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SCANNEL MAY

50m 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

2009

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury mal Revenue Service

| (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.

For the 2009 calendar year, or tax year beginning , 20 January 1 2009, and ending December 31 Check if applicable C Name of organization D Employer identification number es IRS Address chance Maasai American Organization 54 2033461 ahal or Name change print or Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 3 Valentine Court 757 223 1456 Terminated City or town, state or country, and ZIP + 4 Amended return F Group Exemption netn ic Application pending Newport News, Va 23606 Number ▶ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Method: ☐ Cash ☑ Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ► ☑ if the organization is **not** I Website: ▶ www.maasaiamerican.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 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. 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 \$60,259 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received \$59.841 2 2 Program service revenue including government fees and contracts 0 3 3 0 4 4 \$418 5a 5a_ 0 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ _ of contributions n O Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6c 0 7a Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 0 7c 8 Other revenue (describe ▶ 0 8 0 9 \$60.259 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 \$65,868 Grants and similar amounts paid (attach schedule) . 10 Benefits paid to or for members 11 11 0 Ō 12 Salaries, other compensation, and employee benefits . . . 12 0 0 Professional fees and other payments to independent contractors 13 \$1645 13 14 \$75 Occupancy, rent, utilities, and maintenance 14 15 15 16 Other expenses (describe Corporation Tax, Bank Fees, Registration 16 \$122 17 Total expenses. Add lines 10 through 16 17 \$67,710 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (\$7,451) Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 \$76,168 Set 20 Other changes in net assets or fund balances (attach explanation) . 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 \$66,875 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 \$76,168 22 \$53,875 0 23 23 \$8,000 Other assets (describe ▶ Teaching Materials 0 24 24 \$5.000 25 Total assets \$76,168 25 \$66,875 26 0 26 Total liabilities (describe ▶ 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) \$76,168 \$66.875

Form **990-EZ** (2009)

Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	1.)		Expenses
	t is the organization's primary exempt purpose?	Partnership for community	health, education, o	levelopment	(Requ	ured for section
Desc	cribe what was achieved in carrying out the org	anization's exempt purpo	ses. In a clear a	nd concise		c)(3) and 501(c)(4)
mani	ner, describe the services provided, the number of	of persons benefited, and	other relevant info	rmation for		nizations and section (a)(1) trusts; optional
	program title.					(a)(1) trusts, optional thers.)
28	Health: education/community health nursing service	s for Losho, Kenya, Training	in water purification	on. main-		
	tenance of community water systems, nutrition/food					
	health services and health education for Santiago At					l
				<u>-</u>		204
~~		includes foreign grants, ch		<u> </u>	28a	\$21,508
29	Education: Library construction and holdings for Lo					
	Scholarships for 55 students in Kenya and 10 studer			port for		
	primary school in Losho, Kenya. Teaching equipme					
	Grants \$ 1/) (luded in exp. 15,000) If this amount Development: Micro-businesse for soap and dress m	includes foreign grants, ch	eck here	. ▶ 🗸	29a	\$22,500
30	Development: Micro-businesse for soap and dress m	naking, goat herds, sanitary	products, indigeno	us crafts,		
	and small plot gardens in Siana, Kenya. Community					
	Business development for textile and jewelry enterpr	rises in Santiago, Guatemala	· · · · · · · · · · · · · · · · · · ·			
		includes foreign grants, ch		-	30a	\$21,860
31	Other program services (attach schedule)	monado foroign grants, on	CONTIONS	· • □	30a	\$21,000
٠.						
32		includes foreign grants, ch			31a	0
					32	\$65,868
Par	List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	ns to Dians &	(e) Expense account and
		devoted to position	enter -0)	deferred compen	sation	other allowances
Lea I	B. Pellett 3 Valentine Court Newport News, Va 23606	President 20 hours				
		Flesident 20 nours	0		0	0
Cam	illa Buchanan 196 The Maine Williamsburg, Va 23185				•	
		Treasurer 5 hours	٥		0	0
Debr	a Hill 196 The Maine Williamsburg, Va 23185	,			Ť	
		Secretary 5 hours	o			
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Part	Other Information (Note the statement requirements in the instructions for Part V.)		<u> </u>	age C
(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		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	<u> </u>	
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	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		1
С	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			ĺ
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		1
41	List the states with which a copy of this return is filed. ▶ Commonwealth of Virginia			
42a		57-22	3-1450	5
	Located at ► 3 Valentine Court Newport News, Va 23606 ZIP + 4 ►	23606	2061	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ▶	420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			:
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Kenya	42c	✓	
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
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		✓

