990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

16

17

18

20

Net Assets

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.

A For the 2014 calendar year, or tax year beginning January 1 2014, and ending , 20 December 31 B Check if applicable: C Name of organization D Employer identification number ✓ Address change Love for Kenya 46-4018463 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number ✓ Initial return 11320 84th Ave. North 303-791-0753 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number > Application pending Maple Grove, MN 55369 ✓ Cash ☐ Accrual Other (specify) H Check ▶ ✓ if the organization is not G Accounting Method: I Website: ▶ www.loveforkenya.com required to attach Schedule B J Tax-exempt status (check only one) - 501(c)(3) (Form 990, 990-EZ, or 990-PF). 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or K Form of organization: ✓ Corporation Association Other Trust 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 10388 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 Contributions, gifts, grants, and similar amounts received 10387 2 Program service revenue including government fees and contracts 0 3 0 1 Gross amount from sale of assets other than inventory 5a 0 Less: cost or other basis and sales expenses 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a 0 Gross income from fundraising events (not including \$ o 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 Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances 7a 0 Less: cost of goods sold 7b 0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 0 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10388 10 Grants and similar amounts paid (list in Schedule O) 10 4987 11 11 0 12 Salaries, other compensation, and employee benefits 12 0 13 Professional fees and other payments to independent contractors . . . 1550 14 0 15 Printing, publications, postage, and shipping 15 135

Net assets or fund balances at end of year. Combine lines 18 through 20

Excess or (deficit) for the year (Subtract line 17 from line 9)

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)

Other changes in net assets or fund balances (explain in Schedule O)

0

0

0

6672

3716

16

17

18

19

20

Pa	t II Balance Sheets (see the instructions	for Part II)		*	NO.	
	Check if the organization used Schedule	e O to respond to a	ny question in this			🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	3716
23	Land and buildings		_		23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets		-		25	3716
26	Total liabilities (describe in Schedule O)			THE RESIDENCE OF THE PARTY OF T	26	0
27 Par	Net assets or fund balances (line 27 of column Statement of Program Service Accon				27	3716
rai	Check if the organization used Schedule					Expenses
Mha	is the organization's primary exempt purpose?				(Red	quired for section
						(c)(3) and 501(c)(4) unizations; optional for
as n	ribe the organization's program service accompleasured by expenses. In a clear and concise rons benefited, and other relevant information for e	nanner, describe the			othe	
28	Shangilia Children's Home - support of the program		ornhaned children at	this facility near		
	Lusiola, Kenya					
	223001271127174	of the set of the set the set the set of the	THE CO. NO. AND			
	(Grants \$ 3460) If this amoun	t includes foreign gra	ants, check here .	▶ 🗸	28a	3460
29	Community Widows Program - support of the staff a					
	Kenya					
	(Grants \$ 1527) If this amoun	t includes foreign gra	ants, check here .	▶ ☑	29a	1527
30	None					
		t includes foreign gra			30a	0
31	Other program services (describe in Schedule O)					
		t includes foreign gra			31a	
THE RESERVE OF THE PERSON NAMED IN	Total program service expenses (add lines 28a				32	
Par	and the same of th					
	Check if the organization used Schedule	T	(c) Reportable	(d) Health benefits,		· · · · · <u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and	(Estimated amount of ther compensation
Tim I	lead, Director					
-		1)	0	0
Ranc	y Stensgard, Director and President					
		4		0	0	0
Jenn	fer Christensen, Director and Treasurer					
		2			0	0
Nic E	reen, Director and Secretary					
		1		0	0	0
April	Stensgard, Director and Co-Chair					
		1		0	0	0
Lee F	obinson, Director and Co-Chair	-				_
		1)	0	0
		-				
					+	
-					+	
		-				
		 	<u> </u>	-	+	
		-				
			 		+	
			<u> </u>		1	
		-			1	

Part					
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	_		
	Dilli		Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O				
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III			1	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N			1	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0				
b	Did the organization file Form 1120-POL for this year?	37b		1	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1	
	If "Yes," complete Schedule L, Part II and enter the total amount involved				
39	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on line 9				
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
404	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958				
D	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year				
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed				
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1	
41	List the states with which a copy of this return is filed ► MN				
42a		303-79			
	Located at ▶ 9490 Chesapeake St., Highlands Ranch, CO ZIP + 4 ▶	80126	-4036 Yes	-	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				
		42b		-	
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
	Financial Accounts (FBAR).				
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		1	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1		
	and enter the amount of tax-exempt interest received or accrued during the tax year				
	Anadrana da		Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be				
	completed instead of Form 990-EZ	44b		1	
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d			
	explanation in Schedule O				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			,	
	Form 990-EZ (see instructions)	45b		V	

Form **990-EZ** (2014)

								Yes	No	
46	Did the org	ganization engage, directly or in tes for public office? If "Yes," of	ndirectly, in political c	ampaign activities or	n behalf of	or in opposi	tion		,	
Part		ion 501(c)(3) organizations		, rani	• • • •		. 46		✓	
rait		ection 501(c)(3) organization		stions 47–49b and	52. and o	complete th	e tables f	or lin	es	
		nd 51.	io maor anovor quo		oz, and	Join pioto tri	o tablee i	0	00	
	Chec	k if the organization used Sc	hedule O to respond	to any question in	this Part V	1				
				**************************************				Yes	No	
47		ganization engage in lobbying			on in effec	t during the	tax			
	year? If "Yes," complete Schedule C, Part II						. 47		1	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							-	1	
49a								-	1	
50		as the related organization a se this table for the organization's							d kov	
50) who each received more that								
-	Chiployeco	, who each received more that	T	T		Ith benefits,	0, 01101 1			
	(a) Name	and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution	ns to employee ns, and deferred pensation				
NONE										
					-					
					-					

					1		***************************************			
-								-		
f		er of other employees paid ov								
51	Complete	this table for the organization	's five highest compe	ensated independent	contracto	ors who each	received	more	than	
-	\$100,000 0	of compensation from the orga	anization. Il triere is no	one, enter None.		T		***************************************		
	(a) Name a	and business address of each independ	dent contractor	(b) Type of service		(c) Compensation				
NONE										
************							*******************	-		
						-		-	-	
			~~~~~~~~~~~							
d	Total numb	er of other independent contra	actors each receiving	over \$100.000	<b>&gt;</b>	NO	ONE			
52		rganization complete Schedu	_		anizations	must attach	n a			
		0 1 1 1 1		1717			.▶ ✓ Yes		No	
		ury, I declare that I have examined this lete. Declaration of preparer (other than					nowledge and	belief,	it is	
	Junifer Christenser 5/5/15									
Sign Here	Signature of officer Date									
nere		nnifer Christensen, Treasurer - I	Love for Kenya				****			
D-::		Type preparer's name	Preparer's signature	D	ate		PTIN			
Paid		Jes proporer o norm				Self-emplo				
Prepared Use		name >			F	irm's EIN ▶		West Science on a read of		
J36 (	Oilly	address ▶				hone no.				
May th	ne IRS discu	ss this return with the prepare	r shown above? See i	nstructions			Yes 🗌 Yes		No	