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PUBLIC DISCLOSURE COPY

Form 990
Department of the Treasury

** PUBLIC DISCLOSURE COPY **

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)

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



A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011					
B Check if applicable: C Name of organization					
Address THE MAASAI GIRLS EDUCATION FUND					
Change Doing Business As	52-23	344696			
Initial Number and street (or P.0. box if mail is not delivered to street address) Room/s					
Termin- ated 5800 MACARTHUR BLVD., N.W.	202-2	237-0535			
Amended return City or town, state or country, and ZIP + 4	G Gross receipts \$	193,430.			
Applica- tion pending WASHINGTON, DC 20016-2512	H(a) Is this a group re				
F Name and address of principal officer: BARBARA LEE SHAW	for affiliates?	Yes X No			
SAME AS C ABOVE	H(b) Are all affiliates incl				
I Tax-exempt status: $X = 501(c)(3)$ $= 501(c)()$ $() = (insert no.)$ $= 4947(a)(1) \text{ or }$		list. (see instructions)			
J Website: ► HTTP: //WWW.MAASAIGIRLSEDUCATION.ORG/	H(c) Group exemption				
	Year of formation: 2001 M	State of legal domicile: DC			
		יע טדאד שי			
1 Briefly describe the organization's mission or most significant activities: TO IMPRO 2 AND ECONOMIC WELL-BEING OF MAASAI WOMEN AND	O THEIR FAMILI	T THRAITH,			
 Check this box ► □ if the organization discontinued its operations or disposed of 1 Number of voting members of the governing body (Part VI, line 1a) 		^{5els.} 7			
4 Number of independent voting members of the governing body (Part VI, line 1a)		7			
 a Total number of individuals employed in calendar year 2010 (Part V, line 13) 		0			
6 Total number of volunteers (estimate if necessary)		2			
 Total number of individuals employed in calendar year 2010 (Part V, line 1b) Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 		0.			
b Net unrelated business taxable income from Form 990-T, line 34		0.			
, , , , , , , , , , , , , , , , ,	Prior Year	Current Year			
 Contributions and grants (Part VIII, line 1h) 	102,045.	193,207.			
9 Program service revenue (Part VIII, line 2g)	0.	0.			
 9 Program service revenue (Part VIII, line 1n) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 	225.	223.			
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)	102,270.	193,430.			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	80,698.	116,977.			
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)	0.	0.			
 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 2,976. 	0.	0.			
b Total fundraising expenses (Part IX, column (D), line 25) 2 , 976.	24.442	20.002			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	24,443.	32,093.			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	105,141.	149,070.			
19 Revenue less expenses. Subtract line 18 from line 12	-2,871.	44,360.			
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year 119,284.	End of Year 165,066.			
20 Total assets (Part X, line 16)	634.	1,100.			
21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	118,650.	163,966.			
Part II Signature Block	1 10,000	100,000			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my	knowledge and helief it is			
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer					

Sign Here	Signature of officer BARBARA LEE SHAW, PRES Type or print name and title	IDENT		Date		
Paid	Print/Type preparer's name CAROL MOUNT	Preparer's signature	Date 11/02	/11		
Preparer	Firm's name 🕨 HALT, BUZAS & PO	WELL, LTD.		Firm's EIN		
Use Only	Firm's address 1199 NORTH FAIRF ALEXANDRIA, VA 2		DR	Phone no. (703) 836-1350		
May the IRS discuss this return with the preparer shown above? (see instructions)						
032001 02-2	032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2010) THE MAASAI GIRLS EDUCATION FUND 52-2344696 Part III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	IMPROVING THE LITERACY, HEALTH, AND ECONOMIC WELL-BEING OF THE MAASAI
	IN KENYA THROUGH EDUCATION OF GIRLS AND THEIR COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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	/(*******************************
	SCHOLARSHIPS: MGEF PROVIDES SCHOLARSHIPS TO NEEDY GIRLS IN THE KAJIAD
	LOITOKITOK, AND NGONG DISTRICTS OF KENYA FROM PRIMARY SCHOOL THROUGH
	UNIVERSITY.
4b	(Code:) (Expenses \$11,454. including grants of \$) (Revenue \$)
	WORKSHOPS: MGEF ORGANIZES LIFE SKILLS WORKSHOPS FOR GIRLS AND BOYS IN
	PRIMARY SCHOOLS TO ADDRESS THE SOCIAL FACTORS AND CULTURAL BELIEFS TH
	PREVENT GIRLS FROM GETTING AN EDUCATION, INCLUDING EARLY MARRIAGE, TE
	PREGNANCY, FEMALE GENITAL CUTTING, AND HIV; MGEF PROVIDES BUSINESS
	TRAINING WORKSHOPS TO RURAL MAASAI WOMEN; MGEF HOLDS COMMUNITY
	WORKSHOPS FOR CHIEFS, ELDERS, AND THEIR WIVES TO REDUCE EARLY MARRIAG
	TEEN PREGNANCY, FEMALE GENITAL CUTTING, AND THE SPREAD OF HIV.
4 -	(Code:) (Expenses \$63,496. including grants of \$63,496.) (Revenue \$
4c	(Code:) (Expenses \$63,496. including grants of \$63,496.)(Revenue \$ VALLEY VIEW ACADEMY: CONSTRUCTION OF A SCHOOL IN MATHARE TO SERVE
	DESTITUTE CHILDREN IN MATHARE VALLEY SLUMS
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 136,934.
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Form 990 (2010)

