization								
	Description of property	(a) Cost or o (investr			r other basis ther)		Accumulated epreciation	(d) Book va	alue
1a	Land	·							
b	Buildings	·							
С	Leasehold improvements	·							
d	Equipment	·			5,677		3,457		2,220
e	Other	·		, .	(2) "				
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part)	, column	(<i>B</i>), line 10	ic.) .	🕨		2,220

Schedule D (Form 990) 2016

(Form 990)		ement of	f Activitie	s Outside the Uni	ited States	OMB No. 1545-0047	
		te if the organ	2016				
Department of the Treasury			Open to Public				
Internal Revenue Service Name of the organization				90) and its instructions is at r		Inspection er identification number	
Ndoto							27-0984861
Par	Form 990, Pa			ies Outside t	the United States. Comp	plete if the organization a	answered "Yes" on
1					ords to substantiate the amore sistance, and the selection		
			• •	•			· Ves No
2	For grantmakers assistance outside			the organizati	on's procedures for monit	toring the use of its g	rants and other
3	Activities per Regi	ion. (The fo	ollowing Part	I. line 3 table c	an be duplicated if additior	nal space is needed.)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Sub-Saharan Africa		1	1	Grantmaking		201,546
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a b	Sub-total Total from con	 ntinuation	1	1			201,546

1

1

201,546

1 (a) Name of organization (1)						raitiv, iire to, iorariy recipient wito received filore than 40,000. Fait ii can be dupilcated ii additional space is rieeded.		
(1)	on section and EIN (if applicable)	(c) Region	(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 Africa	Student Sponsorship	201,546 V	201,546 Wire Transfer	0		
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
	tal number of recip 3S, or for which the	Enter total number of recipient organizations listed above that by the IRS, or for which the grantee or counsel has provided a		are recognized as charities by the 1 section 501(c)(3) equivalency letter	s by the foreign coul	are recognized as charities by the foreign country, recognized as tax-exempt section 501(c)(3) equivalency letter	ax-exempt · · ●	-
3 Enter to	tal number of othe	Enter total number of other organizations or entities	ties	· · ·			▲	0

Page 2

Schedule F (Form 990) 2016

Conoda			i age
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	✓ 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; do not file with Form 990).	Yes	✓ 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	✓ 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? <i>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</i> (see Instructions for Form 8621).	Yes	✓ 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	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)</i>	Yes	✓ No

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

Page 5

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.

At this time, Ndoto only provides grants to a single Kenyan registered non-governmental organization, which bears the same name, Ndoto
(referred to henceforth as NdotoKE). The two organizations entered into a formal agreement at the beginning of 2016. Ndoto fundraises in the
US and grants money to NdotoKE. The Board of Directors of Ndoto approves an annual grant amount, based on a recommendation from
NdotoKE, and the amount is disbursed monthly as needed by NdotoKE up to but not exceeding the total approved amount. The total grant
amount is recorded in Board actions as well as in the organization's bookkeeping.
As the two organizations share an Executive Director, information about the activities, including financial records, of NdotoKE are freely
shared with Ndoto. NdotoKE carefully vets the recipients of its aid, and stays in close contact with those beneficiaries throughout their time
with the organization. No money is ever given to beneficiaries or their families directly. All expenses are documented carefully. When these
funds are used in Kenya, there are clear and well-followed procedures to ensure transparency, honesty, and the correct usage of funds.
Substantial cash is rarely on hand in Kenya, and the organization follows a proper division of roles to demonstrate that no fraud or loss has
taken place. Details on the vetting and monitoring process of NdotoKE, as well as the transparency and accuracy procedures of NdotoKE's
financial recordkeeping, are available upon request.

