

2009

Open to Public Inspection

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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.

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

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: Kenya Education and Health Organization, 6039 Windy Hill Drive, San Antonio, TX 78242

D Employer identification number: 75-2869752, E Telephone number: 210-670-9949, F 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:

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

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

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

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten entries for revenue items and total revenue of 1398.26.

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.)

Table with 7 rows for Balance Sheets. Includes handwritten entries for total assets of 367.00 and net assets of 367.00.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form 990-EZ (2009)

SCANNED MAY 14 2010

Handwritten number 15

Part V Other Information (Note the statement requirements in the instructions for Part V.)

| | | Yes | No |
|------------|--|------------|-------------------------------------|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | <input checked="" type="checkbox"/> |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | <input checked="" type="checkbox"/> |
| 35 | 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. | | |
| a | 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? | 35a | <input checked="" type="checkbox"/> |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | <input checked="" type="checkbox"/> |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | <input checked="" type="checkbox"/> |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____ | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | <input checked="" type="checkbox"/> |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____ | | |
| b | Section 501(c)(3) 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 | 40b | <input checked="" type="checkbox"/> |
| c | 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 ▶ _____ | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | |
| e | 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. | 40e | <input checked="" type="checkbox"/> |
| 41 | List the states with which a copy of this return is filed. ▶ _____ | | |
| 42a | The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____ | | |
| 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)? | 42b | <input checked="" type="checkbox"/> |
| | If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | <input checked="" type="checkbox"/> |
| | If "Yes," enter the name of the foreign country: ▶ _____ | | |
| 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 _____ <input type="checkbox"/> | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | <input checked="" type="checkbox"/> |
| 45 | 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 | 45 | <input checked="" type="checkbox"/> |

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 |
|---|-----|----|
| 46 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 | 46 | ✓ |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | ✓ |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | ✓ |
| b If "Yes," was the related organization a section 527 organization? | 49b | ✓ |

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 & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

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 Here

Signature of officer: Katherine A Watson Date: April 14, 2010

Type or print name and title: Katherine A Watson

Paid Preparer's Use Only

Preparer's signature: Self K Watson Date: 4/14/10 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

Preparer's identifying number (See instructions): _____

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 |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

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

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> | | |
| 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 ▶ <input type="checkbox"/> | | |

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 year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

| | | |
|--|-----------|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

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 line 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 ►

BROADWAY BANK
 1177 NE LOOP 410
 PO BOX 17001
 SAN ANTONIO, TX 78217-0001
 1-210-283-6611

Account Number
 9001859
 Page 1 of 1

Jan. 2009 - Dec. 2009



KENYA EDUCATION AND HEALTH ORGANIZATION
 6039 WINDYHILL
 SAN ANTONIO TX 78242

BROADWAY BANK WAS RECENTLY
 UPGRADED TO AN "A+" RATING
 FOR FINANCIAL STRENGTH AND
 SECURITY BY THESTREET.COM

Bank Statement

SUMMARY OF ACCOUNTS

| Account Type | Account # | Balance as of Feb 28, 2009 | YTD Interest |
|------------------|-----------|-------------------------------|--------------|
| BUSINESS SAVINGS | 9001859 | \$367.00 | \$0.22 |

This statement reports your balances and activity
 from Dec 31, 2008 thru Feb 28, 2009 on the following accounts.

BUSINESS SAVINGS
 9001859

| | |
|--|--------|
| Balance Last Statement | 761.78 |
| Deposits/Credits | 420.22 |
| Jan 31, INT PMT SYS-GEN | 0.13 |
| Feb 06, SAVINGS DEPOSIT | 200.00 |
| Feb 13, SAVINGS DEPOSIT | 220.00 |
| Feb 28, INT PMT SYS-GEN | 0.09 |
| Withdrawals | 815.00 |
| Feb 13, WIRE OUT 1501 CATHERINE K KIAMBATI MIRITI BARCLAYS PLC | 800.00 |
| Feb 13, WIRE XTRF OUT CUST | 15.00 |
| Balance This Statement | 367.00 |

Running Balances

| Date | Balance | Date | Balance | Date | Balance |
|-------|---------|-------|---------|-------|---------|
| 12-31 | 761.78 | 02-06 | 961.91 | 02-28 | 367.00 |
| 01-31 | 761.91 | 02-13 | 366.91 | | |

END OF STATEMENT

Handwritten note:
 1398.00
 ending bal
 Dec. 31, 2009

BROADWAY BANK
 1177 NE LOOP 410
 PO BOX 17001
 SAN ANTONIO, TX 78217-0001
 1-210-283-6611

Account Number
 9001859
 Page 1 of 1



KENYA EDUCATION AND HEALTH ORGANIZATION
 6039 WINDYHILL
 SAN ANTONIO TX 78242

OUR BEE CAVE LOCATION NOW
 OPEN. NEW DRIPPING SPRINGS
 BANKING CENTER OPENING
 EARLY MARCH 2009.

