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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047
2009
Open to Public

	al Revenue S	27/27/22		ements.	Inspection
	heck if applicable	<u> </u>		D Employe	er identification number
\neg	ddress change	use IRS Love146, Inc.	į	Limploy	
=	-	label of		20-1	168284
ᆗᅦ	ame change	print or Doing Business As type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	
tn	nitial return	See 132 Temple Street	7.00.1100.110	•	772-4420
T	ermination	Specific		G Gross receipt	
	mended return	tions. New Haven CT 06510	ľ	O Gross roscipi	
=		E Name and address of annual officers		H(a) Isthisag	mun return for
	pplication pendii	Robert Morris		affiliates?	
		132 Temple Street	İ	H(b) Are all aff included?	iliates Yes N
		New HavenCT 06510	ł		tach a list. (see instructions)
1 7	Fax-exempt st				,
		www.love146.org		H(c) Group ex	emption number
_					State of legal domicile C
		Summary		<u> </u>	
T		describe the organization's mission or most significant activities:			
ا ا		vel46, Inc. works toward the abolition of child sex	slavery an	ıd .	•
Ĕ		ploitation through Prevention and Aftercare solution			to
Ë		growing abolition movement.	• •	•	
8		this box I if the organization discontinued its operations or disposed of more than 2	5% of its net ass	ets.	
Activities & Governance					9
88		er of independent voting members of the governing body (Part VI, line 1b)		4	9
₹		number of employees (Part V. line 2a)		5	8
5	6 Total	number of volunteers (estimate if necessary)	2 2010 👯	6	
`	7a Total	gross unrelated business revenue from Part VIII, column (C), line 12		7a	
	b Net u	nrelated business taxable income from Form 990-T, line 34		7b	
	-	Uguz	Prior Yea		Current Year
e e		buttons and grants (Part VIII, line 1h)	13.9.3	,108	805,38
Revenue	9 Progr	am service revenue (Part VIII, line 2g)			
ě	10 Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)		742	96.
"	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	860	19,84	
_	12 Total	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,416		826,18
		s and similar amounts paid (Part IX, column (A), lines 1–3)	340	861	197,73
		fits paid to or for members (Part IX, column (A), line 4)			
Se		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	42	.,466	260,21
Expense		ssional fundraising fees (Part IX, column (A), line 11e)			
×	1	fundraising expenses (Part IX, column (D), line 25) ▶ 78,766			
		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		7,467	273,38
		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		794	731,33
- 8	19 Reve	nue less expenses Subtract line 18 from line 12	24 6 Beginning of Cur	5,916	94,85 End of Year
Assets or Balances	20 Total	assets (Part X, line 16)		3,173	462,23
Ass	24 Total	liabilities (Part X, line 26)		,166	18,37
Net	21 1000	ssets or fund balances Subtract line 21 from line 20		,007	443,86
— <u>₩</u>	art II	Signature Block		7,007	
E	art H	Under penalties of penury, I declare that I have examined this return, including accompanying schedules	s and statements, a	nd to the best	of my knowledge
		and belief, it is trop correct, and complete Declaration of preparer (other than officer) is based on all inf	ormation of which p	reparer nas a	/
Sig				0 5/	25/10
He	re	Signature of officer	_	Date	
		Robert Morris Presi	.dent		
		Type or print name and title			[D
D - 1		Preparer's C. Moula Kenny CPA Date	Check self-	ıf	Preparer's identifying number (see instructions)
Pai		signature G. Martin Henry Jr. 02/2	4/10 employ	ed ▶ 🚨	P00311670
	eparer's	Firm's name (or yours Henry, Raymond & Thompson, LLC		EIN ▶	52-238366
US	e Only	if self-employed), 2319 Whitney Avenue Suite 5D		Phone	
		address, and ZIP+4 Hamden, CT 06518		no 🕨	203-288-414
May	the IRS dis	scuss this return with the preparer shown above? (see instructions)			X Yes I
	Privacy Ac	t and Paperwork Reduction Act Notice, see the separate instructions.	<u></u>		Form 990
-	`				Δ

