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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 black lung benefit trust or private foundation)

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning and ending Name of organization Check if applicable Please Employer identification number use IRS Address change label or LOVE INC OF COLUMBIA 20-8801850 Name change print or Number and street (or P O box, if mail is not delivered to street address) Telephone number Initial return type Room/suite See 1900 PROVIDENCE 325 Termination 573-875-2525 Specific Amended return City or town, state or country, and ZIP + 4 **Group Exemption** Instruc-MO 65202 COLUMBIA Number Application pending tions Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: N/A Check ▶ if the organization is not required to 990-EZ, or to attach Schedule B (Form 990, or 990-PF) **X** 501(c) (3) **◄** (insert no) 527 Tax-exempt status (check only one) — 4947(a)(1) or If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Check Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ 100,157 **▶** \$ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 96,495 1 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 4 Investment income 4 5a Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Revenue Gross revenue (not including \$ of contributions reported on line 1 6a Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a)
Gross sales of inventory, less returns and allowances 6с С 7a Less cost of go sol&EP b s) from sales of investigity (Storact line 7b from line 7a) Gross profit or 7c 8 Other revenue (describe 8 100,157 9 9 10 Grants and similar amounts paid (atte 10 11 Benefits paid to or for members 11 51,166 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 2,515 13 19,286 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 615 Other expenses (describe > See Statement 1 16 41,048 16 17 Total expenses. Add lines 10 through 16 114,630 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -14,473 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 See Statement 2 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21,664 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (See the instructions for Part II) (B) End of year 20,289 5,763 22 Cash, savings, and investments 22 23 Land and buildings 23 See Statement 3 24 Other assets (describe 23,223 17,000 43,512 22,763 25 Total assets 25 See Statement 4 7,376 26 Total liabilities (describe 1,099 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 36,136 21,664 27 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Form 990-EZ (2009) LOVE INC OF COLUMBIA	20	-8801850				Page
Part III Statement of Program Service Accomplishments (S	ee the instruct	ons for Part III	.)		Ex	penses
What is the organization's primary exempt purpose?						for section
See Statement 5	1 1					ind 501(c)(4)
Describe what was achieved in carrying out the organization's exempt purposes. In a c manner, describe the services provided, the number of persons benefited, or other rele						ns and section
each program title	vant information for			for oth		trusts, optional
28 See Statement 6				101 011	<u> </u>	
to be beatoment o						
(Grants \$) If this amount includes foreign grants, chec	ck here	>	\prod	28a		49,028
29 Emergency monetary assistance to clients for medical expense,	, day care,					
Rent, transportation, and utilities						
(Grants \$) If this amount includes foreign grants, cher	ck here	<u> </u>	<u> </u>	29a		28,376
30 See Statement 7						
(Grants \$) If this amount includes foreign grants, chec	ck here			30a		4,743
31 Other program services (attach schedule) See Statement 8	CKTICIC		<u></u>	304		-,,1
(Grants \$) If this amount includes foreign grants, cher	ck here	•		31a		2,493
32 Total program service expenses (add lines 28a through 31a)			•	32		84,640
Part IV List of Officers, Directors, Trustees, and Key Employees. List each	h one even if not co	mpensated. (See t	he ın	structions	for P	
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,		Contributions yee benefit playee		(e) Expense account and
(a) Name and address	devoted to position	enter -0)		rred compensa		other allowances
PATRICK McMURRAY	PRESIDENT					
	10.00	0			0	
JANE WILLIAMS	VICE PRESIDEN					
DOGE WITH TANK	10.00	0	-		- 9	
ROSE WILLIAMS	TREASURER 2.00				٥	,
NANCY CADY	2.00				╣	
	1.00	0			٥	(
JOHN PRENGER						 ·
	2.00	0	<u> </u>		0	
DALE WILLIS						
	1.00	0	ļ		0	
DANA CARTER						
	1.00	0	 		0	
RYAB WORLEY	1 00					
RANDALL HODILL	1.00 CEO	0	-		- 0	
	20.00	25,000			٥	
JOE & KATHRYN DANIEL						
		0			0	
BOB & NANCY HEIMANN						
	1.00	0	<u> </u>		0	
STEVE AND GAYLA TOTTEN						
		0			0	
TARA COLLIER	1 00				ا	
BRENNA NAUFEL	1.00 SECRETARY	0			- 0	
	2.00				اه	
		<u>*</u>	1		ᅱ	
					_	
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	 					<u> </u>
			1			

