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

Do not enter social security numbers on this form as it may be made public.

Open to Public

	Inter	rnal Revenue Service	information about Form 990-EZ and its instructions is at www.irs.gov/form990.	inspe	ction	
	A		dar year, or tax year beginning , and ending			
	В	Check if applicable:	C Name of organization D Employer	identificatio	number	
	닉	Address change	KENOSHA FORGOTTEN FRIENDS, INC. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite			
ļ	\dashv	Name change		46-464849	97	
Ĺ	\dashv	Initial return Final return/terminated	P.O. BOX 831 City or town State ZIP code	e number	-	
Ļ	\dashv	TO AN ENGINEERING AND		262-909-9	764	
F	=	Application pending	KENOSHA WI 53142 Foreign country name Foreign province/state/county Foreign postal code F Group E		, 07	
L			Number			
-		Accounting Method:			anic-ti	
- 1					ganization is Schedule B	
,		ax-exempt status (chec				
7	- 100	orm of organization:	X Corporation Trust Association Other		· · · · · · · · · · · · · · · · · · ·	
		designed reserves the second sector s				
L			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets low) are \$500,000 or more, file Form 990 instead of Form 990-EZ	¢	76 040	
			low) are \$500,000 or more, file Form 990 instead of Form 990-EZ		76,818	
L	all		the organization used Schedule O to respond to any question in this Part I			
_	_					
				2	76,818	
				3		
				4		
			nt from sale of assets other than inventory	-		
			other basis and sales expenses			
			The second secon	5c		
			fundraising events			
	1		e from gaming (attach Schedule G if greater than			
9						
Revenue		200 V 10 (80)	e from fundraising events (not including \$of contributions			
Š			ing events reported on line 1) (attach Schedule G if the			
2			gross income and contributions exceeds \$15,000) 6b			
			expenses from gaming and fundraising events			
			(loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
			6d			
	~		f inventory, less returns and allowances			
1		b Less: cost of g	OOGO COIG.	7c		
		c Gross profit or	(loss) from sales of inventory (Subtract line 7b from line 7a)	8		
	8		(describe in Schedule O)	9	76,81	
1	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	, 0,01	
	10	Grants and sin	nilar amounts paid (list in Schedule O)	11		
ı	11	Benefits paid to	o or for members			
13	12	Salaries, other	compensation, and employee benefits	12	67,9	
	13	Professional fe	es and other payments to independent contractors	13		
	14	Occupancy, rer	nt, utilities, and maintenance	14	4	
	15	Printing public	ations, postage, and shipping	15		
	16	Other expenses	s (describe in Schedule O)	16	5,1	
		Total evnenses	Add lines 10 through 16	17	74,	
	7	Total expenses	cit) for the year (Subtract line 17 from line 9)	18	2,	
	8	Excess or (defi-	city for the year (Subtract line 17 from line 27, column (A)) (must agree with			
1	9	Net assets or fu	and balances at beginning of year (from line 27, column (A)) (must agree with	19	13	
		end-of-year figu	ure reported on prior year's return)			
2	0	Other changes	in net assets or fund balances (explain in Schedule O)	21	16	
2		Net assets or fu	and balances at end of year. Combine lines 18 through 20	21	Form 990-EZ	
					Form 77.7U=[/	

