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## Form **990-EZ**

## **Short Form**

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

B Cleack displaceable National Process of the placeable National Process of the P	Α	For th	ne 2009 ca	lendar y	ear, or tax year beginning	, 200	09, and er	nding				
Section   Statistics   Section   Se	<b>B</b> _	Check i	ıf applıcable		С				D Emp	oloyer ic	lentification number	
Name change   Terminate name   Termina		Addres	s change	Please use IRS	LOVE IN ACTION INTE	RNATIONAL MINISTE	RIES		43-1803142			
Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   Contributions, gifts, grants, and sailes desired and assessments   1		Name o	change	label or								
Termination   Application principle   Security   Securit		Initial re	eturn	type.					1 /	101	285-9206	
**Section 501 (x/3) organizations and 4947(x/1) nonexempt charitable trusts  **Section 501 (x/3) organizations and 4947(x/1) nonexempt charitable trusts    Website: N/A		Termina	ation	Specific	·				<del></del>	747)	203 3200	
**Section 501(xX) organizations and 4947(xX) in onexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).    Website: * N/A	$\sqcup$	Amend	ed return						F Gro	up Ex	emption	
Website: F N/A   Website: F N/A   Completed Schedule A (Form 990 or 990-EZ).   Cherk (Specify) F   Check   I if the organization is not required to attach Schedule B (Form 990, 22, or 990-EZ).   Solid   S	لل	Applica	ition pending	L				T				
Website: > N/A   recurred to flatent Schedule B (Form 990, 1 as exempt tables (check only one).   X   501(c) (3) * (mest not)   494(70(1)) or   327   7990-E2, or 990-F5).			• Section . n	501(c)(3 nust atta	l) organizations and 4947(a)(1) ach a completed Schedule A (F	nonexempt charitable trusts orm 990 or 990-EZ).	<i>s</i>	1		1 X	Cash	
Tax-exempt stabus (check cally osp)								H Check ►	ıf ti	ne org	anization is not	
Taxeless battle controller   Taxeless   Ta	ı	Webs	ite: ► <u>N</u>	/A							lule B (Form 990,	
\$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to the a return, be sure to file a complete return. LAdd times 5b, 6b, and 7b, to time 9 to determine gross recepts, if \$500,000 or more, file Form 990  - \$ 482, 366.  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1 Conflibutions, gifts, grants, and similar amounts received  1 Conflibutions, gifts, grants, and similar amounts received  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Investment income  5a Gross amount from sale of assets other than inventory  5 Less, cost or other basis and sales expenses  c Gain (flos) from 390 dates date than inventory  5 Less, cost or other basis and sales expenses  c Gain (flos) from 390 dates date than inventory  5 Less, cost or other basis and sales expenses  c See in (flos) from 390 dates date than inventory (subtract in 50 from in 50)  5 Special events and activities (complete applicable parts of Schedulis ()). If any amount is from gaming, check here  c Net income or (loss) from special events and activities (Subtract line 5 from line 6a)  7 a Gross sales of inventory, less returns and allowances  b Less; clirect expenses other than fundraising expenses  c Net income or (loss) from special events and activities (Subtract line 7b from line 7a)  8 Other revenue (describe)  9 Total revenue, describe)  10 Grants antistendary angulate part of the file of from line 6a)  7 a Gross sales of inventory, less returns and allowances  9 Total revenue, describe in the file of from line 7a)  10 Grants antistendary angulate part of the file of from line 7a)  10 Grants antistendary angulate part of the file of from line 7a)  10 Grants antistendary angulate part of the file of from line 7a)  11 Senset part of from member 50  12 Grants and subtract line 7b from line 7a)  12 Grants and subtract line 7b from member 50  13 Grants antistendary angulate part of the file of from subtract line	J	Tax-ex	empt status	(check on	x = 1 $x = 1$ $x =$	(insert no ) 4947(a)(1) or	527	990-EZ, or	990-PF	). 		
Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 FS 482, 366.  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions for Part I.)  1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 a Gross amount from sale of assets other than inventory 5 b Less, cost or other basis and sales expenses 6 Gine (fest) from sale of assets other than inventory 6 Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here a Gross revenue (not including S of contributions reported on line 1)  b Less, cost or other basis and sales expenses c Net income or (fest) from special events and activities (Subtract line 8b from line 6a) 7 a Gross sales of inventory, less returns and allowances b Less cost of goods from special events and activities (Subtract line 8b from line 7a)  b Less cost of goods sold c Gross profit or (Goss) from special events and activities (Subtract line 7b from line 7a)  b Less cost of goods from special events and activities (Subtract line 7b from line 7a)  b Less cost of goods from special events and activities (Subtract line 7b from line 7a)  8 Other revenue (describe **  9 Total revenue, 24E (Ings ID 2, 3, 4, 5c, 6c, 7c, and 8  10 Grant sandshirlar amount-page page latch schedule) 11 Grant evenue, 24E (Ings ID 2, 3, 4, 5c, 6c, 7c, and 8  12 G1, 782.  13 Projection of the page (Subtract line 7b from line 7a)  14 1 18, 742.  15 Projection, page and the page page latch schedule) 16 Grant evenue, 24E (Ings ID 2, 3, 4, 5c, 6c, 7c, and 8)  17 1 1 165, 150.  18 1 1 165, 150.  19 1 160 (Projection and Projection and			k ► lif	the orga	anization is not a section 509(a)	(3) supporting organization	and its g	ross receipts are	e norma	ally no	t more than	
Part     Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions for Part I.)		\$25,0	00. A Forr	n 990-È	Z or Form 990 return is not req	uired, but if the organization	n chooses	s to file a return,	be sur	e to fil	le a complete return.	
Part     Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions for Part I.)	L	Add I	ines 5b, 6b	b. and 7	b. to line 9 to determine gross	receipts, if \$500,000 or mor	re, file Foi	rm 990				
1   438,110.     2   2   2   3   3   3   3   3   3   3		ınstea	ad of Form	1 990-EZ								
1   438,110.     2   2   2   3   3   3   3   3   3   3	Pa	rt I	Reve	enue, İ	Expenses, and Changes	in Net Assets or Fun	d Balan	ices (See the	e instr	uctio	ns for Part I.)	
3 Membership dues and assessments 4 Investment income 5 a Gross amount from sale of assets other than inventory 5 Less, cost or other basis and sales expenses c Cain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) 6 Special events and activities (compilete applicable parts of Schedule 6). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less; direct expenses other than fundraising expenses c Nat income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory (Ess returns and allowances) b Less; cost of goods sold c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) 8 Other revenue (describe > ) 9 Total revenue (describe > ) 9 Total revenue (describe > ) 10 Caronis and Similar angular-to-prof shifted schedule) 11 Densel-to-part (loss) from sales of inventory (Subtract line 7b from line 7a) 12 Salayles, other, compensation, and employee benefits 13 Prints sonal flees and other payments to independent contractors 13 Salayles, other, compensation, and employee benefits 15 Printing, prof, maintenance 16 Other payments of the payments to independent contractors 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Nat assets of fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Nat assets or fund balances at end of year Combine lines 18 through 20 22 Nat assets of fund balances at end of year Combine lines 18 through 20 23 Nat assets of fund balances at end of year Combine lines 18 through 20 24 Cash, savings, and investments 25 Cash, savings, and investments 26 Other changes in net assets of fund balances (attach explanation) 27 Cash, savings, and i		1								1	438,110.	
3   Membership dues and assessments   4   10   10   10   10   10   10   10		2	Program :	service	revenue including government	fees and contracts			Γ	2		