om 990 (2009) Love			20-1168284	Page 2
	ent of Program Service	Accomplishments		
1 Briefly describe the			a£ mbild == 1	
Lovel46, In	c. works toward	the abolition	of child sex slave	ery and
			rcare solutions and	i coutributes to
a growing a	bolition movemen	ilt		
2 Did the organization	undertake any significant progr	am services during the year	which were not listed on	
the prior Form 990 c		am services during the year	which were not listed on	Yes X No
	ese new services on Schedule (O.		
	cease conducting, or make sign		nducts, any program	
services?	out to make the			Yes X No
	ese changes on Schedule O	•• •		
	_	h of the organization's three	largest program services by expenses	•
Section 501(c)(3) ar	nd 501(c)(4) organizations and s	ection 4947(a)(1) trusts are	required to report the amount of grants	and
allocations to others	, the total expenses, and revenu	ue, if any, for each program :	service reported.	
	(Expenses \$	078 including grants of	\$ 197,738) (Rever	nue \$ ੵ
Lovel46, In	c. has initiated	d two core pro	gram areas to comba	at the issue of
			ention and Aftercar	
			and training project	
			ms to reduce the r	
			tion networks, empo	
recearch on	the iccue to e	cion, Lovei46,	Inc. works to grow wledge base for the	v a body of
	d the communities		wredge base for the	organizacion,
partners an	ia cije communitci	es serveu.		
	• •		• •	• • • • • • • • • • • • • • • • • • • •
• •	• •			•
• •	• • • •			
4b (Code:)	(Expenses \$	including grants of	\$) (Reve	nue \$
			• • • •	· · · · · · · · · · · · · · · · · · ·
• • •		•		
•	••			
• •	•		•	
	•			
4c (Code)	(Expenses \$	including grants of	\$) (Reve	nue \$
• • • •				•
				., .
44 04	ann (Danasha in Orbesta) Orb	 		
4d Other program serv (Expenses \$	nces. (Describe in Schedule O.)) (Revenue \$	1
4e Total program ser		grants of \$ 549,078) (Nevenue \$	
-e rocar program ser	TIOU OAPOII363 F	J=J, U/U		

	1930 (2003) HOVE140, THE.			age J
P	art IV Checklist of Required Schedules		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		,,	
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		:	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
_	o Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization report an amount for other habilities in Part X, line 237 in Test, complete Schedule B, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate or consolidated financial statements for the tax year include a footbole that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Χ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Χ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

20-1168284 Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24a 24b through 24d and complete Schedule K If "No," go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Χ 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? Χ 27 If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N. Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, Χ 34 III. IV. and V. line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х 36 organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

DAA

	990 (2009) Love146, Inc. 20-1168284		Р	age 5
_Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		Ι.	
1-	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
ıa	U.S. Information Returns Enter -0- if not applicable			ĺ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		ĺ
_	gaming (gambling) winnings to prize winners?	1c	Х	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			İ
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country			ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			ĺ
	and Financial Accounts			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			.,
	organization solicit any contributions that were not tax deductible?	_6a		X
Þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.	Х	ĺ
	and services provided to the payor?	7a 7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76	Δ.	-
С	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	1,0		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		
·	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			į
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			İ
а	Initiation fees and capital contributions included on Part VIII, line 12	4		İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter			į
а	Gross income from members or shareholders 11a	4		İ
b	Gross income from other sources (Do not net amounts due or paid to other sources against			į
	amounts due or received from them)	-∤		İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1	990	

Form 990 (2009) Love146, Inc. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management						
						res	No
1a	Enter the number of voting members of the governing body	1a	9		Т		
b	Enter the number of voting members that are independent	1b	9				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?			2			Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct						_
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?		4			Χ
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5			Χ_
6	Does the organization have members or stockholders?			6			X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members						
	of the governing body?			78	┙		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			71	Ш		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following						
а	The governing body?			88		X	
b	Each committee with authority to act on behalf of the governing body?			81		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached						
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9			Χ
Sec	tion B. Policies (This Section B requests information about policies not required by the I	nterna	d				
Rev	renue Code.)						
				_	<u> </u>	res	No
10a	Does the organization have local chapters, branches, or affiliates?			10	a L		Χ
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10	b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					- 1	
	form?				Ц.		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12	a L	X	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				-		
	rise to conflicts?			12	b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				1		
	describe in Schedule O how this is done			12	<u>c </u>	Х	
13	Does the organization have a written whistleblower policy?			13	<u>!</u>		X
14	Does the organization have a written document retention and destruction policy?			14	Ц.		X
15	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				1		
а	The organization's CEO, Executive Director, or top management official			15	_	X	
b	Other officers or key employees of the organization			15	b L	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)						
16a							
	with a taxable entity during the year?			16	a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate						
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard						
	the organization's exempt status with respect to such arrangements?			16	b	1	
<u>Sec</u>	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ CT						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)					
	available for public inspection. Indicate how you make these available. Check all that apply						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest of the conflict of the c	erest					
	policy, and financial statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the books and records of	the					
	organization ▶ Steve Martin 132 Temple Street,			000 =			
N	ew Haven CT 0653	LO		<u> 203-7</u>	/2	-4	420