20-8801850

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Pa	rt Y Other Information (Note the statement requirements in the instructions fo	r Part V.)			
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				
	description of each activity		33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of	f			
•	the changes	•	34		х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but r	ot renorted	"		
-	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	ot reported	į	i	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		ł		
a	-		250		Х
	6033(e) notice, reporting, and proxy tax requirements?		35a		
	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		—
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				v
	during the year? If "Yes," complete applicable parts of Schedule N	_ 1	36	<u></u>	X
37a		7a			37
b	Did the organization file Form 1120-POL for this year?		37b		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or w	ere			7.7
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	I	38a		X
		8b			
39	Section 501(c)(7) organizations Enter				
a		9a	_		
b	• • •	9b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.				
	section 4911 ▶, section 4912 ▶, section 4955 ▶		-		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess bei	netit			
	transaction during the year or is it 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		40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958	·	-		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c				
	reimbursed by the organization	· · · · · · ·			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		<u></u>		77
	transaction? If "Yes," complete Form 8886-T		40e		X_
41	List the states with which a copy of this return is filed None				
42a	The organization's books are in care of	Telephone no.			
	Legated at .	71D + 4 - N			
L.	Located at At any time during the calendar year, did the arganization have an interest in or a signature or other outbor.	ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authorities a financial account or other financial.	ıy		V	N
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		401	Yes	No X
	account)? If "Yes," enter the name of the foreign country		42b	 	_
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban		-		
	and Financial Accounts.	n			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		x
·	If "Yes," enter the name of the foreign country		42C	L	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		_		
70	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
	and onto, the amount of tax exempt interest received of acqued duffing the tax year	► 43			
				Yes	N/a
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			162	No
-	Form 990-EZ		44		х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	1 f	1	 	
	"Yes," Form 990 must be completed instead of Form 990-EZ	•	45	i	х
			Form 99	0-F7	
					,_555)

Form	n 990-EZ (2009) LOVE INC OF COLUMBIA	21	0-8801850			Page 4
	art VI Section 501(c)(3) organizations and section 4947(a 501(c)(3) organizations and section 4947(a)(1) none and complete the tables for lines 50 and 51.)(1) nonexempt	charitable trus	•		
46	Did the organization engage in direct or indirect political campaign activities on	hehalf of or in oppos	ition to		Ye	s No
40	candidates for public office? If "Yes," complete Schedule C, Part I	benan or or in oppos	illori to		46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule	C Part II			47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)?		hedule F		48	X
49a	Did the organization make any transfers to an exempt non-charitable related or	•	Sileddio E		49a	X
b	If "Yes," was the related organization a section 527 organization?	rgamzattorr:			49b	-
50	Complete this table for the organization's five highest compensated employees	(other than officers	directors trustees	and key	400	
50	employees) who each received more than \$100,000 of compensation from the	•	·	•		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week	· · · · · · · · · · · · · · · · · · ·	(d) Contributions to employee benefit plans &	(e) Exp	and
None	**************************************	devoted to position		deferred compensation	other allow	vances
_						
		-				
	Total number of other employees paid over \$100,000					
51 	Complete this table for the organization's five highest compensated independe \$100,000 of compensation from the organization. If there is none, enter "None (a) Name and address of each independent contractor paid more than \$100,000 one		Type of service		ompensation	1
d	Total number of other independent contractors each receiving over \$100,000					
Sigi	The first to the state of the s	accompanying schedule officer) is based on all in	es and statements, and information of which pre	d to the best of my knowled	wledge Ige	
ner	Rose Marie Williams Type or print name and title	Tre	asurer			
Paid Pre	d Preparer's signature Rac Muse Williams Preparer's Firm's name (or yours	Date 0 9 / 0	Check if self-employed	Preparer's Ideni	Ifying Number	(See instr.)