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THE	MAASAI	GIRLS	EDUCATION	FUND

52-2344696	Page 3
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Pa	t IV Checklist of Required Schedules			<u> </u>
			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		Х
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	4		Х
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	6		Х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
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		Х
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	11b		Х
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? If "Yes," complete Schedule D, Part VIII	11c		Х
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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
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, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Х	
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	17		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	18		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	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form **990** (2010)

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4 48086__1 2010.04041 THE MAASAI GIRLS EDUCATION

)	THE	MAASAI	GIRLS	EDUCATION	FUND		
ecklist of Required Schedules (continued)							

Form	990 (2010) THE MAASAI GIRLS EDUCATION FUND 52-2344	696	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
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):			
а		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~ .	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?			x
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
200	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	31		
00	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2010)

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bit the organization comply with backup withholding rules for reportable gamment to vendors and reportable gamming familing within within the year oversed by this return 1							
(gambling) winnings to prize winners? 1c 1c 2a Entor the number of employees reported on from W-3, Transmittal of Wage and Tax Statements, lied for the calendary sex ending with or within the year covered by this return 2a 0 bit If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 2b 3b bit the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 11 'Yes, 'instant the name of the foreign country, bit Mon's provide an exploration in Schould D or the instant 'Won', provide an exploration in Schould D or the financial accounts. 5a X 5a Was the organization have any to a prohibited tax sheler transaction at any time during the tax year? 5a X 5b Lif 'Yas, 'anter the name of the foreign country, by EXENXA 5a X 5a Uid any taxable party notify the organization have an interest in, or a signature or other authority over, a financial accounts. 5a X 5b Lif 'Yas, 'and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit age at the organization nock were value of the goods or services provided? 7a X 11 'Yas, '' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X <							
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of line 2a, did the organization file all required federal employment tax returns? 2b b Did the organization have unneaded business grows income of 31,000 or more during the year? 3a X b These, 'has it filed a form 900 T for the year? If 'No,' provide an explanation in Schedule O 3b X b These, 'has it filed a form 900 T for the year? If 'No,' provide an explanation in Schedule O 3b X c A any time the name of the foreign country' EXENYA See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sa X Sa Do at xabebic party notify the organization that was or is a party to a prohibot but was reher transaction? So Do Do Do Do X Sa D' the 's', 'to line fis or 50, did the organization tak at hear transaction? So Do Do Ca X 0 D' the 's', 'to line fis or 50, did the organization file form 8880-17 So X <	С				4.5		
the defort the cellendary year ending with or within the year covered by this return. 2a 0 b if at least one is reported on line 2a, did the organization field all required to <i>e</i> -file, (see instructions) 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If 'ves, 'nest the all organization have an interest in, or a signature or other authority over, a financial account in a foreign country (buck as a bank account, securities account, or other financial accounts? 4a X b If 'ves, 'nest the name of the foreign country, <i>b</i> KENYA See instructions for filing requirements for Form DT F D0221, Report of Foreign Bank and Financial accounts? 5a X b Did any taxable party notify the organization that 'was or is a party to a prohibited tax shelte transaction? 5a X c Ves, ' other Gao r Sb, did the organization theil 'was or is a party to a prohibited tax shelter transaction? 5a X c Ves, ' did the organization include with every solicitation an express statement that such contributions or gifts even no tax eductible? 7a X c Ves, ' did the organization include with every solicitation an express statement that such contributions or gifts even no tax eductible? 7a X d If 'ves, ' did the organization include with every solicitation an express tatement that such contributions or gifts even no tax eductible? 7a X d	0-		 I		IC		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file; (see instructions) 3a X b Ut the organization have unplicated business greas income of 15, 1000 or more during the year? 3a X b If 'Yes,'' has it field a form 900-Tir or this year? If 'Wo,'' provide an explanation in Schedule 0 3a X d At any time during the calendary year, dift be organization have an inferest, or, or signature or other authority over, a 4a X d I'Yes,'' return the name of the foreign country is ken YAB KENYAA X X d Ut any constrainton have annual gross receipts tat are normally greater than \$100,000, and did the organization side any contributions that was or is a party to a prohibited tax sheut ransaction? Se X d Ut 'Yes,'' to line 5a of 5b, did the organization file form 8080-71 Se Se X d Ut 'Yes,'' to line 6a or 5b, did the organization are express statement that such contributions or gifts Se X d U'Yes,'' did the organization neive annual gross receipts that are normally greater than \$100,000, and did the organization set, explanation that may receive deductible? Yes,''''''''''''''''''''''''''''''''''''	Za		0.	0			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a 3b 3b Did the organization have unrelated basiness gross income of \$1,000 or more during the year? 3a 3b 4 At any time during the calendar year, did the organization have an interest in, or a signature or other mancial account? 3b 3b 4 At any time during the calendar year, did the organization have an interest in, or a signature or other mancial account? 4a X 5a Was the organization country Such as a bank account, securities account, or other financial accounts. 5a X 5a Was the organization approves a prohibited tax shelter transaction at any time during the tax year? 5a X 5a U di any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 5a Did any taxable party notify the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X 6a Vas, 'indicate the number of Forms B282 filed during the year Zd 7a X 7b Organization necleve apyment in excess of \$75 made party as a contribution and party for goods and services provided to the party or a proventible organization necleve apyment in excess of \$75 made party as a contribution of contrat? </th <th>h</th> <th></th> <th>L</th> <th></th> <th></th> <th></th> <th></th>	h		L				