Pa	rt II Balance Shee Check if the orga	anization used Schedule O to re	espond to any qu	SCOUOTI III UIII	Part II	• • •				
						(A) Beg	inning of year 13,798	22	(B) Er	16,553
22	Cash, savings, and	investments					13,790	23	-	10,555
23 24	Other assets (descri	ibe in Schedule O)						24		
25	Total assets					- Signal State Con-	13,798	$\overline{}$		16,553
26	Total liabilities (des	scribe in Schedule O)					13,798	26		16 EE2
27	Net assets or fund	balances (line 27 of column (B) must agree w	ith line 21)	for Doct III)		13,798	3 21		16,553
Par	Statement of	Program Service Accomplishing rganization used Schedule O to	nments (see the o respond to an	e instructions v auestion in	this Part III.		X		Ex	penses
			SEE ATTACHE							for section
vvnat	ribo the organization's	primary exempt purpose?	nents for each o	of its three la	gest program	services	 S,	org	anizatio	and 501(c)(4) ons; optional
Desci	easured by expenses.	. In a clear and concise manne	r, describe the	services prov	rided, the num	ber of		for	others.)
person	ns benefited, and oth	er relevant information for eac	h program title.							
	SEE ATTACHED									
			in all de a forcio	n granta sh	ook horo			1 0	_	74.064
	Grants \$) If this amount] 28	d	74,064
29								-		
								7		
	Dranta C) If this amount	includes foreig	n grants ch	eck here		▶ [و ا آ	a l	
	Grants \$							-	-	
30								-	1	
								-	- 1	
(G	Grants \$) If this amount	includes foreig	n grants, ch	eck here		▶] 3	0a	
		s (describe in Schedule O) .								
21 Ot	their program service.	o (doconino in consecuto e)			a ale bara		▶	7 3	4-	
) If this amount	includes foreign	gn grants, ch	eck here	3.60			1a	
(G	Frants \$) If this amount		gn grants, ch					32	74,064
(G 32 To	rants \$	expenses. (add lines 28a th	rough 31a) .	gn grants, ch				>	32	
(G 32 To	rants \$ tal program service V List of Officers	e expenses. (add lines 28a th	rough 31a) . ey Employees	n grants, ch	e even if not co	mpensat	ed—see the	instruc	32 ctions f	for Part IV)
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	art V Other Information (Note the Schedule A and personal benefit contract statement requirements in the	16	HER PARTY	. 3
	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	-	Yes I	No
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	. 1	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	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)?	35a		X
	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		
С	a need only the control of the contr			
20	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	-	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	36		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	36	-	X
	Did the organization file Form 1120-POL for this year?	37b		and the same of
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0.2		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		- Buchana
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	4	1	3
	Gross receipts, included on line 9, for public use of club facilities	1		1
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			1
	section 4911 ► ; section 4912 ► ; section 4955 ►	1		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	Sections	and and the	- In construction
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year hat has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40	. 1	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	401	0	X
	on organization managers or disqualified persons during the year under sections 4912,			1
	955, and 4958			
	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	- 1		
	Oc reimbursed by the organization			1
	Il organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	- 1		-
	ansaction? If "Yes," complete Form 8886-T.	4	De	X
	st the states with which a copy of this return is filed. WISCONSIN			1 /
		26	2-909-	9764
				3104
		3143		
b At a	any time during the calendar year, did the organization have an interest in or a signature or other authority over			
•			Y	es N
	nancial account in a foreign country (such as a bank account, securities account, or other financial account)?		12b	es N
If "Y	nancial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes," enter the name of the foreign country:			_
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If "Y See Fina C At a If "Ye Sect and c Did th comp Did th lf "Yes	nancial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes," enter the name of the foreign country: The the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and ancial Accounts (FBAR). In time during the calendar year, did the organization maintain an office outside the United States? Yes," enter the name of the foreign country: The tion 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here enter the amount of tax-exempt interest received or accrued during the tax year. The organization maintain any donor advised funds during the year? If "Yes," Form 990 must be obleted instead of Form 990-EZ. The organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be obleted instead of Form 990-EZ. The organization receive any payments for indoor tanning services during the year? Solution 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	-0-	42c 44a 44b 44c	Yes
If "Y See Fina C At a If "Ye Sect and e Did th comp Did th compi Did th If "Yes explan	nancial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes," enter the name of the foreign country: The the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and ancial Accounts (FBAR). The time during the calendar year, did the organization maintain an office outside the United States? The enter the name of the foreign country: The initial point of the foreign country: The enter the amount of tax-exempt interest received or accrued during the tax year. The organization maintain any donor advised funds during the year? If "Yes," Form 990 must be obteted instead of Form 990-EZ. The organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be obteted instead of Form 990-EZ. The organization receive any payments for indoor tanning services during the year? The organization receive any payments for indoor tanning services during the year? The organization of the foreign country: The organization receive any payments for indoor tanning services during the year? The organization of the foreign country: The organization receive any payments for indoor tanning services during the year? The organization of the foreign country: The organization receive any payments for indoor tanning services during the year? The organization of the foreign country: The organization receive any payments for indoor tanning services during the year?	-0-	42c 44a 44b 44c 44d	Yes
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If "Y See Fina C At a If "Ye Sect and e Did th comp Did th f "Yes explan Did the	nancial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes," enter the name of the foreign country: The the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and ancial Accounts (FBAR). The third states is a support of the foreign country: The the name of the foreign country: The tion 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here are the amount of tax-exempt interest received or accrued during the tax year. The organization maintain any donor advised funds during the year? If "Yes," Form 990 must be deted instead of Form 990-EZ. The organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be deted instead of Form 990-EZ. The organization receive any payments for indoor tanning services during the year? Solve to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an mation in Schedule O. The organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?	-0-	42c 44a 44b 44c 44d	Yes
If "Ye See Fina C At a If "Ye Sect and c Only the Composite of the Composi	nancial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes," enter the name of the foreign country: The the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and ancial Accounts (FBAR). The time during the calendar year, did the organization maintain an office outside the United States? The es," enter the name of the foreign country: The time during the calendar year, did the organization maintain an office outside the United States? The es," enter the name of the foreign country: The time during the calendar year, did the organization maintain an office outside the United States? The enter the name of the foreign country: The organization during the year? If "Yes," Form 1041—Check here detected instead of form 990-EZ. The organization maintain any donor advised funds during the year? If "Yes," Form 990 must be detected instead of Form 990-EZ. The organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be detected instead of Form 990-EZ. The organization receive any payments for indoor tanning services during the year? The organization receive any payments for indoor tanning services during the year? The organization receive any payments for indoor tanning services during the year? The organization in Schedule O. The organization have a controlled entity within the meaning of section 512(b)(13)?	-0-	42c 44a 44b 44c 44d	Yes