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5a Gross amount from sale of assets other than inventory be Less, cost or other basis and sales expenses c aim or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a)  5 Special events and activities (complete applicable parts of Schedule (i). If any amount is from gaming, check here of Special events and activities (complete applicable parts of Schedule (i). If any amount is from gaming, check here of Special events and activities (Complete applicable parts of Schedule (i). If any amount is from gaming, check here of Special events and activities (Subtract line 6 from line 6a)  7a Gross sales of inventory, less; returns and allowances be Less cost of goods sold c Gross profit or (loss) from special events and activities (Subtract line 6 from line 7a)  8 Other revenue (describe	- 1	4	Investmer	nt incom	ne				Γ	4	44,256.	
b Less. cost or other basis and sales expenses   5b		5a	Gross am	ount fro	m sale of assets other than inv	rentory	5a		Γ			
c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a)  Special events and activities (complete applicable parts of Schedule (i), if any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1)  b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe • ) 8  9 Total revenue and function 2, 3, 4, 5c, 6c, 7c, and 8  10 Grants and similar amount-part distacts schedule) 11 Grants and similar amount-part distacts schedule) 12 Salegres, other commenses (in 1 1 165, 150, 150, 150, 150, 150, 150, 150, 15						•	5b					
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) of contributions (as direct expenses other than fundraising expenses contributions (as decided by the contributions of contributions (as decided by the contributions) (as decided by the contributions) (but contributions) (as decided by the contributions) (but co	R				•	act In 5b from In 5a)				5c		
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C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   7c					·	ances						
8   Other revenue (describe   9   Total revenue (Ascribe   9   Total revenue (Ascribe   9   10   10   10   10   10   11   165,150.   10   Grants and similar amounts pad latitach schedule)   10   11   165,150.   12   Satarles, other compersition, any employee benefits   12   61,782.   13   Professional rees and other payments to independent contractors   13   985.   14   18,742.   15   Printing, pdt (Fibral Section and Shipping   15   4,839.   16   Cycupancy, part, utilities, apt, maintenance   14   18,742.   15   4,839.   16   Cycupancy (Bibbas) estate and shipping   16   254,106.   17   Total expenses. Add lines 10 through 16   17   505,604.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -23,238.   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).   20   21   327,217.   21   21   327,217.   22   23   308,105.   23   24   24   24   24   24   24   24				_		hhead has 7h from has 7a	_ / b]			اء ح		
10						ibtract line 70 from line 7a)			、			
10   Grants and Similar amounts paid fattach schedule)   11   165,150.   12   61,782.   12   61,782.   13   705.   14   15   705.   14   15   705.   15   16   705.   16   705.   17   705.   18   705.   19   705.   19   705.   10   7				•					一 <sup>)</sup>		402.366	
11   Benefits paid to or for members   11   165,150.   12   61,782.   13   785, 130   14   18,742.   13   785, 130   14   18,742.   14   18,742.   15   794, 130   16   254,106.   17   70tal expenses. Add lines 10 through 16   17   505,604.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -23,238.   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   Net assets or fund balances at end of year Combine lines 18 through 20   20   21   327,217.   19   350,455.   20   21   327,217.   20   21   327,217.   20   21   327,217.   20   21   327,217.   20   21   327,217.   21   22   23   23   23   23   23   23			Total reve	enue A	ad (in Es(1) 2, 3, 4, 5c, 6c, /c, a	nd 8					482,300.	
12   Satures, other commendation, and employee benefits   13   985.   14   15   15   15   16   17   17   16   17   17   17   18   18   18   19   19   19   19   19		10	Grants an	ig Pillip	ramounts paid thatach schedu	le).			L			
16   Other expenses (describe   SEE STATEMENT 1   16   254, 106.   17   Total expenses. Add lines 10 through 16   17   505, 604.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -23, 238.   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   350, 455.   10   350, 455.   10   350, 455.   10   350, 455.   10   350, 455.   10   350, 455.   27   327, 217.   10   3	E	11	Blenefits T	baid to c	or for members				L			
16   Other expenses (describe   SEE STATEMENT 1   16   254, 106.   17   Total expenses. Add lines 10 through 16   17   505, 604.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -23, 238.   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   350, 455.   10   350, 455.   10   350, 455.   10   350, 455.   10   350, 455.   10   350, 455.   27   327, 217.   10   3	X								L			
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16   Othel expenses (describe   SEE STATEMENT 1   16   254, 106.   17   Total expenses. Add lines 10 through 16   17   505, 604.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -23, 238.   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   350, 455.   20   21   327, 217.   20   21   327, 217.   21   21   327, 217.   22   21   327, 217.   23   23   327, 217.   24   25   328, 466.   25   328, 466.   26   Total liabilities (describe   SEE STATEMENT 2   350, 455.   27   327, 217.   27   350, 455.   27   327, 217.   27   350, 455.   27   327, 217.   350, 455.   327, 217.   350, 455.	Š	14	Occupanc	y, rent,	utilities, and maintenance							
16   Other expenses (describe   SEE STATEMENT 1   17   Total expenses. Add lines 10 through 16   17   505, 604.     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -23, 238.     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   350, 455.     20   Other changes in net assets or fund balances (attach explanation)   21   Net assets or fund balances at end of year Combine lines 18 through 20   21   327, 217.     Part   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.     (See the instructions for Part II.)   (A) Beginning of year   (B) End of year     22   29,905.   22   19,567.     23   308,105.     24   794.     25   Total assets   SEE STATEMENT 2   328,466.     26   Total liabilities (describe   SEE STATEMENT 3   949.   26   1,249.     27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   350,455.   27   327,217.     28   327,217.     29   350,455.     30   30   30   30   30   30   30	E S	15							L	15		
Part   Balance Sheets.   Form 990 instead of Form 990-EZ.		16							) <u>L</u>			
Part   Balance Sheets.   Form 990 instead of Form 990-EZ.	<b>S</b> ,	17	Total exp	enses.	Add lines 10 through 16				▶	17	505,604.	
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Part   Balance Sheets.   Form 990 instead of Form 990-EZ.	手	20	•			ttach explanation)			Γ	20		
Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.    (See the instructions for Part II.)	=	21							▶	21	327,217.	
26 Total liabilities (describe ► SEE STATEMENT 3 ) 949. 26 1,249. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 350,455. 27 327,217.	Pa	ri II					000 or moi	re, file Form 990	) instead	d of F	orm 990-EZ.	
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26 Total liabilities (describe ► SEE STATEMENT 3 ) 949. 26 1,249. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 350,455. 27 327,217.	3	Cas	h, savinos	s, and in	•	•						
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26 Total liabilities (describe ► SEE STATEMENT 3 ) 949. 26 1,249. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 350,455. 27 327,217.	62	Oih			e ► SEE STATEMENT 2	١						
26 Total liabilities (describe ► SEE STATEMENT 3 ) 949. 26 1,249. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 350,455. 27 327,217.	延	Tot		(305010		<del></del> ′						
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 350, 455. 27 327, 217.	25	Tot		e (desci	the SEE STATEMENT	3 )						
								350				
							s.		,	. 1 - / 1		

