Form	990-EZ	

Short Form

OMB No. 1545-1150

20

Return of Organization Exempt From Income Tax

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

			Do not enter social security numbers on this form as it may be made preserved.	ıblic.		
Inte	partment of the Treasury ernal Revenue Service ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. For the 0014 calendary or tay year beginning 0014 calendary or tay year beginning					Inspection
A	For the	2014 calenda	ar year, or tax year beginning , 2014, and ending	-		, 20
B	Check if ap	oplicable:	C Name of organization	D Emp	loyer id	entification number
Ц	Address c	hange	Walindwa Charitable Corporation			5-5470036
Н	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telep	phone n	umber
Н	Initial retur	rn n/terminated	PO Box 270024		85	58-487-5637
H	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exe	mption
	Applicatio		San Diego CA, 92198-2024	Nun	nber I	•
G	Account	ting Method:	✓ Cash Accrual Other (specify) ►	Check		if the organization is not
۱ ۱	Website	· · · www.	walindwa.org			ach Schedule B
JΙ	Tax-exen	npt status (che	eck only one) – ✓ 501(c)(3) □ 501(c) () ◄ (insert no.) □ 4947(a)(1) or □ 527	(Form 9	90, 99	0-EZ, or 990-PF).
			Corporation Trust Association Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota	al assets		
(Pa	art II, colu	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$	104,201
Ρ	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instru	ctions	
			the organization used Schedule O to respond to any question in this Part			,
	1		ns, gifts, grants, and similar amounts received		1	53,027
	2		ervice revenue including government fees and contracts		2	51,174
	3	-	ip dues and assessments		3	0
	4	Investment	•		4	C
	5a	Gross amo	unt from sale of assets other than inventory 5a	0		
	b		or other basis and sales expenses	0		
	с 6	Gain or (los	cs) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events		5c	0
ne	a	Gross inc	ome from gaming (attach Schedule G if greater than	0		
Revenue	b	from fundr	me from fundraising events (not including <u>s</u> of contributio aising events reported on line 1) (attach Schedule G if the th gross income and contributions exceeds \$15,000) 6b	ns		
	c d	Less: direc	t expenses from gaming and fundraising events	0 Ibtract	6d	c
	7a	Gross sale	s of inventory, less returns and allowances 7a	0		
	b		of goods sold	0		
	с		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	o
	8		nue (describe in Schedule O)		8	0
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 🕨	9	104,201
	10	Grants and	I similar amounts paid (list in Schedule O)		10	66,825
	11		aid to or for members		11	00,020
Ś			ther compensation, and employee benefits		12	0
nse	13		al fees and other payments to independent contractors		13	C
Expenses	14		y, rent, utilities, and maintenance		14	
Щ	15		ublications, postage, and shipping		15	308
	16		enses (describe in Schedule O)		16	7,465
	17		enses Add lines 10 through 16		17	74,598
	40	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	29,603
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agre			23,003
SS			r figure reported on prior year's return)		19	10,966
зţА	20	-	nges in net assets or fund balances (explain in Schedule O)		20	
Š	20		or fund balances at end of year. Combine lines 18 through 20		20	-1,552
	141	1101 035015	or turne balances at end or year. Combine lines to through 20		2 1	39,017

For Paperwork Reduction Act Notice, see the separate instructions.