44

45 a 45 b

4.0		OTTEN FRIENDS, INC			
46	Did the organization engage			46	-4648497 Page 4
Part	to candidates for public office? If "Yes," or Section 501(c)(3) organization	omplete Schedule C. Part I	ctivities on behalf of or in	opposition	Yes No
					46 X
	All section 501(c)(3) organization 50 and 51. Check if the organization used	ons must answer questions	47-49b and 52 and	Complete the true	
	Check if the organization used	Schedule O to sees 4	and oz, and	complete the tables	s for lines
3-31-3-31-31-31-31-31-31-31-31-31-31-31-		correduce of to respond to	any question in this Pa	art VI	
47 [Did the organization engage in lobbying a	ctivities as b			
У	Did the organization engage in lobbying ac year? If "Yes," complete Schedule C, Part	u section 501	h) election in effect durin	g the tax	Yes No
48 (s the organization a school as described in	D. Cooting 470/11/41/41			. 47 X
			es," complete Schedule	E	48 X
b If	"Yes," was the related organization a sec	tion 527 organization	ated organization?.	m * e * * * * q g	192
90 C	Ulliplete tills table for the organization's f	vo highant			49h
er	omplete this table for the organization's fi mployees) who each received more than	\$100,000 of companyation for	loyees (other than office	rs, directors, trustees,	, and key
	mployees) who each received more than	FINEGUOTING	om the organization. If the	ere is none, enter "No	one."
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable	(d) Health benefits	
36		devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	(e) Estimated amount of
Name No	one	100	(* 511115 TT 27 1039-WIISC)	compensation	other compensation
Title					
Name		Hr/WK			
Title				_	
Name		Hr∕WK			
Title				1 -01 -03	
		Hr∕WK			
Name					
Title		Hr/WK			
Name	***************************************				
Title	al number of other employees paid over	Hr/WK			
<u> </u>	nplete this table for the organization's fiv 0,000 of compensation from the organiz	ration. If there is none, enter '	pendent contractors who 'None."	each received more	than
	0,000 of compensation from the organiz (a) Name and business address of each inde	ation. If there is none, enter	Dendent contractors who 'None." (b) Type of service		
Name None	(a) Name and business address of each inde	ation. If there is none, enter	'None."		than c) Compensation
	(a) Name and business address of each indep	pendent contractor	'None."		
Name None	(a) Name and business address of each independent of the street of the s	ation. If there is none, enter	'None."		
Name None City Name	(a) Name and business address of each independent of the structure of the	pendent contractor	'None."		
Name None City Name City	(a) Name and business address of each independent of the structure of the	pendent contractor	'None."		
Name None City Name City Name	(a) Name and business address of each independence Str	pendent contractor	'None."		
Name None City Name City Name City Name City	(a) Name and business address of each independent of the structure of the	pendent contractor	'None."		
Name None City Name City Name	(a) Name and business address of each independence Str	pendent contractor ZIP ZIP	'None."		
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Name None City Name City Name City Name City Name City Name City Od Total n	(a) Name and business address of each independent contractor	zip zip zip zip zip zip zip zip	(b) Type of servic	e (
Name None City Name City Name City Name City Name City Od Total n 2 Did the	(a) Name and business address of each independent contractor or organization complete Schedule A? Name and business address of each independent contractor or organization complete Schedule A? Name and business address of each independent contractor or organization complete Schedule A? Name and business address of each independent contractor or organization complete Schedule A? Name and business address of each independent contractor or organization complete Schedule A? Name and business address of each independent contractor or structure.	ZIP ZIP ZIP ZIP ZIP ZIP ZIP ZIP	(b) Type of service (b) Type of service	e (c) Compensation
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Name None City Name City Name City Name City Od Total n Complete complete complete penalties or lee, correct, and lee complete co	(a) Name and business address of each independent of Str. S	ZIP ZIP ZIP ZIP S each receiving over \$100, lote: All section 501(c)(3) or in, including accompanying schedule ter) is based on all information of where the preparer's signature in the control of t	(b) Type of service (b) Type of service ganizations must attach and statements, and to the bich preparer has any knowled Date 5/	Date PRESIDEN Check Self-emplo	C) Compensation Yes X Note to be lief, it is 5/15/2017 T PTIN P01236606 39-1286303
Name None City Name City Name City Name City Name City Od Total n Completed the completed of the completed o	(a) Name and business address of each independent of the independent contractor of organization complete Schedule A? Noted Schedule A. If perjury, I declare that I have examined this return complete. Declaration of preparer (other than office of the independent contractor of the schedule A? Noted Schedule A. If perjury, I declare that I have examined this return complete. Declaration of preparer (other than office of the independent contractor of preparer (other than office of the independent contractor of perjury, I declare that I have examined this return complete. Declaration of preparer (other than office of the independent contractor of perjury, I declare that I have examined this return complete. Declaration of preparer (other than office of the independent contractor of perjury.)	ZIP ZIP ZIP ZIP S each receiving over \$100, lote: All section 501(c)(3) or in, including accompanying schedule ter) is based on all information of where the preparer's signature in the control of t	(b) Type of service (b) Type of service ganizations must attach and statements, and to the bich preparer has any knowled Date 5/	Date PRESIDEN Check Self-emplo	. ► Yes X Note belief, it is 5/15/2017 T PTIN yed P01236606

