990-EZ

Short Form Return of Organization Exempt From Income Tax

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A	or the	2019 calendar year, or tax year beginning January 1, 2019, and endi	ng	Dec	ember	31 , 20 19				
В	Check if ap	oplicable: C Name of organization		D Empl	oyer ide	entification number				
	Address c	Love for Kenya		46-4018463						
	Name cha	Ange Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	E Telephone number						
-	Initial retu	9490 Chesaneake St			30	3-359-7196				
Personal Personal		City or town, state or province, country, and ZIP or foreign postal code		F Grou	-					
present	Amended	on pending Highlands Ranch, CO 80126		-	ber >					
		ting Method: ✓ Cash Accrual Other (specify) ►	L			f the organization is not				
	Nebsite		п			ach Schedule B				
		npt status (check only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527)-EZ, or 990-PF).				
		organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other		(1 01111 01						
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	tota	accate	-					
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ				407 474				
-					tions	137,151				
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see								
-	-	Check if the organization used Schedule O to respond to any question in this Policy in the Policy in	-							
	1	Contributions, gifts, grants, and similar amounts received			1	137,125				
	2	Program service revenue including government fees and contracts			2	0				
	3	Membership dues and assessments			3	0				
	4	Investment income			4	26				
	5a	Gross amount from sale of assets other than inventory 5a		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) 5c								
	6	Gaming and fundraising events:								
	a	Gross income from gaming (attach Schedule G if greater than								
ne		\$15,000) 6a		0						
Revenue	b	Gross income from fundraising events (not including \$ 0 of contribution)	ution	ns						
Se		from fundraising events reported on line 1) (attach Schedule G if the								
Indus		sum of such gross income and contributions exceeds \$15,000) 6b		0						
	C	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	sul	btract						
		line 6c)			6d	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)			7c	0				
	8	Other revenue (describe in Schedule O)			8	0				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	9	137,151				
-	10	Grants and similar amounts paid (list in Schedule O)			10	139,545				
	11	Benefits paid to or for members			11	0				
S	12	Salaries, other compensation, and employee benefits			12	0				
enses	13	Professional fees and other payments to independent contractors			13	0				
en	14	Occupancy, rent, utilities, and maintenance			14	0				
Exp	15	Printing, publications, postage, and shipping			15					
hebel	16	Other expenses (describe in Schedule O)			16	169				
					17	3,138				
	17	Total expenses. Add lines 10 through 16		. #		142,852				
5	18	Excess or (deficit) for the year (subtract line 17 from line 9)		· ·	18	-5,701				
SSE	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must a end-of-year figure reported on prior year's return)	gree	WILLI	16					
A	0.0				19	130,582				
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		. >	21	124,881				

