

Short Form

Return of Organization Exempt From Income Tax

2016

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

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning January 1, 2016, and ending December 31, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Love for Kenya		D Employer identification number 46-4018463
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 9490 Chesapeake St		E Telephone number 303-359-7196
	City or town, state or province, country, and ZIP or foreign postal code Highlands Ranch, CO 80126		F Group Exemption Number ▶
	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		

I Website: ▶ www.loveforkenya.org

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

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

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **151,995**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received																151,982													
	2	Program service revenue including government fees and contracts																0													
	3	Membership dues and assessments																0													
	4	Investment income																12													
	5a	Gross amount from sale of assets other than inventory					0																								
	5b	Less: cost or other basis and sales expenses					0																								
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							0																						
	6	Gaming and fundraising events																													
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)					0																								
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)					0																								
6c	Less: direct expenses from gaming and fundraising events					0																									
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)											0																			
7a	Gross sales of inventory, less returns and allowances					0																									
7b	Less: cost of goods sold					0																									
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														
8	Other revenue (describe in Schedule O)																	0													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																	151,994													
Expenses	10	Grants and similar amounts paid (list in Schedule O)																128,171													
	11	Benefits paid to or for members																0													
	12	Salaries, other compensation, and employee benefits																0													
	13	Professional fees and other payments to independent contractors																0													
	14	Occupancy, rent, utilities, and maintenance																0													
	15	Printing, publications, postage, and shipping																94													
	16	Other expenses (describe in Schedule O)																2,341													
17	Total expenses. Add lines 10 through 16																	130,606													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																21,388													
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																													
	20	Other changes in net assets or fund balances (explain in Schedule O)																0													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																	60,707												

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	39,319	22 60,707
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	39,319	25 60,707
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	39,319	27 60,707

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **Support ministries to orphans, widows and poor in Kenya**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Water Wells & Infrastructure - Provide funds to construct water wells and other infrastructure at Shangilia Childrens Home and in the surrounding community. In 2016 funded two water wells, one at Shangilia and one at the Ideleri Primary/Secondary school. (Grants \$ 69,744) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	69,744
29 Shangilia Childrens Home - Provide financial support of the staff, programs and education expenses to care for 60+ orphaned and abandoned children at this facility near Lusiola, Kenya. (Grants \$ 44,478) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	44,478
30 Calvary Education Center - Provide funding for special projects and special activities at this facility that provides education, meals and sleeping space for the children in the Kibera area of Nairobi, Kenya. (Grants \$ 7,000) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	7,000
31 Other program services (describe in Schedule O) (Grants \$ 6,949) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a	6,949
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	32	128,171

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Randy Stensgard Director and President	5	0	0	0
Jennifer Christensen Director and Treasurer	5	0	0	0
Nic Breen Director and Secretary	2	0	0	0
Dave Gust Director	1	0	0	0
Jenni Pedersen Director	2	0	0	0
Tim Read Director	1	0	0	0
Lee Robinson Director	5	0	0	0
April Stensgard Director	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. . .

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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: Jennifer Christensen Date: 5/1/17
 Type or print name and title: Jennifer Christensen, Treasurer - Love for Kenya

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no.: _____

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