NON- PAID PREPARER

no ► 573-875-2525 ► X Yes No Form **990-EZ** (2009)

Phone

Use Only

ıf self-employed),

address, and ZIP + 4

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

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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LOVE INC OF COLUMBIA

Employer identification number 20 – 8801850

													
Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	tructio	ns.		
Γhe	orgar	nization is not a	a private foundation because	it is (For lines 1 through 11, che	eck only o	ne box.)							
1		A church, cor	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).						
2		A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3				e organization described in secti	ion 170(b)	(1)(A)(iii)							
4	1-1			in conjunction with a hospital de				(A)(iii).	Enter th	ne hospit	tal's name.		
	_	city, and state						, ,,,,.			,		
5		•		a college or university owned or	nnerated	by a gove	ernments	al unit de	escribed	lın			
•	نــــن		b)(1)(A)(iv). (Complete Part I		ороганов	by a gov		an dinit de	.5011500				
6	$\overline{}$	-		') vernmental unit described in sec	tion 170/	5)/4)/A)/ ₅	٠.						
			-		•		•	a tha aa		.hl.a			
7	ш	_		ubstantial part of its support from	i a govern	mentai un	iit or fron	n the ge	nerai pu	IDIIC			
	□ 7		section 170(b)(1)(A)(vi). (Co	·									
8	7			70(b)(1)(A)(vi). (Complete Part II									
9	X			more than 33 1/3 % of its suppo				-		-			
		•	•	ot functions—subject to certain e	•					fits			
		· ·	=	d unrelated business taxable inco	•		11 tax) fr	om busi	nesses				
	. –		-	, 1975 See section 509(a)(2) . (•	•							
10	-			xclusively to test for public safety									
11	LJ			xclusively for the benefit of, to pe									
				d organizations described in sec	-					tion			
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization		-	11e thr	ough 11	h				
	C=1	a Type	<u> </u>	c Type III–Functiona			d		e III-Ot	her			
е		By checking t	his box, I certify that the orga	nization is not controlled directly	or indirec	tly by one	or more	disqual	ıfied				
		persons other	r than foundation managers a	and other than one or more public	cly suppor	ted organ	ızatıons	describe	ed in sec	ction			
		509(a)(1) or s	section 509(a)(2)										
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	ion from ai	ny of the							
		following per	sons?										
		(i) A persor	who directly or indirectly cor	ntrols, either alone or together wi	th persons	s describe	ed in (ii)					Yes	No
		and (III) b	pelow, the governing body of	the supported organization?							11g(i)		
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(111)		
h		Provide the f	ollowing information about the	e supported organization(s)							<u></u>		
(1)	Name	of supported	(II) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did y	ou notify	(vi)	ls the	(VII) Am	ount of	
	org	anization		(described on lines 1–9	in col (i) li	sted in your	the organ	ization in	organizat	ion in col	supp		
				above or IRC section	governing	document?		of your cort? •	(i) organi U	zed in the S			
				(see instructions))	Yes	No	Yes	No	Yes	No			
					1								
					 			<u>. </u>	 	 	·		
					 			<u> </u>		\vdash			
					 	 			 				