Pa	rt II Balance Sheets (see the instructions to	or Part II)	TA SET MAN BOOK SENSE SENSE SENSE SENSE AND A CONTRACT OF SENSE SENSE SENSE SENSE SENSE SENSE SENSE SENSE SENSE	TO COMPANY AND THE COMPANY OF THE PARTY OF T		
DOMESTICAL	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			130,582		124,881
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total liabilities (describe in Schedule C)			130,582	26	124,881
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column		part of the same o	130,582		0
Par		THE RESIDENCE OF THE PARTY OF T	Married Woman or Suprison Company Company of the Co		21	124,881
	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ach program title.	e services provided	, the number of	1	anizations; optional for
28	Childrens Program: Provide financial support for the children at Shangilia Childrens Home near Lusiola, K					
	Nakuru, Kenya (Grants \$ 92,480) If this amount	includes foreign are	anto obsoleboro		200	00.400
29					28a	92,480
25	Post High School Program: Provide scholarships an education and other learning/career preparedness ac					
	Childrens Home, Pastor Solomon Mukunza's home a			s trotti Stiatigilia		
	(Grants \$ 19,515) If this amount			▶ 🗸	29a	19,515
30	Kibera Program: Provide financial support for the pr	THE RESIDENCE OF THE PARTY OF T		elp the		
	desperately poor families, children and street children					
	ministry, Calvary Education Center.					
	(Grants \$ 16,550) If this amount	includes foreign gra	ants, check here .	▶ 🗸	30a	16,550
31	Other program services (describe in Schedule O)					
00	(Grants \$ 11,000) If this amount				31a	
WALKEST CO.	Total program service expenses (add lines 28a t	THE RESIDENCE OF THE PERSON NAMED IN PARTY OF		THE PARTY OF THE P	32	139,545
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				istru	ctions for Part IV)
-	Check if the organization used Schedule	1	(c) Reportable	(d) Health benefits,	1	
	(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 deferred compensation	0	Estimated amount of other compensation
	y Stensgard					
-	rector and President	5	0		0	0
	ifer Christensen	40				
	rector and Treasurer	12	0		0	0
Nic B		2			0	0
	rector and Secretary Gust	3	0		0	0
	rector	2	0		0	0
Tim F						
	rector	3	0		0	0
Lee F	Robinson					
Di	rector	1	0		0	0
April	Stensgard					
Di	rector	1	0		0	0
					-	
					-	
					+	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi					
		D T CITE	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		,		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		1		
	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	35b		_ V		
C	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	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 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? .	00-		,		
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	38a		√		
39	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities					
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶					
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		1		
41	List the states with which a copy of this return is filed ▶ Minnesota					
42a	The organization's books are in care of ▶ Jennifer Christensen Telephone no. ▶					
b	Located at ▶ 9490 Chesapeake St, Highlands Ranch, CO At any time during the calendar year, did the organization have an interest in or a signature or other authority over	80126	-4036 Yes	_		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	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).					
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		1		
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		.)			
110	Did the examination maintain any denor adviced funds during the year? If "Vee " Form 000 must be		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 auxiliarction in School via Co.					
45-	explanation in Schedule O	44d		-		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		√		
D	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		✓		

	\cap	

46	Did the organization engage, directly or	indirectly, in political	campaign activities or	n behalf of or	in opposi		62 140		
	o candidates for public office? If "Yes,"	' complete Schedule (1		
Part V									
	All section 501(c)(3) organization 50 and 51.	ons must answer qu	estions 47-49b and	52, and cor	nplete th	e tables for	lines		
	Check if the organization used S	schedule () to respon	d to any question in	this Part VI					
	Official in the organization used c	oricadic o to respon	a to any question in	tino i di c vi	· · ·		es No		
	Did the organization engage in lobbying								
	rear? If "Yes," complete Schedule C, P					-	1		
	ne organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48								
	Did the organization make any transfers f "Yes," was the related organization a						✓		
	Complete this table for the organization						and key		
	employees) who each received more th								
	(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 contributions t benefit plans, a compen-	o employee and deferred	(e) Estimated a other compe			
NO	NE								
	Complete this table for the organization of the compensation from the organization from the organization from the organization of the compensation from the organization of the compensation of the compensati	ganization. If there is n) Compensation	ore triari		
NON	NE								
			-						
T 12	atal number of other independent	trootore oach varalities	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			0			
	otal number of other independent con- old the organization complete Scheme					0			
	completed Schedule A					.►✓ Yes [No		
	alties of perjury, I declare that I have examined the ct, and complete. Declaration of preparer (other the					nowledge and be	elief, it is		
0:		istensen			3 31	2020			
Sign	Signature of officer			Date	1 1				
Here	Jennifer Christensen, Treasurer Type or print name and title								
Paid	Print/Type preparer's name	Preparer's signature	Da	ate	Check	if PTIN			
Prepai					self-emplo				
Use O	nly Firm's name ▶				's EIN ▶				
May the	Firm's address ► IRS discuss this return with the prepar	er shown above? See	instructions	Phor	ne no.	Yes [No		
ividy tile	mo disouss this return with the prepar	CI SHOWH ADOVE: SEE	THE COLOTION	* * * * *		Form 990 -	A SHARE THE REAL PROPERTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY		