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)

2017

2011

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service ▶ 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

Address charge Name charge Initial return Number and street for P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Sunday Chesapeake St Gity or town, state or province, country, and ZIP or foreign postal code F Group Exemption Number Number Number Room/suite Telephone number Room/suite Roo	A	For the		ecembe	r 31 , 20 17	
Number and streets of P C. box, if mail is not delivered to street address) Room/suite E Telephona number Suitable Park Suitable Par	В	Check if a	pplicable: C Name of organization D Er	nployer id	dentification number	
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Number Number Number Number	H		City or town, state or province, country, and ZIP or foreign postal code			
Accounting Method:	H		Totalii .		•	
Website: www.loveforkenya.org	C		The management of the first of			
Tax-exempt status (check only one)						
R Form of organization:						
Part				. 000, 00	0 12, 0, 000 11).	
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8 Other revenue (describe in Schedule O)		b		0		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 148,161 10 Grants and similar amounts paid (list in Schedule O)		С		7c	0	
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Benefits paid to or for members			Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	_	148,161	
Salaries, other compensation, and employee benefits				-	152,094	
Professional fees and other payments to independent contractors		1		11	0	
16 Other expenses (describe in Schedule O)	es	12			0	
16 Other expenses (describe in Schedule O)	Sus	13		13	0	
16 Other expenses (describe in Schedule O)	Kpe	14		14	0	
Total expenses. Add lines 10 through 16	ш	15		15	163	
Total expenses. Add lines 10 through 16		16		16	2,375	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17	Total expenses. Add lines 10 through 16		154,632	
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)	S		Excess or (deficit) for the year (Subtract line 17 from line 9)		-6,471	
end-of-year figure reported on prior year's return)	se	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			
Other changes in net assets or fund balances (explain in Schedule O)	As			19	60,707	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 54,236	et	20		20	0	
	_	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	54,236	

Pai		,				
	Check if the organization used Schedule	O to respond to a	ny question in this			🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			60,707		54,236
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			60,707		54,236
26	Total liabilities (describe in Schedule O)		-		26	0
27	Net assets or fund balances (line 27 of column		The second secon	60,707	27	54,236
Par		· · · · · · · · · · · · · · · · · · ·				Expenses
Mhai	Check if the organization used Schedule				(Regu	uired for section
	is the organization's primary exempt purpose?					c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe th			organ	nizations; optional for s.)
	Shangilia Childrens Home - Provide financial support for 60+ orphaned/abandoned children at this facility in					
	(Grants \$ 77,359) If this amount	includes foreign gr	ants, check here	▶ 🗸	28a	77,359
29	Water Wells & Infrastructure - Provide funds to const				200	77,333
	Childrens Home and in the surrounding community.	************************				
	kitchen at Shangilia and funded work on the well at lo	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		9.110.11		
	(Grants \$ 53,300) If this amount			▶ 🗸	29a	53,300
30	Solomon's Home - Provide fund for the care and edu					33,000
	Pastor Solomon Mukunza in Nakuru, Kenya.					
	(Grants \$ 11,330) If this amount	includes foreign gra	ants, check here .	▶ 🗸	30a	11,330
31	Other program services (describe in Schedule O)					
	(Grants \$ 10,105) If this amount	includes foreign gra	ants, check here .	▶ ☑	31a	10,105
CONTRACTOR OF THE PERSON	Total program service expenses (add lines 28a t	the latest territories and the latest territorie			32	152,094
Par					struct	tions for Part IV)
	Check if the organization used Schedule	O to respond to a				
	(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 employ benefit plans, and deferred compensation	ot	Estimated amount of their compensation
Rand	y Stensgard					
	Director and President	5	0		0	0
Jenni	fer Christensen					
	Director and Treasurer	8	0		0	0
Nic B	reen					
	Director and Secretary	3	0		0	0
Jenni	Buonanni					
	Director	2	0		0	0
Dave	Gust					
	Director	1	0		0	0
Tim R	ead					
	Director	1	0		0	0
Lee R	obinson					
	Director	3	0		0	0
April	Stensgard					
	Director	11	0		0	0
					+-	
		1	1			
					+-	***************************************

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	ne	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	_	
			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	00		,
0.4		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	34		V
oou	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	35b		_
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	000		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a			
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
b	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:	4		
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			
	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
C	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	40		,
41	List the states with which a copy of this return is filed Minnesota	40e		✓
41 42a	The examination's backs are in care of Lapping Christonean Telephone no	303-35	0.710	<u> </u>
720	Located at ▶ 9490 Chesapeake St, Highlands Ranch, CO ZIP + 4 ▶		6-4036	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	00.20	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	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).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		1
	If "Yes," enter the name of the foreign country:			_
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		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		res	INO
110	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		476	
	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	44d		
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)	451		,
	101111 000-12 (000 111011 110110110)	45h	1	4

1	D	20	10	1
		ぇし	16	

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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							
Part '		Section 501(c)(3) organizations All section 501(c)(3) organization		stions 47–49b an	nd 52, and	complete the	e tables fo	or lines
		50 and 51. Check if the organization used Scl	nedule O to respond	to any question in	n this Part	VI		🗆
47	D:4 H	as averagination appears in Johnving	activities or hove a	postion FO1(b) also	tion in off	not during the		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							
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								1
b	If "Ye	s," was the related organization a se	ection 527 organization	on?			. 49b	
50		plete this table for the organization's byees) who each received more than						
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estimated other comp	
NONE								
4	T-4-1	number of other employees paid ov	\$100.000)			
51	Comp	olete this table for the organization 000 of compensation from the orga	s five highest compe	ensated independe		tors who each	received r	more than
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	service	(c)	Compensatio	n
NONE								
52		number of other independent contra he organization complete Schedu			. D		0	
		leted Schedule A	· · · · · · · · ·		- · · ·		.► ✓ Yes	□ No
Under petrue, cor	enalties rect, and	of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than	eturn, including accompant officer) is based on all info	ying schedules and state rmation of which prepar	ements, and to er has any kn	o the best of my kn owledge.	owledge and I	belief, it is
0:		Jennifer Chistle	nsen			5/1/18		
Sign Here								
		Type or print name and title	In		Dete		DTIM	
Paid	222	Print/Type preparer's name	Preparer's signature		Date	Check Self-employ		
Prepa Use (Firm's name				Firm's EIN ▶		
		Firm's address ► discuss this return with the preparer	shown above? See i	nstructions		Phone no.	Yes	No
- · - · J · · ·		and the second s						