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."

|X| Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	(C) Position (check all th					pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Lamont Hiebert Secretary	2.00	Х						0	0	0
Stephan Bauman Director	1.00	Х						0	0	0
Heather Crane Director	1.00	Х						0	0	0
Mark Markiewicz Director	1.00	Х						0	0	0
Kristin Wiebe Director Mike Morris	1.00	Х						0	0	0
Director Rudy Chavez	1.00	Х						0	. 0	0
Director	1.00	Х						0	0	0
										·
								-		
			-							
•	1									

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Form 990 (2009)

Form 990 (2009) Love 146 20-1168284 Inc Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (A) (C) (D) Name and Title Average Position (check all that apply) Reportable Reportable Estimated compensation compensation hours per amount of Officer Institutional trustee Key employee from from related other week ndividual trustee r director inghest compensated imployee organizations compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations 1b Total Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization > 0 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Χ individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (B) Description of services (C) Compensation (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Form 990 (2009) Love 146, Inc.

Statement of Revenue Part VIII (B) Related or (D) Revenue excluded from tax (A) (C) Total revenue exempt function business under sections 512, 513, or 514 revenue revenue Program Service Revenue | Contributions, gifts, grants 1a Federated campaigns 1b b Membership dues 59,340 c Fundraising events 1¢ d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 746,041 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 805,381 Busn. Code 2a b f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 965 965 other similar amounts) Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (II) Personal 6a Gross Rents **b** Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (II) Other (ı) Secunties sales of assets other than inventor Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue 59,340 (not including \$ of contributions reported on line 1c) 19,840 See Part IV, line 18 b Less direct expenses 19,840 19,840 \blacktriangleright c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b All other revenue ▶ Total. Add lines 11a-11d 965 0 19,840 Total Revenue. See instructions. 826,186

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must o				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		· ·		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	_			
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	197,738	197,738		
4	Benefits paid to or for members				~~~
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	223,784	151,375	41,780	30,629
8	Pension plan contributions (include section 401(k)	223, 104	131,373	41,700	30,023
0					
٥	and section 403(b) employer contributions) Other employee benefits	19,134	13,011	3,444	2 679
9		17,293	11,586	3,113	2,679 2,594
10	Payroll taxes	11,293	11,500	3,113	2,334
11	Fees for services (non-employees)				
a	Management	2 211	2,311		
b	Legal	2,311 9,534	2,311	9,534	
С.	Accounting	9,334		9,334	
d	Lobbying	-			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	22 516	2 000	7 200	12 005
9	Other	22,516	2,082	7,209	13,225
12	Advertising and promotion				
13	Office expenses				
14	Information technology				.
15	Royalties	22.060	17 760	16 100	
16	Occupancy	33,962	17,769	16,193	4 104
17	Travel	65,693	60,003	1,496	4,194
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,576	7,576		
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together			· ·	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Temp Help - Contract Labo	102,128	81,308		20,820
b	Bank Charges	11,359	322	11,037	
С	Printing and reproduction	5,198	829	1,553	2,816
d	Supplies	4,630	640	3,396	594
е	All Other	4,023	799	3,224	
f	All other expenses	4,453	1,729	1,509	1,215
25	·	731,332	549,078	103,488	78,766
	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA					Form 990 (2009)