					1								
Γota	ı												

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	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")			11,763	83,830	94,560	190,153
2	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					3,662	3,662
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5			11,763	83,830	98,222	193,815
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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			-			
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						193,815
	etion B. Total Support lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	(2) 2000	(B) 2000	11,763	83,830	98,222	193,815
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			11,703	03,030	70,222	133,013
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,			1			
	and 12)			11,763	83,830	98,222	193,815
14	First five years. If the Form 990 is for the conganization, check this box and stop here			th, or fifth tax year as	a section 501(c)(3)	▶ X
Sec	tion C. Computation of Public Su		_=				
15	Public support percentage for 2009 (line 8,	, ,	•	(f))		15	%_
16	Public support percentage from 2008 Sche					16	%_
	tion D. Computation of Investmer		_			11	
17	Investment income percentage for 2009 (lin	, ,	•	column (f))		17	<u>%</u>
18	Investment income percentage from 2008 S			14 and line 15 is	ro than 22 1/2 f/		%
19a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo						_ [
b	33 1/3 % support tests—2008. If the organ		-				- L
	line 18 is not more than 33 1/3 %, check thi						▶ [
20	Private foundation. If the organization did	=	-				>

Schedule A (Form 990 or 990-EZ) 2009 LOVE INC OF COLUMBIA

20-8801850

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Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 2009

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service

Name(s) shown on return

LOVE INC OF COLUMBIA

► See separate instructions.

Identifying number

Total cost of section 179 property placed in service (see instructions) Trieshold cost of section 179 property before reduction in limitation (cost of section 179 property before reduction in limitation (but at the 3 from line 2 if zero roles, enter -0- Dollar limitation for tax year Subtact line 4 from line 2 if zero roles, enter -0- Dollar limitation for tax year Subtact line 4 from line 2 if zero roles, enter -0- (a) Description of property (b) Cost (business use only) (c) Elected cost of Section 179 property Add amounts in column (c), lines 6 and 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 Section 179 expense deduction Add lines 9 and 10, less line 12 Section 179 expense deduction Add lines 9 and 10, less line 12 Part II or Part III below for listed property instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property). If special deprecation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions). The property subject to section 168(IX1) election Other deprecation (including ACRS) The Part III MACRS Depreciation (Do not include listed property). (See instructions.) Section A The Assets Placed in Service During 2009 Tax Year Using the General Depreciation Syste Service Property Dispert p		11045 11	AC OF COHOR	DIV.				20-	000	1020
Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount: See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property placed in service (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- 5 Dollar limitation for tax year: Subtract line 4 from line 1 If zero roless, enter -0- 1 Dollar limitation for tax year: Subtract line 4 from line 1 If zero roless, enter -0- 8 (a) Description of property 1 (b) Cost (business use only) 4 Cost (business use only) 5 (c) Elected cost 6 (a) Description of property 6 (b) Cost (business use only) 6 (c) Elected cost 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Exercise the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation in Earth eth smaller of business income (not less than zero) or line 5 (see instructions) 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 1 Carryover of disallowed deduction to 2010 Add lines 9 and 10, live do not enter more than line 11 1 Carryover of disallowed deduction to 2010 Add lines 9 and 10, live do not enter more than line 11 1 Special Depreciation Allowance and Other Depreciation (Do not include listed property) 1 Special Depreciation Allowance and Other Depreciation (Do not include listed property) 1 Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) 1 Property subject to section 186()(1) election 1 Property subject to section 186()(1) election 1 Property subject to section 186()(1) election 1 Property See instructions (1) 2 Property See instructions (2) 3 Pro asset property Setter amount from line 28 2 Total. Add a		· ·						•		-
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· · · · · · · · · · · · · · · · · · ·									22	2,038
portion of the basis attributable to section 263A costs	23	For assets shown above and place	ed in service during the	e current year, enter	the		· <u></u>			
		portion of the basis attributable to s	section 263A costs			23				L

Dana	

LOVE INC OF COLUMBIA 20-8801850 Form 4562 (2009) Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) No Yes Do you have evidence to support the business/investment use claimed? Yes 24b If "Yes," is the evidence written? No (c) Business/ (a) (b) (d) (e) (f) (a) (1) Type of property (list vehicles Date placed in Cost or other Basis for depreciation (business/investment Method/ Recovery Depreciation Elected section investment use percentage Convention deduction 179 cost service basis period first) use only) 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use 26 Property used 50% or less in a qualified business use. S/L-S/L-28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles Total business/investment miles driven (a) (b) (c) (d) (e) (f) during the year (do not include Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal Yes Yes Yes Yes No Yes No Yes No use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your 38 employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (e) (c) (d) (b) (f) Amortization (a) Date amortization Amortizable Code Amortization for this year period or Description of costs begins amount section percentage Amortization of costs that begins during your 2009 tax year (see instructions): 43 Amortization of costs that began before your 2009 tax year 43

