

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2016**Open to Public Inspection**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.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning , and ending	
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 KENOSHA FORGOTTEN FRIENDS, INC. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 831 City or town State ZIP code KENOSHA WI 53142 Foreign country name Foreign province/state/county Foreign postal code
D Employer identification number 46-4648497	
E Telephone number 262-909-9764	
F Group Exemption Number	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) I Website: www.kenoshaforgottenfriends.com	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 76,818	

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 ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	76,818
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	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 \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	76,818	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	67,994
	14 Occupancy, rent, utilities, and maintenance	14	400
	15 Printing, publications, postage, and shipping	15	481
	16 Other expenses (describe in Schedule O)	16	5,188
	17 Total expenses. Add lines 10 through 16	17	74,063
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,755
	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)	19	13,798
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	16,553

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	13,798	22	16,553
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	13,798	25	16,553
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,798	27	16,553

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☒What is the organization's primary exempt purpose? SEE ATTACHED

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 SEE ATTACHED(Grants \$) If this amount includes foreign grants, check here ☐ 28a 74,064

29

(Grants \$) If this amount includes foreign grants, check here ☐ 29a

30

(Grants \$) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ☐ 31a32 Total program service expenses. (add lines 28a through 31a) ☐ 32 74,064**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 ☐

(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
SANDRA MAJEST PRESIDENT	Hr/WK 10.00	-0-		
KATHY SCHMITZ DIRECTOR	Hr/WK 3.00	-0-		
BECKY CARLISLE DIRECTOR	Hr/WK 3.00	-0-		
PAULINE HOLTZ DIRECTOR	Hr/WK 3.00	-0-		
WILLIAM ALTHAUS DIRECTOR	Hr/WK 3.00	-0-		
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

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. ☐

	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.		X
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).		X
35 a 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)?		X
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.		
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.		X
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.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.		
b Did the organization file Form 1120-POL for this year?		
38 a 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?		
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 Gross receipts, included on line 9, for public use of club facilities.		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
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.		X
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.		
e 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.		X
41 List the states with which a copy of this return is filed. <input type="checkbox"/> WISCONSIN		
42 a The organization's books are in care of <input type="checkbox"/> SANDY MAJEST Telephone no. <input type="checkbox"/> 262-909-9764		
Located at <input type="checkbox"/> 7536-25TH AVENUE City <input type="checkbox"/> KENOSHA ST <input type="checkbox"/> WI ZIP + 4 <input type="checkbox"/> 53143		
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)? If "Yes," enter the name of the foreign country: <input type="checkbox"/>		X
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? If "Yes," enter the name of the foreign country: <input type="checkbox"/>		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. <input type="checkbox"/> 43 <input type="checkbox"/> -0-		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
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.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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.		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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).		X

- 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.

	Yes	No
46		X

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 ☐

- 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.

	Yes	No
47		X

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

48		X
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- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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- b** If "Yes," was the related organization a section 527 organization?

49b		X
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- 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."

(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
Name None				
Title	Hr/WK			
Name	Hr/WK			
Title	Hr/WK			
Name	Hr/WK			
Title	Hr/WK			
Name	Hr/WK			
Title	Hr/WK			
Name	Hr/WK			
Title	Hr/WK			

- f** Total number of other employees paid over \$100,000 ▶

- 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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		

- d** Total number of other independent contractors each receiving over \$100,000 ▶

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

☐ 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

SANDY MAJEST

Type or print name and title

Date

PRESIDENT

5/15/2017

Paid Preparer Use Only

Print/Type preparer's name

JAMES M HARMON CPA

Preparer's signature

Date

5/15/2017

Check ☐ if self-employed

PTIN

P01236606

Firm's name ▶ JAMES M. HARMON & CO., LTD.

Firm's EIN ▶ 39-1286303

Firm's address ▶ 6125 GREEN BAY ROAD, SUITE 400, KENOSHA, WI 53142-2928

Phone no. (262) 654-5348

May the IRS discuss this return with the preparer shown above? See instructions.

☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

KENOSHA FORGOTTEN FRIENDS, INC.

Employer identification number

46-4648497

PART I - LINE 16 - OTHER EXPENSES

SUPPLIES	\$ 3,870
OUTSIDE SERVICES	1,143
PROMOTION	150
LICENSE	25
TOTAL	\$ 5,188

PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

KENOSHA FORGOTTEN FRIENDS, INC. IS A NON-PROFIT ORGANIZATION WHOSE MISSION IS THE RESCUE, REHABILITATION AND PLACEMENT OF HOMELESS, ABUSED, ABANDONED, NEGLECTED AND SURRENDERED ANIMALS. OUR GOAL IS TO NURTURE THESE ANIMALS IN LOVING FOSTER HOMES WHILE PROVIDING QUALITY VETERINARY CARE, SOCIALIZATION AND REHABILITATION WHILE SEEKING TO PLACE THEM IN PERMANENT, LOVING AND RESPONSIBLE HOMES.

PART III - LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LAST YEAR WE TOOK IN 90 ANIMALS, SEVERAL OF WHICH WERE SPECIAL NEEDS THAT REQUIRED MAJOR MEDICAL AND A FEW MONTHS TO OVER A YEAR OF MEDICAL CARE BEFORE BEING ABLE TO BE ADOPTED OUT. WE HAD 113 ADOPTIONS AND MANY MORE THROUGH OUR COURTESY POSTS. FOR OUR COURTESY POST ANIMALS, WE REQUIRE ADOPTION APPLICATIONS WHICH INCLUDE BACKGROUND CHECKS ON POTENTIAL ADOPTERS WHOM WE ALSO INTERVIEW FOR THE SURRENDERING OWNERS. WE OFFER THIS SERVICE FREE OF CHARGE TO HELP IN REHOMING THE ANIMAL TO A PROPER SAFE PLACE. WE ALSO OFFER HELP WITH FOOD AND SUPPLIES AND SOMETIMES MEDICAL ASSISTANCE TO AN OWNER WHO IS STRUGGLING TO KEEP THEIR PET.

LAST YEAR WE TOOK IN \$76,818 IN DONATIONS OF WHICH \$63,971 WAS VETERINARY CARE. THE REMAINDER IS SPENT ON FOOD, LITTER, SUPPLIES AND MEDICATIONS. WE ARE STRICTLY VOLUNTEER SO NO ONE HAS A SALARY AND MANY FOSTERS AND VOLUNTEERS DONATE NOT ONLY THEIR TIME BUT SUPPLIES.