Part	X Balance Sheet		1100204		raye II
			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	Ĺ	275,450	1	192,322
2	Savings and temporary cash investments	L		2	227,679
3	Pledges and grants receivable, net		82,132	3	17,073
4	Accounts receivable, net			4	
5	Receivables from current and former officers, directors	, trustees, key			
	employees, and highest compensated employees. Cor	nplete Part II of			
- 1	Schedule L			5	
6	Receivables from other disqualified persons (as defined	d under section			
	4958(f)(1)) and persons described in section 4958(c)(3	\$			
	Part II of Schedule L			6	
Assets 8 8 8	Notes and loans receivable, net	ſ		7	
8 28	Inventories for sale or use			8	
و الخ	Prepaid expenses and deferred charges		3,789	9	3,765
10a	Land, buildings, and equipment cost or		•		
	other basis Complete Part VI of Schedule D	10a 52,137			
b	Less accumulated depreciation	10b 34,139	18,402	10c	17,998
11	Investments—publicly traded securities			11	
12	Investments—other securities See Part IV, line 11			12	
13	investments—program-related See Part IV, line 11			13	
14	Intangible assets	Ţ.		14	
15	Other assets See Part IV, line 11	ļ.	3,400	15	3,400
16	Total assets. Add lines 1 through 15 (must equal line 3	34)	383,173	16	462,237
17	Accounts payable and accrued expenses	,	27,438		13,898
18	Grants payable	Ţ.		18	
19	Deferred revenue	Ţ.		19	
20	Tax-exempt bond liabilities	Ţ.	-	20	
	Escrow or custodial account liability Complete Part IV	of Schedule D		21	
.≝ ।	Payables to current and former officers, directors, trust	T T			· · · · · · · · · · · · · · · · · · ·
≣	employees, highest compensated employees, and disc	· · · · · · · · · · · · · · · · · · ·			
<u>'a</u>	persons Complete Part II of Schedule L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22	
	Secured mortgages and notes payable to unrelated this	rd narties		23	
24	Unsecured notes and loans payable to unrelated third	·	-	24	·
25	Other liabilities. Complete Part X of Schedule D		6,728	25	4,478
26	Total liabilities. Add lines 17 through 25	ř	34,166	26	18,376
-	Organizations that follow SFAS 117, check here ▶	X and			
Balances 27 28	complete lines 27 through 29, and lines 33 and 34.				
E 27	Unrestricted net assets		349,007	27	443,861
E 28	Temporarily restricted net assets	ţ		28	
D 29	• •	ŀ	· - · - "	29	
5 2	Organizations that do not follow SFAS 117, check he	ere ▶ 🗀			
Ľ	and complete lines 30 through 34.				
Net Assets or Fund 30 31 33 34 35	Capital stock or trust principal, or current funds			30	
9 31 31	Paid-in or capital surplus, or land, building, or equipme	nt fund		31	
SS 32	Retained earnings, endowment, accumulated income,	Г		32	
¥ 33	Total net assets or fund balances		349,007	33	443,861
8 34		ŀ	383,173	34	462,237
34	Total liabilities and net assets/fund balances		202,112	J-4	702,231

Form **990** (2009)

Form	990 (2009) Love146, Inc.	20-1168284		Pa	ge 12
Pa	rt XI Financial Statements and Reporting				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash	X Accrual Other			
	If the organization changed its method of accounting from a prior year	r or checked "Other," explain in			
	Schedule O		!		
2a	Were the organization's financial statements compiled or reviewed by	y an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent	ent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that	assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and select	tion of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection p	rocess during the tax year, explain in			
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the fin	ancial statements for the year were			
	issued on a consolidated basis, separate basis, or both				
	Separate basis Consolidated basis Both consolidate	ed and separate basis			
3a	As a result of a federal award, was the organization required to under	go an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a_		X
b	If "Yes," did the organization undergo the required audit or audits? If t	the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any	steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