Form	990-EZ (2009) LOVE IN ACTION				3-18	03142 Page :
Par	1 III   Statement of Program Se	rvice Accomplishment	s (See the instruct	ions.)	<b>_</b>	Expenses
What i	is the organization's primary exempt purpose? SE	E STATEMENT 4			☐ (Red 501(	uired for section c)(3) and (4)
Desc	cribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purp	oses. In a clear and cor	ncise manner,	orga	c)(3) and (4) nizations and section (a)(1) trusts, optional
prog	ram title	persons benefited, or other r	elevant imormation for	eacii	for o	thers)
28	MISSION TRIPS TO PROVIDE	SERVICES TO CONSTR	RUCT BUILDINGS		$\top$	I
					-1	
					-1	
	(Grants \$ ) If th	is amount includes foreign gr	ants check here		1 28a	
29	(Crants 4	as amount includes loreign gr	arks, check field			
23						
					<del>-</del>	
	(Grants \$ ) If the	is amount includes foreign gr	ants, cneck nere		29 a	<del></del>
30						
	75-77			<sub>-</sub>	႕	
24		is amount includes foreign gr	ants, check here		30 a	<u> </u>
31	Other program services (attach schedule	•	anda abaal baaa	. □	۔ ۔ ا	ļ
22		is amount includes foreign gr	ants, cneck nere		31 a ▶ 32	<del></del>
Par	Total program service expenses (add lin		anloyoon Lateraha			alad (Caa tha mater)
Fai	t IV List of Officers, Directors					(e) Expense account
	(a) Name and address	(b) Title and average hours per week devoted	not paid, enter -0)	(d) Contribution employee benefit p	ons to olans and	
	(2) ************************************	to position		deferred comper	sation	
HEN	RIETTA_HUGHS	TRUSTEE	0.		0.	0.
406	S. HEMLOCK	1.00		İ		
SPR	RINGFIELD, MO 65802					
	CHE JONES	TRUSTEE	0.		0.	0.
	PEACE PLACE	1.00	1			
	STA MESA, CA 92626					
	RRI ZIMMERMAN	TRUSTEE	10,558.		0.	0.
	6 ONEIDA AVE	40.00			٠.	٠.
	COONA, PA 16602	40.00				
		DDECIDENT ( CEO	10,558.		0.	0.
	Y ZIMMERMAN	PRESIDENT & CEO	•	•	υ.	١.
	6 ONEIDA AVE	40.00				
	OONA, PA 16602					
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	OAKRIDGE RD	1				
	ISEY, NJ 07446					
	K HUGHS	TRUSTEE	•	1	0.	0.
<u>406</u>	S HEMLOCK	1.00		}		
SPR	RINGFIELD, MO 65802					
DON	IALD & KATHEE GEDDES	TRUSTEE	0.		0.	0.
386	02 LAMBORN DR	1.00				•
CRA	WFORD, CO 81415			1		
	S JEZEQUEL	TRUSTEE	0.		0.	0.
	OAKRIDGE RD	1 o				
	SEY, NJ 07446	1				ļ
	WALLACE	TRUSTEE	0.		0.	0.
	ZINNIA ST	0	•	1	•	}
	DERA RANCH, CA 92694	ď				
	Y WILSON	TRUSTEE	0.	<del>                                     </del>	0.	0.
		IKOSIEE	٥.	}	٥.	٠.
_ = -	51 JEFFREY RD SPC 152	۱ "				
	INE, CA 92618	mp. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	30.001	<del> </del> -		<del></del>
	WILSON	TREASURER	30,861.	1	0.	0.
	51 JEFFREY RD SPC 152	1 0				
	INE, CA 92618					
JEF	F JONES	TRUSTEE		1	0.	0.
888	PEACE PLACE	1.00		1		
cos	TA MESA, CA 92626		<u> </u>			<u> </u>
BAA		TEEA0812L (	01/30/10			Form 990-EZ (2009