3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, 'has it field a Ferm 900 Tor this year? If "No,' provide an explanation in Scheduk O 3b X b If Yes, 'has it field a Ferm 900 Tor this year? If "No,' provide an explanation in Scheduk O 3b X b If Yes, 'has it field a Ferm 900 Tor this year? If "No,' provide an explanation in Scheduk O 4a X b If Yes, 'the it field a Ferm 900 Tor this year? If "No,' provide an explanation in Scheduk O 4a X b If Yes, 'the it field a Ferm 900 Tor this year? If No,' provide an explanation is file foreign Eark and Financial accounts. 5a X c Max the organization park to a prohibited the scheduk of the organization solid any taxable party notify the organization file Form 8886-17. 5b X c Max the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X d Max englishing a park (b a organization park) to approximation and park for goods an services provided? 7a X d Max englishing above the value of the yado and the value organization and park for goods and services provided? 7a X d Max englishis anglishing above therwise dispose of tangbib	D				20		
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 38 4A At any time during the calendar year, ald the organization have an interest in, or a signature or other authomity over, a timancial accountly or the financial accountly. 44 X b If "Yes," enter the name of the foreign countly ≫ KENYA securities account, or other financial accountly. 4a X b If "Yes," enter the name of the foreign countly. ★ KENYA Security of the organization on party to a prohibited tax shelter transaction? 5a X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions that were not tax deductible? 5c 5c 6 Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c X 7 Organization stati are orditive dispose or therevise of the organization notify the donor of the value of the organization stare any funds, directly or indirectly, on a personal benefit contract? 7c X 9 If "Yes," idicate the number of Forms 8282 filed during the year 7d 7d 7d 7d 10 If the organization neevies any funds, directly or indirectly, on a personal benefit contract? 7d 7d 7d 7d<	20				20		x
4a At any time during the calendar year, did the organization have an interest in, or a signature or other subnorphy over, a financial account; outry (such as a bank account, securities account, or other innancial account)? 4a X b II 'Yes, 'enter the name of the foreign country: b XENYA See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a X b UI any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction ? 5b X c II 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c c II 'Yes,' to line organization include with every solicitation an express statement that such contributions solid any contributions include with every solicitation and party for goods and services provided to the particitation receive apyment in excess of 37 made party as a contribution and party for goods and services provided to the particitation any track dictuble? 7a X b II 'Yes,' did the organization native down of the value of the goods or services provided? 7a X d II 'Yes,' did the organization notive the down of the value of the goods or services provided? 7a X d II 'Yes,' did the organization neary expay premiums, directly or indirectly, on a personal benefit contract? 7a X d II 'Yes,' did the organization neary expay premiums, directly or indirectly, on a personal benefit contract? 7a X d II 'Yes,' indicate the numb							23
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a Gross income from members or shareholders 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14a X	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					4.4-		v
	α	TE TES, THAS IT THED A FORTH 720 TO REPORT THESE PAYMENTS (THE NO, " provide an explanation in Schedule	e U			900	(2010)

THE MAASAI GIRLS EDUCATION FUND Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

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Yes

No

Form 990	
Part V	Sta

THE MAASAI GIRLS EDUCATION FUND

0 (2	2010)	THE	MAASAI	GIRLS	EDUCATION	FUND	52-2344696	Page 6
/	Governance,	Manag	ement, and	d Disclos	Jre For each "Yes"	response to	lines 2 through 7b below, and for a "No" re	esponse
	to line 8a, 8b, or 1	0b below	, describe the	circumstanc	es, processes, or ch	anges in Scl	hedule O. See instructions.	

Check if Schedule O contains a response to any question in this Part VI	

٦	X	
]	X	

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7		
b	Enter the number of voting members included in line 1a, above, who are independent 1b	7		
2	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		X
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?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	_		37
	governing body?			X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		v	
	The governing body?		X	v
-	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
0	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
40		40	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	101-		
110	and branches to ensure their operations are consistent with those of the organization?	10b 11a	X	<u> </u>
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	- 23	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line</i> 13	12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	IZa	- 23	<u> </u>
b		12b	x	
~	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		<u> </u>
U	in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?		X	<u> </u>
14	Does the organization have a written document retention and destruction policy?		X	<u> </u>
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
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		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright DC$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	le for		
	public inspection. Indicate how you make these available. Check all that apply.			
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	incial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organized address a	zation:	•	
	THE ORGANIZATION - 202-237-0535			
	5800 MACARTHUR BLVD., N.W., WASHINGTON, DC 20016-2512			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response to any guestion in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

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.