44

Total. Add amounts in column (f) See the instructions for where to report

LOVE1850 LOVE INC OF COLUMBIA

20-8801850

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
meals and entertainment	252
ofice supplies	3,679
website	43
Travel	105
liability etc on office	699
furniture warehouse liability	339
medical assistance	365
day care assistance	809
misc client assistance	3,605
rent assistance	8,517
transportation assistance	5,232
utility assistance	8,404
Life skill class supplies	1,341
life skill class daycare	213
furniture warehouse suppl	169
furniture warehouse trans	119
vehicle expense	659
bank service charges	115
marketing supplies miscellaneous	1,598
program incentives	3
- -	2,536 25
registrations website	43
Equipment rental	139
Investment Depreciation	2,039
Total	\$ 41,048

Statement 2 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amo	<u>unt</u>
Book / Tax Deprec Difference	\$	1
Total	\$	1

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	eginning of Year		End of Year
Inventories for Sale or Use Prepaid Expenses and Deferred Charges Depreciable items Less Accumulated Depreciation start-up costs Less Accumulated Amortization utility deposits ROUNDING	\$ 310 3,682 11,499 1,443 10,357 1,381 200	\$	800 12,578 3,482 10,357 3,452 200
	 23,223	_	17,000

LOVE1850 LOVE INC OF COLUMBIA

20-8801850

Federal Statements

9/8/2010 5:33 PM

FYE: 12/31/2009

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	 Beginning of Year	 End of Year
Accounts Payable and Accrued Expenses payroll liabilities	\$ 917 6,459	\$ 1,099
	 7,376	1,099

LOVE1850 LOVE INC OF COLUMBIA 20-8801850 Federal Statements

FYE: 12/31/2009

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO ORGANIZE AND COORDINAE CHURCHES IN BOONE COUNTY TO RESPOND TO INDIVIDUAL, FAMILY AND PROJECT NEEDS IN THE NAME OF CHRIST

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

FASHIONED A COOPERATIVE HELPING RELATIONSHIP BETWEEN AREA AGENCIES AND CHURCHES TO GENERATE UNTAPPED CHURCH RESOURCES TO MEET COMMUNITY NEEDS, DEVELOPED A "CLEARING HOUSE" TO SCREEN NEEDS, USED COMMUNITY RESOURCES TO MEET NEEDS OF BOONE COUNTY INDIVIDUALS AND FAMILIES.

Statement 7 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments

Description

TEACHING LIFE SKILL CLASSES IN BUDGETING, ANGER MANAGEMENT, COOKING, NUTRITION, RESUME WRITING, JOB INTERVIEW SKILLS. IN CONJUNCTION WITH THAT PROVIDED DONATED PROFESSIONAL CLOTHING SUITABLE FOR INTERVIEWS AND SUBSEQUENT WORK WARDROBE.

Statement 8 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

PROVIDED A FURNITURE WAREHOUSE WITH DONATED FURNITURE TO BE GIVEN TO CLIENTS WHO HAD BEEN EVICTED OR PREVIOUSLY HOMELESS. SOLD SOME FURNITURE AT TAG SALES TO RAISE FUNDS FOR EXPENSES

(Rev April 2009)

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

Form 8868 (Rev 4-2009)