Forn	n 990-EZ (2009) LOVE IN ACTION INTERNATIONAL MINISTRIES 43-180314	2	_ P	age 3
Pai	rt V Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	ATEM	ENT	5
	•		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,' attach a conformed copy of 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 not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	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?  If 'Yes,' has it filed a tax return on Form 990-T for this year?	35a 35b		<u>x</u>
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the	330		
	year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?	37ь		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		х
t	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved  38b  N/A			
	Section 501(c)(7) organizations Enter.			
	a Initiation fees and capital contributions included on line 9			
	o Gross receipts, included on line 9, for public use of club facilities.  N/A	4		
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.  section 4911 ►			
	0., Section 4312 v 0., Section 4333 v 0.	ĺ		Ī
t	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	40 ь		х
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			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
€	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed NONE			
<b>42</b> a	a The organization's books are in care of ► ROB WILSON  Located at ► 14851 JEFFREY RD #152 IRVINE CA  ZIP + 4 ► 92618	<u>85-9</u>	<u> 206</u>	
				<del></del>
ь	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	Yes	No 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 a Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
_	If 'Yes,' enter the name of the foreign country:	720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		<b>-</b> [	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			\	l Na
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
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	<u> </u>	X
BAA	TEEA0812L 01/30/10 Fc	rm <b>99</b> 0	J-EZ (	(2009)