 $\langle \mathbf{O} \rangle$

Т

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

(D)

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per			k all t	that	app	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SARAH FOSTER WETSTONE										
SECRETARY	1.00	Х		Х				0.	0.	0.
MEITAMEI OLE DAPASH										
MEMBER	1.00	X						0.	0.	0.
CHARLENE RYON GOSS										
MEMBER	1.00	X						0.	0.	0.
JON GRIFFIN										
MEMBER	1.00	x						0.	0.	0.
DONALD W. KANIARU										
MEMBER	1.00	x						0.	0.	0.
TERESE J. LILLY										
CHAIR	2.00	x		x				0.	0.	0.
CHRISTINE K. JAHNKE										
MEMBER	1.00	x						0.	0.	0.
BARBARA LEE SHAW										
PRESIDENT & TREASURER	40.00			x				0.	0.	0.
			-		-					
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Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per	AveragePositionReportablehours per(check all that apply)compensation					(E) Reportable compensatic	on		(F) stimate nount			
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	fr org an	other pensa om the anizat d relat anizatio	e ion ed
16 0									0.		0.			0.
сT	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
	otal number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100),000 in reportabl	e		Yes	0 No
li	Did the organization list any former officer, ne 1a? <i>If</i> "Yes," complete Schedule J for s	uch individual		· · · ·	, 		· · · · · · ·					3		X
a	For any individual listed on line 1a, is the suind related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
re	endered to the organization? If "Yes," com on B. Independent Contractors					-			-			5		Х
1 0	Complete this table for your five highest co he organization. NONE	mpensated ind	depe	ende	ent c	onti	racto	ors t		\$100,000 of con	npens			
	(A) Name and business	address							(B) Description of s	ervices	C	(C compe		n
								_						
								_						
	otal number of independent contractors (i 100,000 in compensation from the organi	•	ot li	mite	d to		se lis 0	sted	d above) who received n	nore than		Form	990 "	2010)
													550 (2010)

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Form 990 (20	10)
Dout VIII	

THE MAASAI GIRLS EDUCATION FUND

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Pa		Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1 a	Federated campaigns	1a	22,560.				
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
am, ç	с	Fundraising events	1c					
lar lar	d	Related organizations	1d					
ini,		Government grants (contributions)						
er s	f	All other contributions, gifts, grants, an	d					
iđ		similar amounts not included above	1 f	170,647.				
nd	g	Noncash contributions included in lines 1a-1f	\$		100 000			
<u>a O</u>	h	Total. Add lines 1a-1f			193,207.			
				Business Code				
lice	2 a			_				
ue ;	b			_				
e no	c			_				
gra Re	d							
Program Service Revenue	e							
_		All other program service revenue Total. Add lines 2a-2f						
	3	Investment income (including divid						
	Ŭ	other similar amounts)			223.			223.
	4	Income from investment of tax-exe						
	5	Royalties	•	•				
	-		(i) Real	(ii) Personal				
	6 a	Gross Rents	()	(
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
			Securiti					
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)						
Other Revenue	8 a	Gross income from fundraising even including \$,					
ě		contributions reported on line 1c).	See					
P. F.		Part IV, line 18		a				
Ę	b	Less: direct expenses						
Ŭ	с	Net income or (loss) from fundraisi	ng even	ts 🕨				
	9 a	Gross income from gaming activiti						
		Part IV, line 19						
	b	Less: direct expenses		b				
	С	Net income or (loss) from gaming a	activities					
	10 a	Gross sales of inventory, less retu						
		and allowances						
		Less: cost of goods sold						
ł	с	Net income or (loss) from sales of	nventor					
ŀ		Miscellaneous Revenue		Business Code				
	11 a			-				
	b			-				
	c d	All other revenue						<u> </u>
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			193,430.	0.	0.	223.
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THE MAASAI GIRLS EDUCATION FUND

	Section 501(c)(3 All other organizations must comp	3) and 501(c)(4) organiza	tions must complete all not required to complete)).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	116,977.	116,977.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	0.054			
С	Accounting	2,251.		2,251.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	3,349.	3,283.	66.	
12	Advertising and promotion	62.			62.
13	Office expenses	6,973.	2,467.	4,436.	70.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	14,473.	11,629.		2,844.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,986.	1,888.	98.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	MISCELLANEOUS EXPENSE	2,400.	595.	1,805.	
b	BANK FEES	524.	95.	429.	
с С	DUES AND MEMBERSHIP	75.		75.	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	149,070.	136,934.	9,160.	2,976.
<u>25</u> 26	Joint costs. Check here b if following SOP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5,1000	2,5,0.
20	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	oononation				E 000 (001)

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Form 990 (2010)
Part X	Balance Sheet

