Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ 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*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CIRCLE OF LOVE FOUNDATION, INC.

Number and street (or P.O. box, if mail is not delivered to street address): 4804 INNSBRUCK DRIVE | Room/suite

City or town, state or country, and ZIP + 4: ROCKFORD, IL 61114-7312

D Employer identification number: 36-4064032

E Telephone number: (815)282-9243

F Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: [X] Cash ☐ Accrual Other (specify) ▶

I **Website:** ▶ WWW.CIRCLEOFLOVEFOUNDATION.NET

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J **Tax-exempt status** (check only one) — [X] 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A 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.

L 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 ▶ $ 251,082.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Section	Line	Description	Sub-line	Sub-amount	Line	Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received			1	221,306.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ ____ of contributions reported on line 1)	6a	29,776.		
	b	Less. direct expenses other than fundraising expenses	6b	10,748.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	19,028.
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ▶)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9	240,334.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 5			10	63,751.
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	6,794.
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 4			14	967.
	15	Printing, publications, postage, and shipping			15	8,716.
	16	Other expenses (describe ▶ SEE STATEMENT 1)			16	157,194.
	17	**Total expenses.** Add lines 10 through 16 ▶			17	237,422.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	2,912.
	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	38,564.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3			20	1,728.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	43,204.

RECEIVED
APR 2 9 2010
OGDEN, UT
IRS-OSC

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.

Line	(See the instructions for Part II.)	(A) Beginning of year	Line	(B) End of year
22	Cash, savings, and investments	31,341.	22	28,772.
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 2)	7,223.	24	14,432.
25	**Total assets**	38,564.	25	43,204.
26	**Total liabilities** (describe ▶)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	38,564.	27	43,204.

932171
02-08-10 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **990-EZ** (2009)

98 6

Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 10

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28 SEE STATEMENT 7 (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	125,744.
29 SEE STATEMENT 8 (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	28,610.
30 SEE STATEMENT 9 (Grants $ 63,751.) If this amount includes foreign grants, check here ▶ ☒	30a	
31 Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32 **Total program service expenses** (add lines 28a through 31a) ▶	32	154,354.

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
HELEN WIEDEMER LAIB, MD 4804 INNSBRUCK DR, ROCKFORD, IL 61114	PRESIDENT 50.00	0.	0.	0.
DAVID S LAIB, MD 4804 INNSBRUCK DR, ROCKFORD, IL 61114	CHAIRMAN OF THE BOARD OF DIRE 2.00	0.	0.	0.
JANET LEI, PHARM D, 1433 S. BIDWELL ST., FREEPORT, IL 61032	SECRETARY 7.00	0.	0.	0.
DENA KOEHLER 750 ORTH ROAD, CALEDONIA, IL 61011	DIRECTOR 3.00	0.	0.	0.
REV SHARON THEROUX, 1320 EAST GATE PARKWAY, ROCKFORD, IL 61107	DIRECTOR OF FUND RAISING 4.00	0.	0.	0.
ATEF TAWFIK, MD, 8871 GOLD FINCH CIRCLE, ROCKFORD, IL 61114	DIRECTOR 2.00	0.	0.	0.
MARTHA ZUNIGA, 2447 FIELDSTONE LANE, BELOIT, WI 53511	DIRECTOR 3.00	0.	0.	0.
THOMAS MUNSON, 4895 DELLVIEW DRIVE, ROCKFORD, IL 61109	TREASURER 8.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for 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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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
c	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 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ IL

42a The organization's books are in care of ▶ HELEN LAIB Telephone no. ▶ (815)282-9243

Located at ▶ 4804 INNSBRUCK DRIVE, ROCKFORD, IL ZIP + 4 ▶ 61114

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	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: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

		Line	Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

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

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Signature of officer Helen Laib — Date 3/22/10

▶ HELEN LAIB, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date 3/22/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LETOURNEAU & CLELAND, LTD.
4048 EAST STATE STREET
ROCKFORD, IL 61108-2040

EIN ▶

Phone no. (815)398-9881

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization	Employer identification number
CIRCLE OF LOVE FOUNDATION, INC.	36-4064032

Part I **Reason for Public Charity Status** (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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 I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	440,392.	453,062.	319,483.	396,286.	368,069.	1977292.
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	440,392.	453,062.	319,483.	396,286.	368,069.	1977292.
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)						612,026.
6 **Public support.** Subtract line 5 from line 4						1365266.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	440,392.	453,062.	319,483.	396,286.	368,069.	1977292.
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						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						1977292.

12 Gross receipts from related activities, etc (see instructions) | 12 |

13 **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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 69.05 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 73.92 %

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 ▶ ☐

b **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 ▶ ☐

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

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.)

Section A. Public Support

Calendar 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")						
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 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						
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)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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						
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, and 12)						

14 **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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 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	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **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 ▶ ☐

b **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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1

DESCRIPTION	AMOUNT
PASTORAL SUPPORT	28,610.
CONFERENCES AND EDUCATIONAL EXPENSES	2,210.
INSURANCE	3,678.
OFFICE SUPPLIES	7,362.
TELEPHONE	1,608.
TRAVEL EXPENSES	79,334.
MEDICAL SUPPLIES	16,449.
HUMANITARIAN SUPPLIES	17,943.
TOTAL TO FORM 990-EZ, LINE 16	157,194.