Form 990-EZ (2009) LOVE IN ACTION INTE	יבא∩דידמאלי MTNT	STRIFS	43-1803	142	Pa	age <b>4</b>			
Part VI Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	s and section 494 ction 4947(a)(1) no	7(a)(1) nonexemp	t charitable trusts on	v. All s	ection				
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  47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II  48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  49 a Did the organization make any transfers to an exempt non-charitable related organization?  49 b If 'Yes,' was the related organization a section 527 organization?  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'  (b) Title and average (c) Compensation (d) Contributions to employee									
(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) compensation	benefit plans and deferred compensation	accou	nt and owances				
NONE									
						<del></del>			
					· · · · · · · · · · · · · · · · · · ·				
f Total number of other employees paid over \$10	00,000		<b>.</b>						
51 Complete this table for the organization's five harmonic compensation from the organization of there is	nighest compensated in none, enter 'None'	dependent contractors	s who each received more th	nan \$100,	,000 of				
(a) Name and address of each independent contr	actor paid more than \$100,000	0	(b) Type of service	(с) Сотр	ensation				
NONE									
						—			
d Total number of other independent contractors	each receiving over \$1	00,000							
Under penalties of perjury, I declare that I have examine, correct, and complete Declaration of preparer (	nined this return, including according than officer) is based on	ompanying schedules and sta all information of which prep	atements, and to the best of my kno parer has any knowledge	-	belief, it is	s			