-nm	aan.	E7	(2009)	

candidates for public office? If "Yes," complete Schedule C, Part I	Form 990-	-EZ (2009)				Page 4				
candidates for public office? If "Yes," complete Schedule C, Part II	Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 are	section 4947(a)(1) no 47(a)(1) nonexempt c nd 51.	onexempt charit haritable trusts n	table trusts only. Anust answer question	All section ons 46–49b				
1	46	Did the organization engage in direct or indirect candidates for public office? If "Yes." complete	t political campaign act Schedule C. Part I	tivities on behalf o	f or in opposition to					
48 is the organization a school as described in section 170(h)(1)(A)(ii) if "Yes," expenditure of the comparisation make any transfers to an exempt non-charitable related organization? 48										
10 the organization make any transfers to an exempt non-charitable related organization? 49b										
b If Yes," was the related organization a section 527 organization? Complete this table for the organization stop 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 of compensation from the organization. If there is none, enter "None." (b) Expension of the organization of the organization of the position devoted to position of the organization of the relation of the relation of the relation of the organization of the relation of the relation of the relation of the organization of the organization. If there is none, enter "None." (c) 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 not applicable d Total number of other independent contractors each receiving over \$100,000 • • 0 Under penalties of penjury, 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. Paid Preparer's light of the pental Massal American Organization Type or pent name and trie Proper's signal pental pe	49a [Did the organization make any transfers to an exempt non-charitable related exemptation?								
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." 1 Total number of other employees paid over \$100,000 . ▶ 0 Complete this table for the organization. If there is none, enter "None." 1 Total number of other employees paid over \$100,000 . ▶ 0 Complete this table for the organization. If there is none, enter "None." 2 Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation not applicable. 3 Name and address of each independent contractor paid more than \$100,000 . ▶ 0 Under penalties of penjury, 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. Proparer's Date Chipck if Significance Proparer's identifying number (See Instructions) Proparer's identifying number (See Instr				_						
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 of compensation for the postion of the strength of the property of the post of the strength	50 (Complete this table for the organization's five hi	ighest compensated en	nployees (other tha	in officers, directors,	trustees and key				
(a) Name and address of each employee paid more hours per week devoted to postion devote		employees) who each received more than \$100,	000 of compensation fr	om the organization	n. If there is none, en	iter "None."				
f Total number of other employees paid over \$100,000 ▶ 0 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 not applicable d Total number of other independent contractor paid more than \$100,000 . ▶ 0 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. Signature of officer Los B. Pellett. President. Miassai American Organization Type or print name and title Preparer's Signature Date Check if Signature Preparer's Signature Preparer's Signature Date Check if Signature Preparer's Signature Preparer S			hours per week	(c) Compensati	employee benefit plans 8	account and				
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d Total number of other independent contractors each receiving over \$100,000 . ▶		(a) Name and address of each independent contractor		.,	Type of service	(c) Compensation				
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 Lea B. Pellett President Maasai American Organization Preparer's signature Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no. Phone no. P	not appi	ilicable								
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 Lea B. Pellett President Maasai American Organization Preparer's signature Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no. Phone no. P										
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 A	d T	otal number of other independent contractors of	each receiving over \$10	0,000 >	0					
Here Signature of officer Date		Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accon of preparer (other than officer	npanying schedules and) is based on all informa	statements, and to the best tion of which preparer has	st of my knowledge any knowledge.				
Type or print name and title Paid Preparer's signature Preparer's Use Only Type or print name and title Date Check if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 Preparer's identifying number (See instructions) EIN Phone no.	Sign Here	Signature of officer Date								
signature Self-employed Preparer's										
Firm's name (or yours if self-employed), address, and ZIP + 4 Firm's name (or yours if self-employed), Phone no. ▶	Paid	signature	Date	l self-	Preparer's identifying num	nber (See instructions)				
	•	Y Firm's name (or yours if self-employed),								
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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public - Inspection

Internal Revenue Service Name of the organization Employer identification number Maasai American Organization 2033451 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33½ % 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 33% % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II c Type III-Functionally integrated e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization in col. (i) listed in your (described on lines 1-9) the organization in organization in col. support col (i) of your support? above or IRC section governing document? (i) organized in the (see instructions)) Yes No Yes No Yes

Total

					and 170(b)(1)(A)(VI)
	· · · · · · · · · · · · · · · · · · ·					
lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$41.632	§59.870	\$93.668	\$46.048	\$59,841	§307,059
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	C	0
The value of services or facilities furnished by a governmental unit to the organization without charge	o					
Total. Add lines 1 through 3	\$47,632	\$59.870	\$93.668	\$46,048	\$59.841	\$307.059
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						0
						\$307,059
		·				0007,0000
lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Amounts from line 4	\$47,532	\$59,870	\$93,660	\$46,048	\$59,841	\$307,059
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	\$1,052	\$418	\$,1470
Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
Total support. Add lines 7 through 10 .						\$308,529
						0
organization, check this box and stop he	<u>re</u>	<u> </u>				n 501(c)(3) ▶ □
			column (f)	· · · · · · · · · · · · · · · · · · ·	44	99.5 %
		=	, column (i))		· · · · · · · · · · · · · · · · · · ·	98.0 %
331/3 % support test-2009. If the organiz	zation did not cl	heck the box of			6 or more, chec	
				and line 15 is 3	33½ % or more,	check this
more, and if the organization meets the "fa	acts-and-circum	stances" test, c	heck this box a	ind stop here.	Explain in Part	IV how the
more, and if the organization meets the "facts-and-circumsta	acts-and-circums nces" test. The o	stances" test, ch organization qual	neck this box a ifies as a publici	nd stop here. y supported org	Explain in Part I ganization	IV how the
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