FORM 990-EZ	OTHER ASSETS	STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENTS	6,913.	8,641.
OTHER DEPRECIABLE ASSETS	310.	5,791.
TOTAL TO FORM 990-EZ, LINE 24	7,223.	14,432.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	1,728.
TOTAL TO FORM 990-EZ, LINE 20	1,728.

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT 4

DESCRIPTION	AMOUNT
DEPRECIATION	967.
TOTAL TO FORM 990-EZ, LINE 14	967.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
MINISTRY GRANT SIONH CHAN - KHMU CHRISTIAN CONNECTION PO BOX 27 CHIANG MAI, THAILAND, THAILAND 50000	NONE	16,800.
GUATEMALA MISSION GRANT ESCUELA INTEGRADA/L.A.C.E.S. 8217 WEST 20TH STREET GREELEY, CO 80634	NONE	33,051.
FEED CHILDREN CROSSROADS INTERNATIONAL PO BOX 863 UMHLANGA ROCKS, SOUTH AFRICA, SOUTH AFRICA	NONE	9,500.
MINISTRY GRANT WORLD OUTREACH MINISTRIES FOUNDATION PO BOX 23267 FEDERAL WAY, WA 98093	NONE	1,500.
MINISTRY GRANT REV. BOB NAIDOO PO BOX 536 CAPE TOWN, SOUTH AFRICA, SOUTH AFRICA	NONE	1,100.
GIFTS FOR RESIDENTS ROCKFORD AREA PREGNANCY CARE CENTER 4921 EAST STATE STREET ROCKFORD, IL 61108	NONE	500.
OFFICE EQUIPMENT ROCK HOUSE KIDS 1325 7TH STREET ROCKFORD, IL 61104	NONE	200.
MONEY FOR BIBLES FOR MINISTRY GLOBAL OUTREACH FOUNDATION 1273 A SOUTH ZENO WAY AURORA, CO 80017	NONE	500.
VETERANS CHRISTMAS ROCKFORD CHAPTER OF VIETNOW 1835 BROADWAY ST ROCKFORD, IL 61114	NONE	600.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		63,751.

FORM 990-EZ | INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS | STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

990-EZ PG 2 STATEMENT 7

CIRCLE OF LOVE FOUNDATION MADE FOUR MEDICAL MISSION TRIPS AND TWO SERVICE TRIPS DURING 2009. 4,130 PATIENTS WERE EXAMINED. 8,900 PRESCRIPTIONS WERE FILLED WITH FREE MEDICINE WORTH OVER $132,600. 333 PEOPLE RESPONDED TO THE GOSPEL OF THE LORD JESUS CHRIST DURING THESE EVENTS. 2,400 PAIRS OF READING GLASSES WERE FITTED TO THE ELDERLY. THREE BUILDING PROJECTS WERE COMPLETED IN GUATEMALA. GIFTS OF CLOTHING AND HOUSEHOLD NECESSITIES WERE PROVIDED FOR A MATERNITY HOME FOR HOMELESS PREGNANT LADIES AND HOMELESS VETERANS IN ROCKFORD, IL.

NATIONAL PASTORS WHO WOULD OTHERWISE NOT BE ABLE TO CONTINUE IN MINISTRY WERE SUPPORTED WITH REGULAR MONTHLY SUPPORT. OCCASIONAL EXTRA GIFTS WERE GIVEN FOR SPECIAL NEEDS. REBECCA LOVEALL, A MISSIONARY TO GUATEMALA, IS BEING SUPPORTED WHILE GOING TO GRADUATE SCHOOL TO ACQUIRE ADDITIONAL CHILD PHYSCHOLOGY SKILLS REQUIRED TO HELP THE CHILDREN IN THEIR SCHOOL WHO HAVE MANY NEEDS.

990-EZ PG 2 STATEMENT 9

CIRCLE OF LOVE'S GRANT PROGRAM WAS ABLE TO FEED CHILDREN IN SOUTH AFRICA AND BANGLADESH. MICRODEVELOPMENT PROJECTS WERE CARRIED OUT IN SOUTH AFRICA AND LAOS TO ENABLE PEOPLE TO EARN THEIR OWN MONEY. A WATER SYSTEM WAS BUILT IN KOK NGIO VILLAGE IN LAOS. A COMMUNITY IN SOUTH AFRICA IS BEING REBUILT USING BLOCK MAKING MICRODEVELOPMENT SKILLS. MONEY WAS GIVEN TO REFURBISH A HOUSE USED TO CARE FOR AIDS AFFECTED CHILDREN. OTHER ORGANIZATIONS WERE HELPED WITH OFFCIE FURNITURE. GIFTS WERE GIVEN TO ELDERLY VETERANS IN ROCKFORD AND SEEDS WERE SENT TO AFGHANISTAN. A MINISTRY IN GUATEMALA WAS HELPED WITH SECURITY NEEDS.

CIRCLE OF LOVE FOUNDATION'S MISSION IS TO SHARE THE GOSPAL AND TO BRING HOPE TO A WORLD IN NEED THROUGH ACTS OF COMPASSION AND BY LOVING OTHERS AS JESUS LOVED US.