Bank Statement

SUMMARY OF ACCOUNTS

| Account Type | Account # | Balance as of Mar 31, 2009 | YTD Interest |
|------------------|-----------|-------------------------------|--------------|
| BUSINESS SAVINGS | 9001859 | \$367.06 | \$0.28 |

This statement reports your balances and activity
 from Dec 31, 2008 thru Mar 31, 2009 on the following accounts.

BUSINESS SAVINGS
 9001859

| | |
|--|--------|
| Balance Last Statement | 761.78 |
| Deposits/Credits | 420.28 |
| Jan 31, INT PMT SYS-GEN | 0.13 |
| Feb 06, SAVINGS DEPOSIT | 200.00 |
| Feb 13, SAVINGS DEPOSIT | 220.00 |
| Feb 28, INT PMT SYS-GEN | 0.09 |
| Mar 31, INT PMT SYS-GEN | 0.06 |
| Withdrawals | 815.00 |
| Feb 13, WIRE OUT 1501 CATHERINE K KIAMBATI MIRITI BARCLAYS PLC | 800.00 |
| Feb 13, WIRE XTRF OUT CUST | 15.00 |
| Balance This Statement | 367.06 |

Running Balances

| Date | Balance | Date | Balance | Date | Balance |
|-------|---------|-------|---------|-------|---------|
| 12-31 | 761.78 | 02-06 | 961.91 | 02-28 | 367.00 |
| 01-31 | 761.91 | 02-13 | 366.91 | 03-31 | 367.06 |

END OF STATEMENT

BROADWAY BANK
 1177 NE LOOP 410
 PO BOX 17001
 SAN ANTONIO, TX 78217-0001
 1-210-283-6611

Account Number
 9001859
 Page 1 of 1



KENYA EDUCATION AND HEALTH ORGANIZATION
 6039 WINDYHILL
 SAN ANTONIO TX 78242

FDIC DEPOSIT INSURANCE
 TEMPORARILY INCREASED FROM
 \$100,000 TO \$250,000 PER
 DEPOSITOR THRU 12/31/2013

Bank Statement

SUMMARY OF ACCOUNTS

| Account Type | Account # | Balance as of Jun 30, 2009 | YTD Interest |
|------------------|-----------|-------------------------------|--------------|
| BUSINESS SAVINGS | 9001859 | \$967.40 | \$0.62 |

This statement reports your balances and activity
 from Mar 31, 2009 thru Jun 30, 2009 on the following accounts.

BUSINESS SAVINGS
 9001859

| | |
|-------------------------------|--------|
| Balance Last Statement | 367.06 |
| Deposits/Credits | 600.34 |
| Apr 30, INT PMT SYS-GEN | 0.06 |
| May 14, SAVINGS DEPOSIT | 600.00 |
| May 31, INT PMT SYS-GEN | 0.12 |
| Jun 30, INT PMT SYS-GEN | 0.16 |
| Balance This Statement | 967.40 |

Running Balances

| Date | Balance | Date | Balance | Date | Balance |
|-------|---------|-------|---------|-------|---------|
| 03-31 | 367.06 | 05-14 | 967.12 | 06-30 | 967.40 |
| 04-30 | 367.12 | 05-31 | 967.24 | | |

END OF STATEMENT

BROADWAY BANK
 1177 NE LOOP 410
 PO BOX 17001
 SAN ANTONIO, TX 78217-0001
 1-210-283-6611

Account Number
 9001859
 Page 1 of 1



KENYA EDUCATION AND HEALTH ORGANIZATION
 6039 WINDYHILL
 SAN ANTONIO TX 78242

NOW ENJOY THE CONVENIENCE
 OF MOBILE BANKING
 BANK ANYTIME-ANYWHERE-24/7
 ALL FROM YOUR MOBILE PHONE.

Bank Statement

SUMMARY OF ACCOUNTS

| Account Type | Account # | Balance as of Aug 31, 2009 | YTD Interest |
|------------------|-----------|-------------------------------|--------------|
| BUSINESS SAVINGS | 9001859 | \$287.74 | \$0.96 |

This statement reports your balances and activity
 from Jun 30, 2009 thru Aug 31, 2009 on the following accounts.