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			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	117,059.	2	161,150.
	3	Pledges and grants receivable, net	738.	3	1,497.
	4	Accounts receivable, net		4	-
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disgualified 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)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	24.	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	1,463.	11	2,419.
	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)	119,284.	16	165,066.
	17	Accounts payable and accrued expenses	634.	17	1,100.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
Lial		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	634.	25 26	1,100.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► X and complete	054.	20	1,100.
ú		lines 27 through 29, and lines 33 and 34.			
je je	27	Unrestricted net assets	110,900.	27	147,043.
alar	28	Temporarily restricted net assets	7,750.	28	16,923.
B	29		.,,	20	20,7200
ũ	20	Permanently restricted net assets Organizations that do not follow SFAS 117, check here and and		20	
г Т		complete lines 30 through 34.			
ts e	30	Capital stock or trust principal, or current funds		30	
SSG	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	118,650.	33	163,966.
	34	Total liabilities and net assets/fund balances	119,284.	34	165,066.
_					Form 990 (2010)

Form	1 990 (2010) THE MAASAI GIRLS EDUCATION FUND	52-2344	696	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			30.
2	Total expenses (must equal Part IX, column (A), line 25)	2			70.
3	Revenue less expenses. Subtract line 2 from line 1	3			60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	118		50.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			56.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	16:	3,9	66.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	$\lfloor X floor$ Separate basis $\lfloor \ldots floor$ Consolidated basis $\lfloor \ldots floor$ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u></u>	3b		
			Form	990 (2010)

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SCHEDULE A		Dublic Oberity Otetwo and Dublic Overset					OMB No. 1545-0047				
(Form 990 or 990-EZ)			Public Charity Status and Public Support						20	10	
		Comple	ete if the organization is	a section	501(c)(3)	organiza	tion or a s	ection		20	Ιυ
	ent of the Treasury		4947(a)(1) nonexempt charitable trust. Open to Public								
	levenue Service		ttach to Form 990 or Fo	orm 990-E	Z. 🕨 See	separate	instructio			· · ·	ection
Name	of the organiz							E			ion number
			ASAI GIRLS ED						5	2-2344	696
Part			r ity Status (All organiz					tructions.			
The or		-	because it is: (For lines	-		-	-				
1 _			es, or association of chur		ribed in se	ection 170	(b)(1)(A)(i)	-			
2			70(b)(1)(A)(ii). (Attach Sc								
3 _	- ·	• •	ital service organization								
4 🗆		•	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter	the hospital	's name,
	city, and s			,							
5 🗆	-	-	benefit of a college or u	niversity o	wned or op	perated by	a governr	mental un	it describ	bed in	
• [70(b)(1)(A)(iv). (Comp	-								
6 [-		nent or governmental uni					<i>.</i>			
7 🗳		•	ceives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	e general	public desc	ribed in
o [0(b)(1)(A)(vi). (Comple		0	DestU						
8 ∟ 9 □			section 170(b)(1)(A)(vi).			rom contri	hutiona m	ambarab	in face o		acinta from
9 🗆			ceives: (1) more than 33 ⁻								
			Inctions - subject to certa taxable income (less sec								
		n 509(a)(2). (Complet				1311103303 6	acquired b	y the orga	anization	anter ourie c	0, 1975.
10			perated exclusively to te	st for publ	ic safety (See sectio	n 500(a)(4	n			
11 L	-	-	perated exclusively to te perated exclusively for th	-	-			-	wout the	nurnoses (of one or
			ations described in secti								
			organization and compl				_). 000 000				linat
	а 🗌 Тур	· · ·		с П Тур			tearated		d] Type III - (Other
еĹ			at the organization is not	• •		•	-	r more dis	qualified		
			than one or more publicly								
f			tten determination from								
		organization, check t									
g	Since Aug	ust 17, 2006, has the	organization accepted ar	ny gift or c	ontributior	n from any	of the follo	owing per	sons?		
	(i) A per	son who directly or inc	directly controls, either al	one or tog	ether with	persons o	lescribed i	in (ii) and	(iii) below	,	Yes No
	the g	overning body of the s	supported organization?	-						11g(i)	
	(ii) A farr	ily member of a perso	n described in (i) above?							11g(ii)	
	(iii) A 35%	6 controlled entity of a	a person described in (i) o	or (ii) above	ə?					11g(iii)	
h	Provide th	e following information	about the supported or	ganization	(s).						
		-									
(i) Na	ame of supported	(ii) EIN	(iii) Type of organization		organization			(vi) la organizati	s the	(vii) An	nount of
	organization		(described on lines 1-9		sted in your document?		ion in col. r support?	(i) organiz U.S	zed in the	sup	port
above or IRC section		above or IRC section			., .						
			(see instructions))	Yes	No	Yes	No	Yes	No		

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

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Schedule A (Form 990 or 990-EZ) 2010

