## Form **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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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 2016 calenda		year, or tax year beginning January 1 , 2016, and ending		Dec	embe	r 31 , 20	16				
В	Check if ap	oplicable:	icable: C Name of organization				D Empl	loyer id	lentification num	ber		
	Address c	hange	Love for Kenya					46-4018463				
	Name cha						E Telephone number					
H	Initial retur	19490 Chesaneake St					303-359-7196					
H	Amended	City or town, state or province, country, and ZIP or foreign postal code				F Group Exemption						
	Application	1	Highlands Ranch, CO 80126				Number ▶					
G	Account	ting Method:	✓ Cash	<b>&gt;</b>	22312312231231232	H	Check	Check ▶ ☐ if the organization is not				
1 1	Website	e: ► www.	loveforkenya.org				required	to att	ach Schedule E	3		
JI	Tax-exen	npt status (che	eck only one) — 🗸 501(c)(3) 🗌 501(c) (	) ◀ (insert no.) ☐ 4947	(a)(1) or	□527	(Form 9	90, 99	0-EZ, or 990-PF	·).		
K	Form of	organization:	✓ Corporation ☐ Trust	Association 0	Other							
			7b to line 9 to determine gross receipts. If									
(Pa	art II, col		v) are \$500,000 or more, file Form 990 inste					▶ \$		151,995		
F	art I	Revenu	e, Expenses, and Changes in Ne	t Assets or Fund B	alance	es (see th	e instru	ctions	s for Part I)			
		Check if	the organization used Schedule O to	o respond to any que	estion in	n this Part	1			. 🗸		
	1	Contributio	ons, gifts, grants, and similar amounts	received				1		151,982		
	2		ervice revenue including government f					2		0		
	3	Membersh	ip dues and assessments					3		0		
	4	Investment	income		,			4		12		
	5a	Gross amo	ount from sale of assets other than inve	entory	5a		0					
	b		or other basis and sales expenses .		5b		0					
	С	Gain or (los	ss) from sale of assets other than inver	ntory (Subtract line 5b	from li	ne 5a)		5c		0		
	6		d fundraising events									
	a	Gross income from gaming (attach Schedule G if greater than										
že					6a		0					
Revenue	b		me from fundraising events (not include		<b>0</b> of	contributio	ns					
Re			aising events reported on line 1) (atta		1 1							
			ch gross income and contributions exc		6b		0					
	C		et expenses from gaming and fundraisi		6c		0					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and si					ubtract					
	_	line 6c) .			1 1			6d		0		
	7a		s of inventory, less returns and allowar		7a	alline ged a legic of plant and the contributions and the contribution	0					
	b		of goods sold		7b		0					
	С		it or (loss) from sales of inventory (Sub					7c		0		
	8							8		0		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, ar				. >	9		151,994		
Expenses	10		d similar amounts paid (list in Schedule					10		128,171		
	11		aid to or for members					12		0		
	13		al fees and other payments to indeper					13				
	1000000		y, rent, utilities, and maintenance .					14		0		
	14		ublications, postage, and shipping.					15		94		
	16		enses (describe in Schedule O)					16				
	17	•						17		2,341		
	18	Evenes or	enses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 fr	om line 9)	•••	• • • •		18		130,606 21,388		
Net Assets	19		or fund balances at beginning of year					.0		21,308		
			r figure reported on prior year's return					19		39,319		
	20		nges in net assets or fund balances (ex	•				20		00,018		
	21		or fund balances at end of year. Com					21		60,707		
NAME OF TAXABLE PARTY.		.401 000010	or rand balances at one or your. Com						- 000 E	7 (2042)		

Pa	Balance Sheets (see the instructions					
***	Check if the organization used Schedule	O to respond to a	ny 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				23	0
24	Other assets (describe in Schedule O)	* * * * * *			24	C
25	Total assets			39,319		60,707
26	Total liabilities (describe in Schedule O)			The second linear white and providing the second se	26	C
27	Net assets or fund balances (line 27 of column			39,319	27	60,707
Par	t III Statement of Program Service Accom					<b>5</b>
1A/l	Check if the organization used Schedule				(Rec	Expenses quired for section
	tt is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe th	of its three largest per services provide	orogram services, d, the number of	orga	anizations; optional for ers.)