Department of the Treasury Internal Revenue Service		► File a separate application for each return.						
		omatic 3-Month Extension, complete only Part I and check this box			 	▶ 📗		
		ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).						
Do not compl	ete Part II unio	ss you have already been granted an automatic 3-month extension on a previously filed Form 8	868					
Part I		c 3-Month Extension of Time. Only submit original (no copies needed).						
A corporation i	required to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete				▶ 🗌		
	orations (includi ome tax returns	ng 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension.	n of					
Electronic Fil	ing (e-file). Ge	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time t	o file					
one of the retu	irns noted belo	w (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868						
electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group								
returns, or a co	omposite or coi	solidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II)	of Forr	n				
8868. For mor	e details on the	electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits.						
Type or	Name of Exe	mpt Organization Er	nploye	er ident	ification nur	nber		
print File by the	LOVE I	NC OF COLUMBIA 2	20-8801850					
due date for		et, and room or suite no. If a P.O. box, see instructions.						
filing your		ROVIDENCE 325						
return See instructions		post office, state, and ZIP code For a foreign address, see instructions						
	COLUMB	IA MO 65202						
Check type of	f return to be t	iled (file a separate application for each return).		_				
Form 99	90	Form 990-T (corporation)		1	Form 4720			
Form 99		Form 990-T (sec 401(a) or 408(a) trust)		\Box	Form 5227			
Form 99		Form 990-T (trust other than above)			Form 6069			
Form 99	90-PF	☐ Form 1041-A			Form 8870			
Telephone If the orga If this is fo for the whole of a list with the r	inization does r or a Group Retu group, check th names and EIN	FAX No ► ot have an office or place of business in the United States, check this box rn, enter the organization's four digit Group Exemption Number (GEN) is box If it is for part of the group, check this box and atta s of all members the extension will cover.	his Is ch			> []		
•	it an automatic	3-month (6 months for a corporation required to file Form 990-T) extension of time						
until , to file the exempt organization return for the organization named above. The extension is								
for the organization's return for.								
H	calendar year tax year begin	or ning , and ending						
٠ ــــ	tax your bogin	, and onding						
2 If this ta	x year is for les	s than 12 months, check reason.	ccount	ing perio	od			
3a If this ap	oplication is for	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,]]					
		credits See instructions.	3a	\$	-			
•	•	Form 990-PF or 990-T, enter any refundable credits and estimated tax						
		e any prior year overpayment allowed as a credit.	3b	\$				
		line 3b from line 3a. Include your payment with this form, or, if required,						
		on or, if required, by using EFTPS (Electronic Federal Tax Payment						
) See instruction		3с			<u>-</u>		
Caution. If yo	u are going to r	nake an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO						

for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 886	88 (Rev 4-2009)			Page 2						
	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			▶ X						
•	ly complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 88	368		_						
• If you	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)									
Part I	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	needed).							
Type or	Name of Exempt Organization	Employer identification number								
print										
File by the	LOVE INC OF COLUMBIA	20-8801850								
extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions 1900 PROVIDENCE 325	For IRS use only								
filing the return Sec instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		,	-						
	COLOMBIA NO 03202									
Fo Fo	rm 990 Form 990-PF		Form 6069							
STOP! D	o not complete Part II if you were not already granted an automatic 3-month extension on a previously file	d Form 8	868.							
• The l	pooks are in the care of									
Teles	phone No ▶ FAX No ▶									
	organization does not have an office or place of business in the United States, check this box			▶ □						
	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	s is		٠ ـ						
		nd attach	а							
	ne names and EINs of all members the extension is for									
	equest an additional 3-month extension of time until 11/15/10.	·								
	r calendar year 2009, or other tax year beginning, and ending									
	If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period									
	ate in detail why you need the extension		•							
	dditional time is requested to gather information to pr	cepar	e a comple	te						
	nd accurate return.	_	•							
8a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,									
les	s any nonrefundable credits. See instructions.	8a	\$							
b If t	his application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
es	timated tax payments made Include any prior year overpayment allowed as a credit and any									
an	ount paid previously with Form 8868	8b	\$							
	lance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit									
	h FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$							
	Signature and Verification	<u> </u>								
Under per it is true, o	alties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my orrect, and complete, and that I am authorized to prepare this form	knowledge	and belief,	10/10						

Form **8868** (Rev 4-2009)