BUSINESS SAVINGS
 9001859

| | |
|--|----------|
| Balance Last Statement | 967.40 |
| Deposits/Credits | 735.34 |
| Jul 31, INT PMT SYS-GEN | 0.16 |
| Aug 12, SAVINGS DEPOSIT | 635.00 |
| Aug 21, SAVINGS DEPOSIT | 100.00 |
| Aug 31, INT PMT SYS-GEN | 0.18 |
| Withdrawals | 1,415.00 |
| Aug 24, WIRE FEE T:0932 FED # CATHERINE K KIAMBATI MIRITI | 15.00 |
| Aug 24, WIRE OUT 0932 CATHERINE K KIAMBATI MIRITI BARCLAYS PLC | 1,400.00 |
| Balance This Statement | 287.74 |

Running Balances

| Date | Balance | Date | Balance | Date | Balance |
|-------|---------|-------|----------|-------|---------|
| 06-30 | 967.40 | 08-12 | 1,602.56 | 08-24 | 287.56 |
| 07-31 | 967.56 | 08-21 | 1,702.56 | 08-31 | 287.74 |

E N D O F S T A T E M E N T

BROADWAY BANK
 1177 NE LOOP 410
 PO BOX 17001
 SAN ANTONIO, TX 78217-0001
 1-210-283-6611

Account Number
 9001859
 Page 1 of 1



KENYA EDUCATION AND HEALTH ORGANIZATION
 6039 WINDYHILL
 SAN ANTONIO TX 78242

NOW ENJOY THE CONVENIENCE
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 BANK ANYTIME-ANYWHERE-24/7
 ALL FROM YOUR MOBILE PHONE.

Bank Statement

SUMMARY OF ACCOUNTS

| Account Type | Account # | Balance as of Sep 30, 2009 | YTD Interest |
|------------------|-----------|-------------------------------|--------------|
| BUSINESS SAVINGS | 9001859 | \$647.82 | \$1.04 |

This statement reports your balances and activity
 from Jun 30, 2009 thru Sep 30, 2009 on the following accounts.

BUSINESS SAVINGS
 9001859

| | |
|--|----------|
| Balance Last Statement | 967.40 |
| Deposits/Credits | 1,095.42 |
| Jul 31, INT PMT SYS-GEN | 0.16 |
| Aug 12, SAVINGS DEPOSIT | 635.00 |
| Aug 21, SAVINGS DEPOSIT | 100.00 |
| Aug 31, INT PMT SYS-GEN | 0.18 |
| Sep 14, SAVINGS DEPOSIT | 360.00 |
| Sep 30, INT PMT SYS-GEN | 0.08 |
| Withdrawals | 1,415.00 |
| Aug 24, WIRE FEE T:0932 FED # CATHERINE K KIAMBATI MIRITI | 15.00 |
| Aug 24, WIRE OUT 0932 CATHERINE K KIAMBATI MIRITI BARCLAYS PLC | 1,400.00 |
| Balance This Statement | 647.82 |

Running Balances

| Date | Balance | Date | Balance | Date | Balance |
|-------|----------|-------|----------|-------|---------|
| 06-30 | 967.40 | 08-21 | 1,702.56 | 09-14 | 647.74 |
| 07-31 | 967.56 | 08-24 | 287.56 | 09-30 | 647.82 |
| 08-12 | 1,602.56 | 08-31 | 287.74 | | |

END OF STATEMENT

BROADWAY BANK
 1177 NE LOOP 410
 PO BOX 17001
 SAN ANTONIO, TX 78217-0001
 1-210-283-6611

Account Number
 9001859
 Page 1 of 1



KENYA EDUCATION AND HEALTH ORGANIZATION
 6039 WINDYHILL
 SAN ANTONIO TX 78242

VISA HOLIDAY GIFT CARDS ARE
 NOW AVAILABLE. SELECT FROM
 DENOMINATIONS OF \$25-\$500.
 ASK US FOR MORE DETAILS.

Bank Statement

SUMMARY OF ACCOUNTS

| Account Type | Account # | Balance as of Dec 31, 2009 | YTD Interest |
|------------------|-----------|-------------------------------|--------------|
| BUSINESS SAVINGS | 9001859 | \$1,398.26 | \$1.48 |

This statement reports your balances and activity
 from Sep 30, 2009 thru Dec 31, 2009 on the following accounts.

BUSINESS SAVINGS
 9001859

Balance Last Statement

647.82

Deposits/Credits

750.44

| | |
|-------------------------|--------|
| Oct 06, SAVINGS DEPOSIT | 500.00 |
| Oct 31, INT PMT SYS-GEN | 0.14 |
| Nov 30, INT PMT SYS-GEN | 0.14 |
| Dec 18, SAVINGS DEPOSIT | 250.00 |
| Dec 31, INT PMT SYS-GEN | 0.16 |

Balance This Statement

1,398.26

Running Balances

| Date | Balance | Date | Balance | Date | Balance |
|-------|----------|-------|----------|-------|----------|
| 09-30 | 647.82 | 10-31 | 1,147.96 | 12-18 | 1,398.10 |
| 10-06 | 1,147.82 | 11-30 | 1,148.10 | 12-31 | 1,398.26 |

E N D O F S T A T E M E N T

BROADWAY BANK
 1177 NE LOOP 410
 PO BOX 17001
 SAN ANTONIO, TX 78217-0001
 1-210-283-6611

Account Number
 9001859
 Page 1 of 1



KENYA EDUCATION AND HEALTH ORGANIZATION
 6039 WINDYHILL
 SAN ANTONIO TX 78242

IT'S NEVER TOO EARLY TO
 PLAN FOR YOUR RETIREMENT.
 CONTRIBUTE UNTIL APRIL 15TH
 TO YOUR 2009 IRA.