Sign Here	Signature of o	BERT H. WILSON Treasure		s any knowledge  5 - 1	210
Paid Pre-	Preparer's signature	RICHARD B. GERDIS, CPA	Date (1/4)	Check if self employed ► X	Preparer's Identifying Number (See Instructions)  N/A
parer's	Firm's name (or	RICHARD B. GERDTS, CPA			
Use	yours if self employed), address, and ZIP + 4	4910 CAMPUS DRIVE		EIN	N/A
Only		NEWPORT BEACH, CA 92660		Phone no ► 9	49-752-1007
May the IR:	S discuss this r	eturn with the preparer shown above? See instructions		<del>-</del>	►X Yes No

BAA

Form 990-EZ (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

LOV	E IN ACTION INT								303142			
Part			ıs (All organizations					<u>) See</u>	<u>ınstruc</u>	tions		
The o	organization is not a priv	ate foundation becaus	se it is (For lines 1 throu	gh 11, cl	neck onl	ly one b	ox)					
1	A church, convention	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1	)(A)(i).					
2	A school described	in section 170(b)(1)(A	<b>)(ii).</b> (Attach Schedule E	)								
3	A hospital or coope	rative hospital service	organization described i	n sectio	n 170(b)	(1)(A)(iii	).					
4	A medical research	organization operate	d in conjunction with a ho	ospital de	escribed	ın secti	on 170(	ЬХ1ХАХ	iii). Ente	er the hospital	's	
5	name, city, and sta  An organization opi  170(b)(1)(A)(iv). (C)	erated for the benefit	of a college or university	owned o	r opera	ted by a	govern	mental i	init desc	ribed in secti	on	
6 7	An organization tha	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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			ırt II.) <b>70(b)(1)(A)(vi).</b> (Complete	a Part II	`							
9			1) more than 33-1/3 % of		•	contrib	utions i	memher	shin fees	s and gross i	eceints	
3	from activities relat	ed to its exempt funct	ions – subject to certain ss taxable income (less s	exception	ns. and	(2) no r	nore tha	an 33-1/3	3 % of its	s support fror	n gross	
10			exclusively to test for put									
11	more publicly supp	orted organizations d	exclusively for the benefi escribed in section 509(a ation and complete lines	)(1) or s	ection 5	09(a)(2)	tions of See <b>s</b> e	, or carry ection 50	y out the 09(a)(3).	Check the bo	ox that	
	a Type I	<b>b</b> Type II	<b>c</b> ☐ Type Ⅱ	I — Fund	tionally	ıntegrati	ed		d 📋	Type III- O	ther	
е	By checking this both than foundation ma 509(a)(2)	ox, I certify that the organization in agers and other than	ganization is not controlle n one or more publicly su	ed direct ipported	y or ind organiza	irectly by ations di	y one or escribed	r more d d in sect	lisqualific ion 509(a	ed persons o a)(1) or section	ther n	
f		received a written dete	ermination from the IRS t	that is a	Type I,	Туре ІІ с	r Type	III supp	orting or	ganization,		
g	Since August 17, 2	006, has the organiza	tion accepted any gift or	contribu	ition froi	m any of	the fol	lowing p	ersons?	<u></u>	<del> </del>	
	(i) a person who	directly or indirectly of	controls, either alone or to upported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)	es No	
	_	ber of a person desc	1							11 g (ii)		
			described in (i) or (ii) ab	ove?						11 g (iii)		
h			he supported organization							3 ( 7)		
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) organizat (i) listed gove	s the ion in col I in your rning ment?	(v) Did y the organ col ( your su	ization in (i) of	organizati	zed in the	(vii) Amount o	Support	
				Yes	No	Yes	No	Yes	No			
-												
				↓		<u> </u>						
	· · · · · · · · · · · · · · · · · · ·			<b>├</b> ─		<u> </u>						
				<del>                                     </del>		<del> </del>				<del></del> -		
Total												