May

SCHEDULE O (Form 990 or 990-EZ)

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.

ation 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

Department of the Treasury Internal Revenue Service	out Schedule O (Form 990 or 990-EZ) and its instructi		Inspection
Name of the organization		Employer identi	fication number
KENOSHA FORGOTTEN FRIENDS, II	NC.	46-4648497	
PART I - LINE 16 - OTHER EXPENSE	S		
SUPPLIES		\$ 3,870	
OUTSIDE SERVICES		1,143	
PROMOTION		150	
I CENSE		25	
TOTAL		<u>\$ 5,188</u>	
PART III - ORGANIZATION'S PRIMAR	Y EXEMPT PURPOSE		
KENOSHA FORGOTTEN FRIENDS, INC.	IS A NON-PROFIT ORGANIZATION WHOSE D, ABANDONED, NEGLECTED AND SURREN	MISSION IS THE RESCUE, I DERED ANIMALS. OUR GOAL	REHABILITATION IS TO NURTURE
THESE ANIMALS IN LOVING FOSTER H	IOMES WHILE PROVIDING QUALITY VETER	INARY CARE, SOCIALIZATION	N AND
REHABILITATION WHILE SEEKING TO	PLACE THEM IN PERMANENT, LOVING AN	D RESPONSIBLE HOMES.	
•••••			
PART III - LINE 28 - STATEMENT O	F PROGRAM SERVICE ACCOMPLISHMENTS		
AST YEAR WE TOOK IN 90 ANIMALS, ONTHS TO OVER A YEAR OF MEDICAL	SEVERAL OF WHICH WERE SPECIAL NEED CARE BEFORE BEING ABLE TO BE ADOP	OS THAT REQUIRED MAJOR MED TED OUT WE HAD 113 ADD	DICAL AND A FEW
ANY MORE THROUGH OUR COURTESY PO	OSTS. FOR OUR COURTESY POST ANIMA	LS. WE REQUIRE ADOPTION	APPLICATIONS
HICH INCLUDE BACKGROUND CHECKS	ON POTENTIAL ADOPTERS WHOM WE ALSO	INTERVIEW FOR THE SURRE	NDERING
WNERS. WE OFFER THIS SERVICE FI	REE OF CHARGE TO HELP IN REHOMING	THE ANIMAL TO A PROPER S	AFF PLACE
ALSO OFFER HELP WITH FOOD AND	SUPPLIES AND SOMETIMES MEDICAL AS	SISTANCE TO AN OWNER WHO	IS
IRUGGLING TO KEEP THETR PET.			
AST YEAR WE TOOK IN \$76,818 IN D	DONATIONS OF WHICH \$63,971 WAS VET	ERINARY CARE. THE REMAI	NDER IS
THE OR FOOD, LITTER, SUPPLIES A	AND MEDICATIONS. WE ARE STRICTLY	VOLUNTEER SO NO ONE HAS	A SALARY
D MANY FOSTERS AND VOLUNTEERS	DONATE NOT ONLY THEIR TIME BUT SUP	PLIES.	
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