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Total

Schedule A (Form 990 or 990 EZ) 2010 THE MAASAI GIRLS EDUCATION FUND

52-2344696 Page 2

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	35,288.	109,206.	75,772.	102,045.	193,207.	515,518.		
2	Tax revenues levied for the organ-								
	ization'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 \dots								
4	Total. Add lines 1 through 3	35,288.	109,206.	75,772.	102,045.	193,207.	515,518.		
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)						61,340.		
6	Public support. Subtract line 5 from line 4.						454,178.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
7	Amounts from line 4	35,288.	(b) 2007 109,206.	75,772.	(d)2009 102,045.	(e)2010 193,207.	515,518.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	551.	34.	129.	225.	223.	1,162.		
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						516,680.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12			
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)			
	organization, check this box and stor	bhere			-				
Sec	ction C. Computation of Publ	ic Support Per	rcentage						
14	Public support percentage for 2010 (I	ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	87.90 %		
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	87.40 %		
	16a 33 1/3% support test - 2010. 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								
b	b 33 1/3% support test - 2009. 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								
17a	17a 10% -facts-and-circumstances test - 2010. 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								
b	b 10% -facts-and-circumstances test - 2009.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 th								
	organization meets the "facts-and-circ								
18	Private foundation. If the organization						s		
				, ,, , ,		dule A (Form 990			

chedule A (Form 990 or 990-EZ) 2010

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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 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization'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 \dots						
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)	(-) 0000	(1-) 0007	(-) 0000	(-1) 0000	(-) 0010	(6) T-+-!
9 Amounts from line 6	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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.)	the everythe the t		l forwalls in COL	··		
14 First five years. If the Form 990 is for t	•					
check this box and stop here						▶∟
-					45	
15 Public support percentage for 2010 (lin					15	%
16 Public support percentage from 2009 Section D. Computation of Inves					16	%
17 Investment income percentage for 201	IO (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	009 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2010. If the c	organization did n	ot check the box	on line 14, and lin	e 15 is more than	33 1/3% , and line	17 is not
more than 33 1/3%, check this box an	d stop here. The	organization qua	lifies as a publicly	supported organiz	zation	►
b 33 1/3% support tests - 2009. If the o	organization did n	ot check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
line 18 is not more than 33 1/3% , chec	k this box and s f	top here. The org	anization qualifies	as a publicly supp	oorted organizatio	n Þ 🛄
20 Private foundation. If the organization	i did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in	structions	>
032023 12-21-10			15	Sci	hedule A (Form 9	90 or 990-EZ) 2010

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Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Employer identification number

Name	of the	organizati	or
1 unite	01 010	or guinzati	U 1

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

	THE MAASAI GIRLS EDUCATION FUND	52-2344696
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B	(Form 990,	990-EZ, or	r 990-PF)	(2010)
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Employer identification number

52-2344696

THE MAASAI GIRLS EDUCATION FUND

Part I	Contributors	(see instructions)
--------	--------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u> 1 </u>		\$22,560.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$45,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		\$7,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.

Name of organization

Employer identification number

52-2344696

THE MAASAI GIRLS EDUCATION FUND

Part I Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contributio
		\$7,000.	Person X Payroll Noncash (Complete Part II if the is a noncash contribu
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Doncash Complete Part II if the is a noncash contribute
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contributi
		\$	Person Payroll On Noncash October 1000 (Complete Part II if the is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribut
		\$	Person Payroll Noncash Complete Part II if the is a noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribut
		\$	Person Payroll Noncash Complete Part II if the is a noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribut
		\$	Person Payroll Noncash Complete Part II if the is a noncash contribution

Name of organization

Page of of Part II

Employer identification number

52-2344696

THE MAASAI GIRLS EDUCATION FUND

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 12-23-10		\$	990, 990-EZ, or 990-PF)

Part III

(a) No. from Part I

(a) No. from Part I

(a) No. `from Part I

(a) No. from

Part I

THE MAASAI GIRLS EDUCATION FUND

Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$

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Employer identification number

52-2344696

(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Trans	fer of gift			
Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee		
(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
			·		
	(e) Trans	fer of gift			
Transferee's name, address, a		D	elationship of transferor to transferee		
Transieree S flame, address, a		n			
(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
	(e) Trans	fer of gift			
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
	(e) Trans	fer of gift			
Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee		
		- <u></u>			
			Schedule B (Form 990, 990-EZ, or 990-PF) (2010)		

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing

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20 2010.04041 THE MAASAI GIRLS EDUCATION

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(Form 990)	
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 1 Π Open to Public Inspection

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Name	of the organization THE MAASAI GIRLS E	DUCATION FUND	Employer identification number 52-2344696
Par			
	organization answered "Yes" to Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(,
2	Aggregate contributions to (during year)		
2	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		funds
5	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor		
Ŭ	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		
Par			
	Purpose(s) of conservation easements held by the organization	•	,
•	Preservation of land for public use (e.g., recreation or		rically important land area
	Protection of natural habitat	Preservation of a certifie	, ,
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		rganization during the tax
	year 🕨		
4	Number of states where property subject to conservation early a state of the state	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements duri	ng the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	I enforcing conservation easements during th	ne year ▶ \$
8	Does each conservation easement reported on line 2(d) abc	ove satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conserva	tion easements in its revenue and expense si	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the	e organization's accounting for
	conservation easements.		
Par			er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furtheranc	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that desc		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		N .
	(i) Revenues included in Form 990, Part VIII, line 1		• •
2	If the organization received or held works of art, historical tr		ain, provide
	the following amounts required to be reported under SFAS		
	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		• • •
LHA	For Paperwork Reduction Act Notice, see the Instruction	15 TOR FORM 990.	Schedule D (Form 990) 2010