OMB No 1545-0047

			Lover46, Inc	•					20.	<u> </u>	0204			
P	art i	Reas	on for Public Charity	Status (All organizations	s must o	complet	e this	part.)	See ir	nstruct	tions.			
Γhe	orga	nization is not	a private foundation because	e it is (For lines 1 through 11, o	check on	y one box	:)							
1		A church, co	nvention of churches, or ass	ociation of churches described	ın sectioi	170(b)(1	l)(A)(i).							
2			cribed in section 170(b)(1)(,								
3	Н			ce organization described in sec	ction 170	(b)(1)(A)(iii).							
4	H			d in conjunction with a hospital of			-	.V4V&Vi	ii) Ente	ar the ho	senital's name			
•	ш		-	a in conjunction with a nospital	uescribeu	III Secut	11.0(0	יאייארי	my. Line	or the ric	ospital s marrie	,		
-		city, and stat		-£										
5	Ш			of a college or university owned	or operat	ed by a g	overnme	entai un	it descri	bea in				
			b)(1)(A)(iv). (Complete Part											
6				overnmental unit described in s										
7	X	An organizat	on that normally receives a	substantial part of its support fre	om a gove	ernmenta	unit or	from the	genera	al public	;			
		described in	section 170(b)(1)(A)(vi). (Co	omplete Part II)										
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	: II)									
9		An organizat	ion that normally receives (I) more than 33 1/3 % of its sup	port from	contribut	ions, me	embersh	np fees	and gre	oss			
		receipts from	activities related to its exen	npt functions—subject to certain	exceptio	ns, and (2	2) no mo	ore than	33 1/3	% of its				
		support from	gross investment income ar	nd unrelated business taxable ir	ncome (le	ss section	511 ta	x) from t	ousines	ses				
		acquired by t	he organization after June 3	0, 1975 See section 509(a)(2).	. (Comple	te Part III)							
10			-	exclusively to test for public safe										
11	Ħ			exclusively for the benefit of, to					v out the	е				
		-	•	•	-				•		1			
		purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
		a Type		c Type III-Function			d		e III–Oi	her				
е			··	anization is not controlled direc			ne or m	⊸ . .						
Ĭ	ш	•		and other than one or more put	•				•		1			
		-	section 509(a)(2)	and out of the part	,,									
f			• • • •	rmination from the IRS that it is	a Tyne I	Type II	or Type	III sunn	ortina					
•			check this box		. u . , po .,	.,pc,	J , po	осрр	J9					
~		•		tion accepted any gift or contrib	ution from	any of th	10							
g		-	_	non accepted any gift of contrib	411011 11011	i any or a								
		following per		untrala author alono ar tagathar			.bad.n.(·				Yes	l Na	
			•	ontrols, either alone or together	with perso	ons desci	inea iii ((וי)			44-0	163	No	
		• •	• • •	f the supported organization?							11g(i)		-	
			member of a person describ	**							11g(ii)			
		• •	ontrolled entity of a person of	** * *							11g(iii)			
h			following information about t	he supported organization(s)	T		1		1	T				
(1)		of supported	(II) EIN	(iii) Type of organization	1 ' '	organization		ou notify		s the	(vii) Amo			
	org	anization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?		nization in of your	organizat	zed in the	supp	ort		
				(see instructions))	governing	document		port?		S?				
					Yes	No	Yes	No	Yes	No				
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	edule A (Form 990 or 990-EZ) 2009 LOT	7e146, Inc	<u>·</u>			-1168284	Page 2
Pa	Support Schedule for O (Complete only if you ch				1)(A)(iv) and 1	170(b)(1)(A)(vi)	
Sec	tion A. Public Support	JONGO ING DON	<u> </u>	<u> </u>	 -		
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	225,097	669,314	1,110,362	1,393,108	805,381	4,203,262
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	225,097	669,314	1,110,362	1,393,108	805,381	4,203,262
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		L_L				4,203,262
	tion B. Total Support	__					
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	225,097	669,314	1,110,362	1,393,108	805,381	4,203,262
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on					18,840	18,840
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
1	Total support. Add lines 7 through 10					;	4,222,102
2	Gross receipts from related activities, etc	(see instructions)				12	965
3	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c	c)(3)	
	organization, check this box and stop her	e		•			▶ [
Sec	tion C. Computation of Public Su	ipport Percent	age				
4	Public support percentage for 2009 (line 6	, column (f) divided	by line 11, column	(f))		14	99.55 %
5	Public support percentage from 2008 Sch	edule A, Part II, line	: 14			15	98.00 %
6a	33 1/3 % support test-2009. If the organ	ization did not chec	k the box on line 1	3, and line 14 is 33	3 1/3 % or more, cl	heck this box	
	and stop here. The organization qualifies	as a publicly suppo	rted organization				▶ X
b	33 1/3 % support test—2008. If the organ	ization did not chec	k a box on line 13	or 16a, and line 15	ıs 33 1/3 % or mo	ore, check this	
	box and stop here. The organization quali	ifies as a publicly su	pported organizati	on			▶ [
7a	10%-facts-and-circumstances test-200	9. If the organizatio	n did not check a b	oox on line 13, 16a,	or 16b, and line 1	4 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumstar	nces" test, check th	is box and stop he	ere. Explain in Part	t IV how the	
	organization meets the "facts-and-circums	stances" test. The o	rganization qualifie	s as a publicly sup	ported organizatio	n	▶ [
b	10%-facts-and-circumstances test—200	8. If the organizatio	n did not check a b	oox on line 13, 16a,	16b, or 17a, and	line 15 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumstar	nces" test, check th	is box and stop he	ere. Explain in Parl	t IV how the	
	organization meets the "facts-and-circums	tances" test. The o	rganization qualifie	s as a publicly sup	ported organization	n	▶ [
•	Private foundation If the organization dis	I not chack a how or	ling 13 16a 16h	17a or 17h chaol	this how and see	inetrictions	▶ [