Sch	edule <b>A</b> (Form 990 or 990-EZ) 200	9 LOVE IN	ACTION INT	ERNATIONAL	MINISTRIES	43-180314	2 Page <b>2</b>		
	t II Support Schedule for	Organization	s Described ii	n Sections 17					
500	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1.)					
Cale	ndar year (or fiscal year nning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3								
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	_				_			
Sec	tion B. Total Support		,	,					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4				<b></b>		<b></b>		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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								
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12			
13	First five years. If the Form 990 organization, check this box and		ition's first, secon	d, third, fourth, o	or fifth tax year as	a section 501(c)(3	>		
	tion C. Computation of Pu								
	Public support percentage for 20	•	**	e 11, column (f)		14	<u>%</u>		
	Public support percentage from 2	·				15_	<u>%</u>		
16 a	33-1/3 support test — 2009. If the and stop here. The organization	organization did qualifies as a pub	not check the box licly supported or	on line 13, and ganization.	the line 14 is 33-1	/3 % or more, che	eck this box		
ŀ	33-1/3 support test — 2008. If the and stop here. The organization				and line 15 is 33-	1/3% or more, ch	eck this box		
1 <b>7</b> a	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.								
t	10%-facts-and-circumstances ter or more, and if the organization is organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	' test, check this	box and stop here	. Explain in Part I	I5 is 10% V how the ►		

Schedule A (Form 990 or 990-EZ) 2009

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

LOVE IN ACTION INTERNATIONAL MINISTRIES 43-1803142 Schedule A (Form 990 or 990-EZ) 2009 Page 3 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 yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 482,357 2,046,942. 117,865 336,877. 578,942 530,901 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 0. Gross receipts from activities that are not an unrelated trade or business under section 513 0. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0. The value of services or facilities furnished by a governmental unit to the organization without charge 578.942 530,901 482,357 2,046,942 117,865 336,877 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified 0 0 0 6,280. 6,280 0 persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0 Ð 0 0 6,280 0 0 0 0. 6,280. c Add lines 7a and 7b Public support (Subtract line 2,040,662. 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 578,942 530,901 2,046,942 9 Amounts from line 6 117,865 336,877 482,357 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 83. 83 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 0 0 0 83. 83 c Add lines 10a and 10b 11 Net income from unrelated business

activities not included inline 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.)

13 Total support. (add Ins 9, 10c, 11, 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 99.7% 15 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2008 Schedule A, Part III, line 15 16 99.0% 16

Section I	D. Co	mputation	of	Invest	ment	Income	Percent	tage

- Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))
- 18 Investment income percentage from 2008 Schedule A, Part III, line 17

0.0% 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

0.

