

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

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 public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 5/1/2020 and ending 4/30/2021

B Check if applicable:
 Address change
 Name change
 Initial return
 First retransmitted
 Amended return
 Application pending

C Name of organization Konkourona Alliance Foundation (KAFO), Inc.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) / Room/suite
101 Fairway Lane
 City or town / State / ZIP code
Norristown / PA / 19403
 Foreign country name / Foreign province/state/county / Foreign postal code

D Employer identification number
84-1837361

E Telephone number
(267) 424-4808

G Gross receipts \$ 234,719

F Name and address of principal officer:
Catherine Hoath 101 Fairway Lane, Norristown, PA 19403

H(a) Is this a grantor trust for subsidiaries? Yes No
 H(b) Are all subsidiaries included? Yes No
 If "No," attach a list. See instructions.

I Tax exempt status: 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or 527

J Website: konkourona.org

K Form of organization: Corporation Trust Association Other

L Year of formation 2019 **M** State of legal domicile: PA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>KAFO works to break the cycle of poverty in Konkourona. KAFO aims to bring hope and opportunities to the people living in Konkourona, Burkina Faso through access to education, healthcare, water, and sanitation.</u>		
	2 Check this box <input type="checkbox"/> 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	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	73,613	234,714
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2	5
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	73,615	234,719
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	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)	820	2,415
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b Total fundraising expenses (Part IX, column (D), line 25)	263	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	71,995	226,076
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	72,815	228,491
19 Revenue less expenses. Subtract line 18 from line 12	800	6,228	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 801	End of Year: 7,029
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	801	7,029

Part II Signature Block

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: Catherine Hoath Date: 19-Feb-2022
 Type or print name and title: Catherine Hoath Secretary / Treasurer

Paid Preparer Use Only
 Print/Type preparer's name: William G McRay Preparer's signature: William G McRay Date: 1/28/2022 Check if self-employed PTIN: P00281093
 Firm's name: Foundation Group, Inc. Firm's EIN: 62-1813735
 Firm's address: 2451 Atrium Way, Suite 300, Nashville, TN 37214 Phone no.: (615) 361-9445

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
KAFO was created to help break the cycle of poverty in this one small village. KAFO aims to bring new hope and opportunities to the people living in Konkourona, Burkna Faso through access to education, healthcare, water and sanitation in our First Mile Community Development Program (FMCDP) as a proof of concept.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 113,289 including grants of \$ 0) (Revenue \$ 0)
At Konkourona Primary School, things look very different than they did two years ago. KAFO supported community efforts to build 3 new classrooms, an office, and housing for teachers. After bringing electricity to the school, we provided a monitor and laptops for each classroom. Our goal is to improve the quality of the education so that every child graduating passes the annual Certificate of Primary and Elementary Studies (CEPE). Aproximately 327 people benefited.

4b (Code:) (Expenses \$ 107,200 including grants of \$ 0) (Revenue \$ 0)
Traditional healing practices are used in Konkourona, Burkna Faso, in West Africa, but sometimes villagers need additional help. The nearest doctor or hospital is approximately 50 miles away from Konkourona. Many children die of preventable illnesses and adults have among the lowest life expectancies in the world, just 61 years. KAFO is now building a primary healthcare center to provide access to basic health services such as first aid, medicines and vaccines, and maternal care. Aproximately 3,000 people benefited.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 220,489

Part IV 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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
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? If "Yes," complete Schedule C, Part II		X
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? If "Yes," complete Schedule C, Part III		X
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? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
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? If "Yes," complete Schedule D, Part VII		X
c 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? If "Yes," complete Schedule D, Part VIII		X
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? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f 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)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
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? If "Yes," complete Schedule F, Parts I and IV	X	
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? If "Yes," complete Schedule F, Parts II and IV		X
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? If "Yes," complete Schedule F, Parts III and IV		X
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? If "Yes," complete Schedule G, Part I See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
21 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? If "Yes," complete Schedule I, Parts I and II		X

