

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning **January 1**, 2019, and ending **December 31**, 20 **19**

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		E Telephone number 303-359-7196
	9490 Chesapeake St		F Group Exemption Number ▶
	City or town, state or province, country, and ZIP or foreign postal code Highlands Ranch, CO 80126		

G Accounting Method: Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **137,151**

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																	137,125																							
	2 Program service revenue including government fees and contracts																	0																							
	3 Membership dues and assessments																	0																							
	4 Investment income																	26																							
	5a Gross amount from sale of assets other than inventory						0																																		
	b Less: cost or other basis and sales expenses						0																																		
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)								0																																
	6 Gaming and fundraising events:																																								
	a Gross income from gaming (attach Schedule G if greater than \$15,000)									0																															
	b Gross income from fundraising events (not including \$ 0 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																															
c Less: direct expenses from gaming and fundraising events									0																																
d 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																												
b Less: cost of goods sold													0																												
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																																									
8 Other revenue (describe in Schedule O)																																									
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																																									
Expenses	10 Grants and similar amounts paid (list in Schedule O)																																								
	11 Benefits paid to or for members																																								
	12 Salaries, other compensation, and employee benefits																																								
	13 Professional fees and other payments to independent contractors																																								
	14 Occupancy, rent, utilities, and maintenance																																								
	15 Printing, publications, postage, and shipping																																								
	16 Other expenses (describe in Schedule O)																																								
17 Total expenses. Add lines 10 through 16 ▶																																									
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)																																								
	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)																																								
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶																																								

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2019)

Part II Balance Sheets (see the instructions for Part II)		(A) Beginning of year	(B) End of year
Check if the organization used Schedule O to respond to any question in this Part II <input type="checkbox"/>			
22	Cash, savings, and investments	130,582	124,881
23	Land and buildings	0	0
24	Other assets (describe in Schedule O)	0	0
25	Total assets	130,582	124,881
26	Total liabilities (describe in Schedule O)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	130,582	124,881

Part III Statement of Program Service Accomplishments (see the instructions for Part III)		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III <input checked="" type="checkbox"/>		(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
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.			
28	Childrens Program: Provide financial support for the staff, programs, facilities, education and care of 55+ children at Shangilia Childrens Home near Lusiola, Kenya and 8 children at Pastor Solomon Mukunza's home in Nakuru, Kenya (Grants \$ 92,480) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	92,480
29	Post High School Program: Provide scholarships and financial support for university, college or technical education and other learning/career preparedness activities for qualified high school graduates from Shangilia Childrens Home, Pastor Solomon Mukunza's home and the surrounding communities. (Grants \$ 19,515) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	19,515
30	Kibera Program: Provide financial support for the programs run by Pastor Timothy Mulehi to help the desperately poor families, children and street children in the Kibera slums of Nairobi, Kenya through his ministry, Calvary Education Center. (Grants \$ 16,550) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	16,550
31	Other program services (describe in Schedule O) (Grants \$ 11,000) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a	11,000
32	Total program service expenses (add lines 28a through 31a)	32	139,545

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 <input type="checkbox"/>				
(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	12	0	0	0
Nic Breen Director and Secretary	3	0	0	0
Dave Gust Director	2	0	0	0
Tim Read Director	3	0	0	0
Lee Robinson Director	1	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. 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 Yes No [check]

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 Yes No [check]

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No [check]

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No [check]

b If "Yes," was the related organization a section 527 organization? 49b Yes No [check]

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."

Table with 5 columns: (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. Row 1 contains '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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains '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 [check] 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: 3/31/2020 Type or print name and title: Jennifer Christensen, Treasurer

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