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Love146, Inc.

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 Gross income from interest, dividends. 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, 13 and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 18 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Page 4

Schedule A (Form 990 or 990-EZ) 2009 Love 146, Inc. 20-1168284

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Internal Revenue Service Inspection **Employer identification number** Name of the organization 20-1168284 Love146, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part 1 the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a_ a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

<u>Sche</u>	dule D (Form 990) 2009 LOVE 146,	lnc.			<u> 20-116</u>	8284		Pa	ige 2
Pa	art III Organizations Maintaining	Collections of Art,	<u> Historical Trea</u>	isures, o	r Other S	imilar Assets	(contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, chec	ck any of the follow	ing that are	a significan	t use of its			
а	Public exhibition	d Loan o	or exchange progra	ms					
b	Scholarly research	e Other							
c	Preservation for future generations	- 🗀							
4	Provide a description of the organization's collegant XIV	ections and explain how t	they further the org	anızatıon's e	exempt purp	oose in			
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, I	historical treasures	, or other su	mılar		Ye		No
Da	ert IV Escrow and Custodial Arra				swored "\	Ves" to Form (140
ra					swereu	ies to roillis	750, I a		
4-	IV, line 9, or reported an am								
та	Is the organization an agent, trustee, custodial	n or other intermediary to	r contributions or o	tner assets	not		П.,		
	included on Form 990, Part X?						Ye	s	No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following	g table						
							Amoun	t	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For	m 990, Part X, line 21?				•	Ye	s	No
	If "Yes," explain the arrangement in Part XIV								
	ert V Endowment Funds. Comple	ete if organization a	nswered "Yes"	to Form	990. Part	IV. line 10.			
		(a) Current year	(b) Pnor year	(c) Two ye		d) Three years back	(e) Four	years I	oack
1a	Beginning of year balance	,,						-	
	Contributions			†				~~~~~	
	Net investment earnings, gains,			 			 		
·	and losses			ì					
_									
	Grants or scholarships								
е	Other expenditures for facilities								
_	and programs						ļ		
	Administrative expenses			ļ			 		
g	End of year balance			<u></u>			<u> </u>		
2	Provide the estimated percentage of the year	end balance held as							
а	Board designated or quasi-endowment ▶	%							
b	Permanent endowment ▶%								
C	Term endowment ▶ %								
3a	Are there endowment funds not in the possess	sion of the organization th	at are held and adı	ministered f	or the		,		
	organization by							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Scho	edule R?				3b		
4		•							
	rt VI Investments—Land, Buildir			0. Part X	(. line 10.				
	Description of investment	(a) Cost or other basis	(b) Cost or o		(c) Accur	nulated	(d) Book	value	
		(investment)	basis (othe		deprec	ľ			
4-	Land	 	<u> </u>						
			+	+-	····-				
	Buildings		+						
	Leasehold improvements		+	127		24 120 -	——.	7 /	100
	Equipment		52	2,137		34,139		L7, 9	<u> </u>
_	Other	15 000 5 :::	<u> </u>	\leftarrow \perp	-		 ;	7 0	000
ota	I. Add lines 1a through 1e. (Column (d) must eq	uai Form 990, Part X, col	umn (B), line 10(c))	-	<u> </u>		<u> 17,9</u>	<u> </u>