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2010.04041 THE MAASAI GIRLS EDUCATION

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		SAI GIRLS							44696	
Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	reasures,	or Oth	er Simil	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	ion, and other record	ls, chec	k any of the	following the	at are a s	significant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	c	ı []	Loan or exc	hange progr	ams				
b	Scholarly research	e	•	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	hey further t	he organizat	ion's exe	empt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, hi	istorical trea	asures, or oth	ner simila	ir assets	_	-	
	to be sold to raise funds rather than to be m								Yes	No No
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" to	Form 990), Part IV,	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	ssets no	t included	_	-	
	on Form 990, Part X? Ves L No									
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:						
								L	Amount	
С	Beginning balance						1c	L		
d	Additions during the year						1d	L		
е	Distributions during the year						1e	L		
f	Ending balance						1 f	L	_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					L	Yes	└── No
	If "Yes," explain the arrangement in Part XIV									
Pai	t V Endowment Funds. Complete i	if the organization ar	swered	"Yes" to Fo						
		(a) Current year	(b) P	Prior year	(c) Two yea	irs back	(d) Three y	/ears back	(e) Four y	ears back
	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 the year	ar end balance held a	as:							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for	the organi	zation	_	
	by:								Y	'es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Scheo	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Pa	t VI Land, Buildings, and Equipm			1						
	Description of investment	(a) Cost or o basis (investr			t or other (other)		ccumulate		(d) Book	value
1a	Land									
	Buildings									
с	Leasehold improvements									
d	Equipment									
e	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line i	10(c).)					0.

Schedule D (Form 990) 2010

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chedule D (Form 990) 2010 THE MAASAI GIRLS EDUCATION FUND

(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuati Cost or end-of-year marke	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related		line 10		
	 See Form 990, Part X, 	line 13.	(c) Method of valuati	on:
(a) Description of investment type	(b) Book value	, c	Cost or end-of-year mark	
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	•			
Part IX Other Assets. See Form 990, Part X,	line 15.			
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	" 45)			
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part			▶	
	t X, line 25.	(b) Amount		
			-	
(1) Federal income taxes			-	
(2)			-	
(3)			-	
(4) (5)				
(6)				
(7)		<u> </u>		
(8)				
(9)		<u> </u>		
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25)			
Fit 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote.	bite to the organization's financia	i statements that reports the org	anization's liability for uncertain	tax positions under
032053 12-20-10			Scher	dule D (Form 990) 2010
		23	Coned	

Sche	dule D (Form 990) 2010 THE MAASAI GIRLS EDUCATION				2344696	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial S	Statemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			,430.
2	Total expenses (Form 990, Part IX, column (A), line 25)					,070.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				44	,360.
4	Net unrealized gains (losses) on investments				956.	
5	Donated services and use of facilities					
6	Investment expenses					
7	Prior period adjustments					
8	Other (Describe in Part XIV.)					
9	Total adjustments (net). Add lines 4 through 8					956.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an				45,	,316.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue p	er Retur		
1	Total revenue, gains, and other support per audited financial statements			1	293	,052.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a		56.		
b	Donated services and use of facilities	2b	98,6	66.		
	Recoveries of prior year grants					
	Other (Describe in Part XIV.)					
	Add lines 2a through 2d			2e	99,	<u>,622.</u>
3	Subtract line 2e from line 1			3	193	,430.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	193	,430.
Pai	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses	per Retu	urn	
1	Total expenses and losses per audited financial statements			1	247	,736.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	98,6	66.		
b	Prior year adjustments	2b				
с	Other losses	2c				
	Other (Describe in Part XIV.)					
е	Add lines 2a through 2d					,666.
3	Subtract line 2e from line 1			3	149	,070.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
с	Add lines 4a and 4b					0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	149	,070.
Pai	rt XIV Supplemental Information					

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2010

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11071102	756386	48086

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Pa			Activities Ou	tside the United States. Compl	ete if the organization answered "	Yes"
	to Form 990, Par					
1				ds to substantiate the amount of the g		v
	grantees' eligibility for th	ne grants or assi	stance, and the	selection criteria used to award the gra	ants or assistance?	Yes 🛄 No
2	Ear grantmakers Daga	vriba in Dart V th	orgonization's	procedures for monitoring the use of g	rant funda autoida tha Unitad Stat	
2	FOI grantinakers. Desc	IDE III Fait V the	e organization s	procedures for mornitoring the use of g		.65.
3	Activities per Region, (T	he following Par	t I, line 3 table c	an be duplicated if additional space is r	needed.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and independent contractors	(by type) (e.g., fundraising, program	is a program service,	expenditures
		in the region	independent	services, investments, grants to	describe specific type	for and investments
			in region	recipients located in the region)	of service(s) in region	in region
				GRANTS TO RECIPIENTS AND		
SUB	-SAHARAN AFRICA	0	0	RELATED EXPENSES.		116,977.
	Sub-total	0	0			116,977.
b	Total from continuation	_	_			_
	sheets to Part I	0	0			0.
с	Totals (add lines 3a		0			116 077
	and 3b)	I 0	1 U			116,977.