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Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	e O to respond to a	ny question in this l	Part II....		🗸
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			7,277		25, 577
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)			3,689	24	13,440
25	Total assets			10,966		39,017
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column	() 0	,	10,966	27	39,017
Par		•		<i>'</i>		_
	Check if the organization used Schedule	· · · · · · · · · · · · · · · · · · ·			(Dee	Expenses
Wha	t is the organization's primary exempt purpose?	Support for EBCCK	children's home in Ke	enya		uired for section c)(3) and 501(c)(4)
as n	cribe the organization's program service accompli neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the			orga othe	nizations; optional for rs.)
28	Sponsorship and general support of 40 children age		clothing			
20	education, accommodations, health care, supervisio					
	Elma Barnett Children's Centre, Kamonong, Kenya -					
	(Grants \$ 37,892) If this amount				28a	1,137
29	Support for construction of high school: currently se				200	1,137
20	Elma Kamonong High School - administered by AIM					
	Lina kanonong righ School - administered by Ann	034				
	(Grants \$ 14,934) If this amount	includes foreign gra	ints check here		29a	2,718
30	Sponsorship of 10 higher education students: tuition				204	2,710
	Administered by Elma Barnett Children's Centre	i, ices, iouging, dans	portadon, personare	xpenses		
	(Grants \$ 12,584) If this amount	includes foreign gra	unts, check here	► 🗆	30a	0
31	Other program services (describe in Schedule O)					<u>_</u>
		includes foreign gra			31a	0
32	Total program service expenses (add lines 28a				32	3,854
Par					nstruc	
	Check if the organization used Schedule					🗍
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	Ċ	Estimated amount of ther compensation
Jill I.	Weller					
Dire	ector, President	5	0		0	0
	esa Norwood					
Vic	e President	2	0		0	0
Caro	le Ericson					
Dire	ector, Secretary	2	0		0	0
Mart	ha E. Nidzieko					
Dire	ector, Treasurer	5	0		0	0
K eith	I E dwards, M.D.					
Dire	ector	2	0		0	0
Lori	B. Edwards					
Dire	ector	5	0		0	0
Virgi	nia Jackson					
Dire	ector	2	0		0	0
<u>K evi</u>	n Keller					
Dire	ector	2	0		0	0
Caro	I Saunders, M.D.					
Dire	ector	2	0		0	0
		1		1		
					-	

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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		V	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No √
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓ ✓
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
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		✓
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 000000000000000000000000000000000000	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 tax year covered by this return?	38a		✓
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a 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 ▶0 ; section 4912 ▶0 ; section 4955 ▶0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
c d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
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		✓
41	List the states with which a copy of this return is filed California			·
42a		858-48		7
h	Located at ► 12666 Epica Court, San Diego, CA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	9212	82301	No
J	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	42b	Tes	V
с	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	If "Yes," enter the name of the foreign country: ► 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		. 1	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
	Form 990-EZ (see instructions)	45b		✓

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						Yes	No
46	Did the organization engage, directly or in						
	to candidates for public office? If "Yes," of		, Part I		· 46		\checkmark
Part	All section 501(c)(3) organization	-	stions 47–49b and	52, and complete th	e tables f	or line	es
	50 and 51.						
	Check if the organization used Sc	hedule O to respond	to any question in t	nis Part VI			
						Yes	No
47	Did the organization engage in lobbying						
	year? If "Yes," complete Schedule C, Par						\checkmark
18	Is the organization a school as described in			Schedule E	. 48		\checkmark
	Did the organization make any transfers to an exempt non-charitable related organization?						
49a			-				\checkmark
b	If "Yes," was the related organization a se	ection 527 organizatio	on?		. 49b		✓
49a b 50		ection 527 organizations five highest compen	on?	er than officers, direct	. 49b tors, truste		
b	If "Yes," was the related organization a se Complete this table for the organization's	ection 527 organizations five highest compen	on?	er than officers, direct	. 49b tors, truste ie, enter "N (e) Estimate	lone."	unt of
50	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	ection 527 organizations five highest compenent \$100,000 of compenent (b) Average hours per week	on? sated employees (oth nsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	. 49b tors, truste ie, enter "N (e) Estimate	lone."	unt of
50	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	ection 527 organizations five highest compenent \$100,000 of compenent (b) Average hours per week	on? sated employees (oth nsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	. 49b tors, truste ie, enter "N (e) Estimate	lone."	unt of
50	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	ection 527 organizations five highest compenent \$100,000 of compenent (b) Average hours per week	on? sated employees (oth nsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	. 49b tors, truste ie, enter "N (e) Estimate	lone."	unt of
b	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	ection 527 organizations five highest compenent \$100,000 of compenent (b) Average hours per week	on? sated employees (oth nsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	. 49b tors, truste ie, enter "N (e) Estimate	lone."	unt of

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."

0

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		-	
		-	
		-	
		-	
		-	
d	Total number of other independent contractors each receiving	over \$100,000 ►	0
52	Did the organization complete Schedule A? Note. All se completed Schedule A		
	penalties of perjury, I declare that I have examined this return, including accompan rrect, and complete. Declaration of preparer (other than officer) is based on all info		

Sign Here	Signature of officer Martha E . Nidzieko, Treasurer			Date				
	Type or print name and title							
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if if self-employed	PTIN		
Use Only	Firm's name			Firm's EIN ►				
	Firm's address ► Phone no.							
May the IRS	Any the IRS discuss this return with the preparer shown above? See instructions							