Schedule D (I	Form 990) 2009 Love146, Inc.	· · · · · · · · · · · · · · · · · · ·	20-1168284	Page 3
Part VII	Investments—Other Securities. See Form 99	90, Part X, line 12.		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-ye	
inancial deri	vatives			
	equity interests			
Other				
			ļ 	
	nn (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related. See Form 9		<u> </u>	
	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-ye	
			Cost of elid-of-ye	
		 	ļ	
		 		
				
Total. (Colum	nn (b) must equal Form 990, Part X, col_(B) line 13)			
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description			(b) Book value
				· -
•				
				
		<u>.</u>		
-			-	
				
•				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities. See Form 990, Part X, line			
1	(a) Description of liability	(b) Amount		
ederal incor	me taxes		4	
_Capita	al Lease Payable & Debt	4,478	4	
		- 	-	
			1	
		_	1	
		 	1	
			1	
		- 	1	
		 	1	
			4	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,478

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	edule D (Form 990) 2009 Love146, Inc.	20-1168	284	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990	to Audited Financial Stat	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	826,186
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	731,332
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	94,854
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	-
6	Investment expenses		6	· · · · · · · · · · · · · · · · · · ·
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 at	nd 9	10	94,854
	Reconciliation of Revenue per Audited Financial States			
1	Total revenue, gains, and other support per audited financial statements		1	826,186
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			32,37,200
a		2a		
b		2b	\dashv \vdash	
_	Recoveries of prior year grants	2c	⊣	
	· · · ·	2d		
d	· · · · · · · · · · · · · · · · ·	Zu j	⊢ ,,	
	Add lines 2a through 2d		2e 3	826,186
3	Subtract line 2e from line 1	ſI	3	020,100
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	\dashv \mid	
b	,	4b		
_	Add lines 4a and 4b		4c	006 106
5			5	826,186
	Reconciliation of Expenses per Audited Financial State	ements with Expenses pe	er Return	721 222
1	Total expenses and losses per audited financial statements		1-1	731,332
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		
а	Donated services and use of facilities	2a	 	
b		2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	701 000
3	Subtract line 2e from line 1	r i	3	731,332
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		. 5	731,332
	art XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	II, lines 1a and 4, Part IV, lines 1b)	
and :	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII	I, lines 2d and 4b Also complete		
this p	part to provide any additional information			
				-

Schedule D (F	om 990) 2009	Love146,	Inc.		20-1168284	Page 5
Part XIV	Supplemer	Love146, ntal Information	(continued)			
				· - -		
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Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Love146, Inc.

Employer identification number

20-1168284

		t <mark>ion on Activities</mark> 0, Part IV, line 14		Complete if the organization a	nswered
1 For grant assistance	makers. Does the orga	anization maintain reco	ords to substantiate the amount of the sistance, and the selection criteria us		X Yes No
2 For grant United Sta		art IV the organization	's procedures for monitoring the use	of grant funds outside the	
3 Activities	per Region (Use Sche	edule F-1 (Form 990) if	additional space is needed)	1	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Southeas	t Asia 1		Support of mission	Support of mission	197,738
			,		
-					
	-				
					
		_			
 _					
Totala N	1				197.738

Page 2 appraisal, other) (i) Method of (book, FMV, Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, valuation (h) Description of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 (g) Amount of assistance non-cash (f) Manner of cash disbursement 128,629 69,109 20-1168284 (e) Amount of cash grant (d) Purpose of Use Schedule F-1 (Form 990) if additional space is needed. Southeast Asia Southeast Asia (c) Region Schedule F (Form 990) 2009 LOVe146, (b) IRS code section and EIN (if applicable) (a) Name of organization Part II

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

m

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009 LOVe146, Inc.