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

Schedule F (Form 990) 2010



Employer identification number

52-2344696

SCHEDULE F (Form 990)

Internal Revenue Service	
Name of the organized	lic

Department of the Treasury

Name of the organization

THE MAASAI GIRLS EDUCATION FUND

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3 Enter total number of other organizations or entities

Schedule F (Form 990) 2010

THE MAASAI G ON FUND Schedule F (Form 990) 2010

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

	Part II can be du	plicated if additional	space is needed.						
1 (a)	Name of organization	(b) IRS code section and EIN (if applicable)	(a) Pagian	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			SUB-SAHARAN						
				GENERAL SUPPORT	5,436.		0.		
			SUB-SAHARAN	CONSTRUCTION OF					
				SCHOOL	63,497.		0.		
2				recognized as charities by the n 501(c)(3) equivalency letter	foreign country	, recognized as tax-e	xempt by		

Page 2

► X

52-2344696

SIRLS	EDUCATIO

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010 THE MA

THE MAASAI GIRLS EDUCATION FUND

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance (b) Region (a) Number of grant or assistance (b) Alegion free properties of cash disbursement (b) Alegion free properties of cash disbursement (b) Alegion free properties of cash disbursement (b) Description of non-cash assistance (b) Method free properties of cash disbursement (b) Description of non-cash assistance (b) Method free properties of cash disbursement (b) Description of non-cash assistance (b) Method free properties of cash disbursement (b) Description of non-cash assistance (b) Method free properties of cash disbursement School FEES, UNIFORMS, BOOKS Sub-SAHANAN B2 Description of non-cash assistance Image: Cash disbursement <	Part III can be duplicated if additional space is needed.								
	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	non-cash	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)	
	SCHOOL FEES, UNIFORMS, BOOKS	SUB-SAHARAN			DHL OR UPS DELIVERS				
Image: Second	AND SUPPLIES		82			0.			
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Page 3

52-2344696

Schedule F (Form 990) 2010 THE MAASAI GIRLS EDUCATION FUND

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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form</i> 5471)	Yes	X 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</i> "Yes," <i>the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i>	Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)</i>	Yes	X No

Schedule F (Form 990) 2010

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Schedule F (Form 990)	2010 THE	MAASAI	GIRLS	EDUCA'	TION	FUND		52-23	44696	Page
	nental Inform this part to prov		ation require	ed bv Part I	line 2 (m	onitoring of	funds): Par	t I, line 3, column (f)	(accounting m	etho
Part II, line		method); Part I	II (accountir	ng method);				ed number of recipi		
SCHEDULE F,	PART I,	LINE 2:	ALL 1	EXPENS	ES OU	JTSIDE	ARE P	AID ON A		
REIMBURSEMEI	NT BASIS	AFTER F	RECEIP	IS ARE	SUBI	IITTED	TO AN	D REVIEWEI	BY THE	
PRESIDENT.	ALL SCH	OOL FEES	S ARE 1	PAID D	IREC	rly by	THE P	RESIDENT A	FTER	
RECEIVING A								Y SCHOOL.		
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71102 75638	6 48086		2010.	04041	THE	MAASAI	GIRLS	5 EDUCATIO	N 48080	<u> </u>

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization THE MAASAI GIRLS EDUCATION FUND Employer identification number 52-2344696

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION OF GIRLS, WOMEN, AND THE BROADER COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 8B: BOARD OF DIRECTORS IS THE ONLY

ACTING COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE

PRESIDENT, AND APPROPRIATE CHANGES ARE COMMUNICATED TO AND MADE BY

THE FINAL 990 DRAFT IS SENT TO THE PRESIDENT, WHO THEN PREPARERS.

ELECTRONCALLY DISTRIBUTES IT TO ALL BOARD MEMBERS FOR REVIEW AND APPROVAL

BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS REQUIRED TO REVIEW CONFLICT OF INTEREST POLICY ANNUALLY.

THERE ARE NO EMPLOYEES OF THE

ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 18: AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST OR ONLINE THROUGH GUIDESTAR AND THE ORGANIZATION'S WEBSITE AND FOR JUSTGIVE MEMBERS ON THE JUSTGIVE WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19: ONLY THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ONLINE THROUGH THE ORGANIZATION'S WEBSITE.

ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010) 032211 01-24-11 30

Name of the organization THE MAASA	I GIRLS EDUCATION FUND	Employer identification numb 52-2344696
	5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON		95
032212 01-24-11		Schedule O (Form 990 or 990-EZ) (20