Bank Statement

SUMMARY OF ACCOUNTS

| Account Type | Account # | Balance as of Jan 31, 2010 | YTD Interest |
|------------------|-----------|-------------------------------|--------------|
| BUSINESS SAVINGS | 9001859 | \$883.34 | \$0.08 |

This statement reports your balances and activity
 from Dec 31, 2009 thru Jan 31, 2010 on the following accounts.

BUSINESS SAVINGS
 9001859

| | |
|--|----------|
| Balance Last Statement | 1,398.26 |
| Deposits/Credits | 500.08 |
| Jan 25, SAVINGS DEPOSIT | 200.00 |
| Jan 26, SAVINGS DEPOSIT | 300.00 |
| Jan 31, INT PMT SYS-GEN | 0.08 |
| Withdrawals | 1,015.00 |
| Jan 05, WIRE OUT 1456 CATHERINE K KIAMBATI MIRITI BARCLAYS PLC | 1,000.00 |
| Jan 05, WIRE FEE T:1456 FED # CATHERINE K KIAMBATI MIRITI | 15.00 |
| Balance This Statement | 883.34 |

Running Balances

| Date | Balance | Date | Balance | Date | Balance |
|-------|----------|-------|---------|-------|---------|
| 12-31 | 1,398.26 | 01-25 | 583.26 | 01-31 | 883.34 |
| 01-05 | 383.26 | 01-26 | 883.26 | | |

E N D O F S T A T E M E N T

BROADWAY BANK
 1177 NE LOOP 410
 PO BOX 17001
 SAN ANTONIO, TX 78217-0001
 1-210-283-6611

Account Number
 9001859
 Page 1 of 1



KENYA EDUCATION AND HEALTH ORGANIZATION
 6039 WINDYHILL
 SAN ANTONIO TX 78242

THINKING ABOUT A HOME
 FIX-UP PROJECT?
 LET US HELP.
 SEE INSERT FOR DETAILS.

Bank Statement

SUMMARY OF ACCOUNTS

| Account Type | Account # | Balance as of Mar 31, 2010 | YTD Interest |
|------------------|-----------|-------------------------------|--------------|
| BUSINESS SAVINGS | 9001859 | \$883.55 | \$0.29 |

This statement reports your balances and activity
 from Dec 31, 2009 thru Mar 31, 2010 on the following accounts.

BUSINESS SAVINGS
 9001859

Balance Last Statement

1,398.26

Deposits/Credits

500.29

| | |
|-------------------------|--------|
| Jan 25, SAVINGS DEPOSIT | 200.00 |
| Jan 26, SAVINGS DEPOSIT | 300.00 |
| Jan 31, INT PMT SYS-GEN | 0.08 |
| Feb 28, INT PMT SYS-GEN | 0.10 |
| Mar 31, INT PMT SYS-GEN | 0.11 |

Withdrawals

1,015.00

| | |
|--|----------|
| Jan 05, WIRE OUT 1456 CATHERINE K KIAMBATI MIRITI BARCLAYS PLC | 1,000.00 |
| Jan 05, WIRE FEE T:1456 FED # CATHERINE K KIAMBATI MIRITI | 15.00 |

Balance This Statement

883.55

Running Balances

| Date | Balance | Date | Balance | Date | Balance |
|-------|----------|-------|---------|-------|---------|
| 12-31 | 1,398.26 | 01-26 | 883.26 | 03-31 | 883.55 |
| 01-05 | 383.26 | 01-31 | 883.34 | | |
| 01-25 | 583.26 | 02-28 | 883.44 | | |

END OF STATEMENT

**OFFICERS
KENYA EDUCATION AND HEALTH
ORGANIZATION**

PRESIDENT:

**KATHERINE A. WATSON
702 PATTERSON AVE
SAN ANTONIO, TX 78209**

TREASURER:

**GLENNA WHITMARSH
18 CIRCLE CT
SAN ANTONIO, TX 78209**

SECRETARY:

**MJ KRUEGER
614 CASTANO AVE
SAN ANTONIO, TX 78209**

GRANTS SPECIALIST:

**JERRY PERMENTER
626 E. MANDALAY
SAN ANTONIO, TX 78212**

ATTORNEY:

**ANNE C. GRITZER
424 SCENIC AVE
PIEDMONT, CA 94611**