20-1168284

Schedule F (Form 990) 2009 (h) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of recipients (b) Region (a) Type of grant or assistance Part III

Schedule F (Form 990) 2009 Love 146, Inc.

20-1168284

Page 4

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or If the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate Instructions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ${ t Lovel46, \;\; Inc.}$					Employer identif	
Part I Fundraising Activities. Complete in Form 990-EZ filers are not required.				ered "Yes" to Forn		
1 Indicate whether the organization raised funds through		_		Check all that apply		<u> </u>
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	f Solicitation	of go	vernn	nent grants		
c Phone solicitations	g Special fun	ıdraısı	ng ev	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity						Yes No
b if "Yes," list the ten highest paid individuals or entities (to be compensated at least \$5,000 by the organization	fundraisers) pursua	ant to	agree	ments under which the	fundraiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	raise custo cont	d fund- r have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						İ
		╁				
	ļ	ļ	<u> </u>			
		-			–	
	<u> </u>	•				

Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

_	art I		vent	s. Complete		anization answ					ne 18, o		Page 2 ted
.		more than \$15		(a) Event #	ndrais	(b) Ever	nt #2		(c) Other e	events	(d) T (add c	otal events ol (a) thro	
Revenue	1 2	Gross receipts Less Charitable			79,180							79 ,	180
	3	contributions Gross revenue (line 1 minus line 2)			59,340 19,840						-		340 840
_	4	Cash prizes			15,040								040
	5	Noncash prizes						ļ					
enses	6	Rent/facility costs						<u> </u>					
Direct Expenses	7	Food and beverages	_					-					
۵	8	Entertainment Other direct expenses							,				
P	10 11 art I	Direct expense summary C	ombin	e line 3, columi	n (d), and line	10	o Form 990	, Pai	rt IV, line	19, or rep	orted m		840
	<u> </u>	than \$15,000 c		orm 990-EZ		(b) Pull tabs		T		· ·		gaming (/	Add
Revenue	1	Gross revenue	(a) Bingo			bingo/progressive bingo (c) Other gaming				aming		rough col	
nses	2	Cash prizes											
Direct Expens	3	Noncash prizes					<u>-</u>						
Direct	4	Rent/facility costs	_										
	5	Other direct expenses Volunteer labor		Yes	%	Yes No	%		Yes No	%	 		•••••
	7									_)	
	8	Net gaming income sum	mary	Combine line 1	, column d, ar	nd line 7				>		- TV	
9 a	ls t	ter the state(s) in which the organization licensed to the state of th	_	· ·							9	Yes	No
b 10a		No," Explain: ere any of the organization	ı's gan	ning licenses re	evoked, suspe	nded or terminated	during the tax	year'	7		_1	0a	
b		Yes," Explain	-		·		-						
11 12	ls t	es the organization operathe the organization a grantor, med to administer chantal	benef	iciary or trustee			tnership or oth	er ent	ity			2	

Sche	dule G (Form 990 or 990-EZ) 2009 Love 146, Inc.	20	-116828	4	Р	age 3
					Yes	No
13	Indicate the percentage of gaming activity operated in					
а	The organization's facility	13a	%			
þ	An outside facility	13b	%			
14	Provide the name and address of the person who prepares the organization's gaming/special events books					
	and records					
	Name					
	Address ►					
15a	Does the organization have a contract with a third party from whom the organization receives gaming					
	revenue?			15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the				
	amount of gaming revenue retained by the third party ▶ \$.					
С	If "Yes," enter name and address of the third party.					
	Name ▶					
	Address ▶					
16	Gaming manager information					
	Name ▶					
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	Director/officer Employee Independent contractor					
17	Mandatory distributions.					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?			17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent					
	in the organization's own exempt activities during the tax year ▶ \$					

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Love146, Inc.

Employer identification number 20-1168284

Form 990, Part III, Line 4a - First Achievement victims of child sexual exploitation.

- Safehome Program provides care for survivors of child exploitation and trafficking.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Board of Directors reviews the audited financial statement and Form 990 prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

BOD requires annual disclosure by management and BOD members of potencial conflict of interest. All conflicts are resolved or individual is removed.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Management compensation subject to BOD review and authorization

Form 990, Part VI, Line 15b - Compensation Process for Officers Management compensation subject to BOD review and authorization

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public