2,047,025

•

0.0%

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 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 20

Schedule A	(Form	990 00	990-F7	2009

17

18

Schedule A	(Form 99	u or 990-L	.Z) 2009	TOAR II	N ACTIO	N TNIEKI	TAMOTIAN	MINISTR	1ES 43-	1803142	Page 4
Part IV	Supple	mental I	nformati	on. Com	plete this	part to p	rovide the	explanation	ons required al informati	d by Part II,	line 10;
	- art II,	1116 174	01 170,	and r art	in, inte	2. 1 10 <b>v</b> ia	c any our	<u> </u>	ar imormati	011. 000 1113	di dectoris.
				<b>-</b>							
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							. <b></b>	<b></b>	<b>.</b>		
									· — — <b>— — —</b>		<del></del> -
~											

2009	FEDERAL STATEMENTS		PAGE 1
CLIENT LOVEACT	LOVE IN ACTION INTERNATIONAL MINISTRIES		43-1803142
5/07/10  STATEMENT 1  FORM 990-EZ, PART I, LINE OTHER EXPENSES	: 16		01.22PM
AUTO EXPENSE BANK CHARGES CONFERENCES DATA PROCESSING DEPRECIATION EQUIPMENT RENTAL INSURANCE MEALS AND ENTERTAINMEN MISCELLANEOUS OFFICE EXPENSES ORPHANAGE EXPENSES PROMOTION RENT TRAVEL	T	\$ TOTAL \$	1,663. 715. 862. 399. 492. 5,468. 2,433. 2,724. 261. 4,986. 221,118. 1,126. 5,700. 6,159. 254,106.
STATEMENT 2 FORM 990-EZ, PART II, LINE OTHER ASSETS	E 24		
FURNITURE AND FIXTURES MACHINERY AND EQUIPMEN	\$	563. \$ 723. 1,286. \$	563. 231. 794.
STATEMENT 3 FORM 990-EZ, PART II, LINE TOTAL LIABILITIES	E 26		:
PAYROLL TAXES PAYABLE	Bi TOTAL \$ \$	EGINNING 949. 949. \$	ENDING 1,249. 1,249.

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

MISSION TRIPS TO PROVIDE SERVICES TO CONSTRUCT BUILDINGS

2009	FEDERAL STATEMENTS	PAGE 2							
CLIENT LOVEACT	LOVE IN ACTION INTERNATIONAL MINISTRIES	43-1803142							
5/07/10		01.22PM							
STATEMENT 5 FORM 990-EZ, PART V REGARDING TRANSFE	RS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS								
(A) DID THE ORGANI INDIRECTLY, TO PAY (B) DID THE ORGANI	INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR								
INDIRECTLY, ON A PE	ERSONAL BENEFIT CONTRACT?	NO							
	•								

12/31/09	7	000 F	EDER,	AL B	00K	DEP	2009 FEDERAL BOOK DEPRECIATION SCHEDULE	TION	SCHE	DULE				il.	PAGE 1
CLIENT LOVEACT			LOVE	IN AC	TION	NTERN	IN ACTION INTERNATIONAL MINISTRIES	MINIST	RIES					4	43-1803142
5/07/10 NO. DESCRIPTION	DATE	DATE S01.D	COST/ BASIS	BUS PCT J	CUR 179 RONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	_METHODLIEE_RATE	7 337	RAIE	OT.22PM CURRENT DEPR
FORM 990/990-PF															
MACHINERY AND EQUIPMENT															
1 COMPUTER CPU / ALL IN ONE	12/08/06		726							726	308	S/L	rs rs	19200	145
		•	2,535	I	0	0	0	0	0	2,535	1,249			1	492
TOTAL DEPRECIATION		•	2,535	, •	0	0	0	0	0	2,535	1,249				492
RENTAL ACTIVITY - MOBILE HOMES															
BUILDINGS															
2 MOBILE HOMES 4 MOBILE HOMES	7/01/07		199,000							199,000	10,553	S/L MM	27 S 27.5	03636	7,236
TOTAL BUILDINGS			333,000		0	0	0	0	0	333,000	12,787			1	12,108
TOTAL DEPRECIATION		• •	333,000		°	0		0	0	333,000	12,787				12,108
GRAND TOTAL DEPRECIATION		-	335,535	_		0	0	0	0	335,535	14,036			•	12,600

c