28	Water Wells & Infrastructure - Provide funds to cons	truct water wells and	other infrastructure	at Shangilia		
	Childrens Home and in the surrounding community.	In 2016 funded two	water wells, one at S	hangilia and one		
	at the Ideleri Primary/Secondary school.			TO AND		
	(Grants \$ 69,744) If this amount				28a	69,744
29	Shangilia Childrens Home - Provide financial suppor			penses to care for		
	60+ orphaned and abandoned children at this facility	near Lusiola, Kenya	•			
	70	Print				
00	(Grants \$ 44,478) If this amount				29a	44,478
30	Calvary Education Center - Provide funding for speci					
	provides education, meals and sleeping space for the	e children in the Kibe	era area of Nairobi, K	enya.		
	(Grants \$ 7,000) If this amount	includes foreign or	nto absolute	<b>F</b> [7]	00-	
21	Other program services (describe in Schedule O)	includes foreign gra		▶ ☑	30a	7,000
01	(Grants \$ 6,949) If this amount				240	
32	Total program service expenses (add lines 28a f	through 31a)	ints, check here .	🕨 🗸	31a	<del>                                     </del>
AND DESCRIPTION OF THE PARTY OF	t IV List of Officers, Directors, Trustees, and Key					128,171
I GI	Check if the organization used Schedule					arterior .
	Official and organization asea contease		(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-)		0	Estimated amount of other compensation
	ly Stensgard					
	Director and President	5	(	)	0	0
	ifer Christensen					
	Director and Treasurer	5		)	0	0
Nic B						
	Director and Secretary	2	(	)	0	0
	Gust					_
Name of the Owner, where the Owner, which is the Own	Director i Pedersen	1			0	0
	Director	2				
Tim F					0	0
	Director	1			0	0
	Robinson				-	U
	Director	5			0	0
	Stensgard				-	
	Director	1			0	0
				***************************************	+	
					1	
					T	
				1	1	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	-	
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	Yes	No
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	33		1
35a	change on Schedule O (see instructions)	34		✓
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		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			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	25533-3000/910		,
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b		_
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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 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		<b>√</b>
41	List the states with which a copy of this return is filed ▶ Minnesota			
42a			9-7196	3
b	Located at ▶ 9490 Chesapeake St, Highlands Ranch, CO ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	80126	-4036 Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	140
	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 United States?  If "Yes," enter the name of the foreign country:	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		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	res	√
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
С	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 explanation in Schedule O	44.		
45a	explanation in Schedule O	44d 45a		1
40a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
	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		✓

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						Yes	No	
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of	ndirectly, in political c	ampaign activities on	behalf of or in opposi	tion		,	
art			, Fait 1		. 46			
all	All section 501(c)(3) organization 50 and 51.  Check if the organization used Sc	s must answer que			e tables f	or line	∍s	
	oneon in the organization about to	ricadio o to respond	to any quodion in t	morare vi	• • • •	Yes	No	
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par			O1(h) election in effect during the tax				
48	Is the organization a school as described in	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E					1	
49a	Did the organization make any transfers t				- British British British		1	
b	If "Yes," was the related organization a se							
50	Complete this table for the organization's employees) who each received more than			nization. If there is non				
	(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 amour other compensation			
ONE								
					Westernamen State Communication Communicatio			
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	s five highest compe	ensated independent	contractors who each	n received	more	than	
	(a) Name and business address of each independ	······································	(b) Type of service (c) Con			npensation		
ONE								
						****		
d 52	Total number of other independent contractors each receiving over \$100,000 ▶							
nder p	penalties of perjury, I declare that I have examined this			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-	***************************************		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Jennifer Christensen, Treasurer - Love for Kenya
Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name Check if self-employed **Paid** Preparer Firm's name ▶ Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? See instructions Yes No