

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

2017

Open to Public Inspection

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning January 1, 2017, and ending December 31, 20 17

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 <u>Love for Kenya</u>		D Employer identification number <u>46-4018463</u>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number <u>303-359-7196</u>
	<u>9490 Chesapeake St</u>		F Group Exemption Number ▶
	City or town, state or province, country, and ZIP or foreign postal code <u>Highlands Ranch, CO 80126</u>		

G Accounting Method: Cash 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

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 ▶ \$ 148,161

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	<u>148,143</u>			18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	<u>0</u>			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)
3	Membership dues and assessments	3	<u>0</u>			20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	<u>18</u>			21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶
5a	Gross amount from sale of assets other than inventory	5a	<u>0</u>				
b	Less: cost or other basis and sales expenses	5b	<u>0</u>				
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>0</u>				
6	Gaming and fundraising events						
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	<u>0</u>				
b	Gross income from fundraising events (not including \$ <u>0</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	<u>0</u>				
c	Less: direct expenses from gaming and fundraising events	6c	<u>0</u>				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<u>0</u>				
7a	Gross sales of inventory, less returns and allowances	7a	<u>0</u>				
b	Less: cost of goods sold	7b	<u>0</u>				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>0</u>				
8	Other revenue (describe in Schedule O)	8	<u>0</u>				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	<u>148,161</u>				
10	Grants and similar amounts paid (list in Schedule O)	10	<u>152,094</u>				
11	Benefits paid to or for members	11	<u>0</u>				
12	Salaries, other compensation, and employee benefits	12	<u>0</u>				
13	Professional fees and other payments to independent contractors	13	<u>0</u>				
14	Occupancy, rent, utilities, and maintenance	14	<u>0</u>				
15	Printing, publications, postage, and shipping	15	<u>163</u>				
16	Other expenses (describe in Schedule O)	16	<u>2,375</u>				
17	Total expenses. Add lines 10 through 16 ▶	17	<u>154,632</u>				

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	60,707	22 54,236
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	60,707	25 54,236
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)	60,707	27 54,236

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

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

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.

28 <u>Shangilia Childrens Home - Provide financial support for the staff, programs and education expenses to care for 60+ orphaned/abandoned children at this facility near Lusiola, Kenya.</u>	(Grants \$ <u>77,359</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a 77,359
29 <u>Water Wells & Infrastructure - Provide funds to construct water wells and other infrastructure at Shangilia Childrens Home and in the surrounding community. In 2017 funded the construction of a dining hall with kitchen at Shangilia and funded work on the well at Ideleri Primary/Secondary School.</u>	(Grants \$ <u>53,300</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a 53,300
30 <u>Solomon's Home - Provide fund for the care and education of 8 orphaned/abandoned children that live with Pastor Solomon Mukunza in Nakuru, Kenya.</u>	(Grants \$ <u>11,330</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a 11,330
31 Other program services (describe in Schedule O)	(Grants \$ <u>10,105</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a 10,105
32 Total program service expenses (add lines 28a through 31a)		32 152,094

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
<u>Randy Stensgard</u> Director and President	5	0	0	0
<u>Jennifer Christensen</u> Director and Treasurer	8	0	0	0
<u>Nic Breen</u> Director and Secretary	3	0	0	0
<u>Jenni Buonanni</u> Director	2	0	0	0
<u>Dave Gust</u> Director	1	0	0	0
<u>Tim Read</u> Director	1	0	0	0
<u>Lee Robinson</u> Director	3	0	0	0
<u>April Stensgard</u> 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. Includes 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: <i>Jennifer Christensen</i>	Date: <i>3/1/18</i>
	Type or print name and title: Jennifer Christensen, Treasurer	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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