SCHEDULE O (Form 990 or 990-EZ)	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.	_	OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service						
Name of the organization	Empl	loyer identificat				
Ndoto 27-0984861						
Part VI, Section A, Line 2						
Board member, Tim Tucker, is married to the bookkeeper, Donna Tucker. He does not vote or advise on any subject regarding her.						
Part VI, Section B, Line 11b						
This Form 990 is prepared annually by the chief financial officer, then reviewed carefully with the bookkeeper and the Executive Director.						
Once it has been completed, it is distributed to the Ndoto Board of Directors, who review it and approve it by vote prior to its submission						
to the IRS.						
Part VI, Section B, Line 12c						
The voting and non-voting members of the Board of Directors, including officers and key employees of the organization, are required						
annually to sign a statement indicating that they are aware of no conflict of interest arising within the past 12 months and that if any						
conflict of interest arises in the next 12 months, they will immediately disclose any such activity and seek to end the conflict. The						
statement also includes a form asking them to disclose specifically any business transactions with Ndoto, indebtedness to Ndoto,						
personal benefits received from Ndoto, legal proceedings involving Ndoto, and family or business relationships with other officers or						
directors. The Chair of the Board shall determine whether an unacceptable conflict of interest exists and arrange with the party to cease						
any inappropriate activity. If the Chair has potential conflict of interest, the Vice Chair and the Secretary shall determine if the						
unacceptable conflict exists and arrange for it to cease. Unsettled matters shall be reported to the Board for appropriate action. Any						
inappropriate activity must cease or their position must be vacated. Any violations of the conflict of interest policy must be documented						
prior to any transaction. A transaction may be taken when a conflict of interest exists if: (a) the officer or staff of Ndoto is excluded from						
the discussions and approval, (b) a competitive bid or valuation exists, and (c) the Board of Directors determines that the transaction is in						
the best interests of Ndoto.						
Part VI, Section B, Lines 15a & 15b						
The Executive Di	rector is responsible for setting the salaries of all employees at Ndoto. The Executive	e Director will	consider the			
education, experien	ce, value added, and performance of the employee in setting salaries. In evaluating t	he value adde	ed by the employee,			
the Executive Direct	tor will consider to what extent the organization needs the services to be offered, incl	uding the size	e of the			
employee's respons	sibility. Special qualifications of the employee may be taken into account. Employee	salaries must	be considered			
in relation to the sal	aries of other employees at Ndoto, as well as regularly considered in relation to the s	alaries of con	nparable positions			

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization Ndoto	27-0984861
feedback about his or her performance. Raises beyond a cost-of-living increase may be offered based	
high-quality performance, expansion of responsibility, and expansion of capacity including new educat	
Executive Director will consider cost of living as well as a comparative compensation guide. The Exec	
offer any raise or cost-of-living adjustment to employees. The initial salaries of all employees are docu	
agreement, and future adjustment to salaries is documented on a standard form that provides a rationa	ile and is signed by the Executive
Director and the employee.	
In evaluating the compensation of the Executive Director, the Board will be led by Christian ethics to	address compensation issues
and establish an appropriate compensation level. General factors to be considered in establishing add	equate compensation include:
commitment, education, experience, responsibility, and performance. Appropriate non-profit organizat	ion compensation data is identified
and utilized to help ensure alignment with similar positions in similar non-profit organizations. The des	sired end product of any
compensation calculation and decision will be an appropriate and adequate level of total compensation	n, not the size of any year-to-year
change. The initial salary and process for determining the salary is documented by the Board of Direct	ors and the salary is documented in
the employment agreement. Any future adjustments to salary are documented by decision-making pro	cess using the same standard form
as the employees, signed by the Board Chair. This process is followed annually in December and Janu	uary when the compensation of the
Executive Director is set.	
Part VI, Section C, Line 19	
Ndoto makes all governing documents available upon request to any individual. Physical copies are m	aintained in the Ndoto office,
and electronic copies are maintained and available upon request. Its conflict of interest policy is also a	available in electronic or hardcopy
format upon request. Its financial statements are hosted on GuideStar, and are available in hardcopy c	r electronic format upon request.