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Form 99.0-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

Open to Public Inspection

ΑI	-or	tne	2009 calendar year, or tax year beginning	, 2009, an	a enaing					
В	_	ıf aç	pplicable Please C Name of organization			D	Employer identification number			
\vdash	- ch	ange	label or	47-0831040						
\vdash	Name change print or type. Love and Life Unlimited, Inc. Inc. Number and street (or PO box, if mail is not delivered to street address) Room/suite						Telephone number			
-	⊣		ation See 6901 Mercy Road			02-390-6600				
\vdash		rmırı end	ed Specific City or town, state or country, and ZIP + 4			+				
\vdash	∏Аρ		ation trops Omaha NE 68106				Group Exemption Number • • •			
		ndin Sa	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must	attach	G Account		ethod X Cash Accrual			
	•	36	a completed Schedule A (Form 990 or 990-EZ).	uttuen	1	specify) >				
					X if the organization is not					
	Not									
_	I Website: ► N/A required to attach Schedule B (Form 990, J Tax-exempt status (check only one) - X 501(c) (3) ◄ (insert no) 4947(a)(1) or 527 990-EZ, or 990-PF)									
	Chec			· · · · · · · · · · · · · · · · · · · 	<u> </u>					
			00-EZ or Form 990 return is not required, but if the organization chooses to fi	•	•	•				
			5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 99				1,326.00			
	rt I	_	Revenue, Expenses, and Changes in Net Assets or Fu							
	1		Contributions, gifts, grants, and similar amounts received			1				
	2		Program service revenue including government fees and contracts		Г	2	259.00			
	3		Membership dues and assessments			3				
	4		Investment income		1	4				
	5	а	Gross amount from sale of assets other than inventory 5a							
		b	Less cost or other basis and sales expenses							
			Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	line 5a)		5 c				
e	6	-	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming	•						
ē		а	Gross revenue (not including \$ of contribution							
Revenue		Ī								
		b								
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a).								
	7	a	Gross sales of inventory, less returns and allowances	067.00	6c					
	'	b	Less: cost of goods sold 7b							
			Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7 c	1,067.00			
	8	_	Other revenue (describe		; }	8				
	9		Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	1,326.00			
	10		Grants and similar amounts paid (attach schedule)	OF WED		10	2,825.00			
9	11		Benefits paid to or for members	CEIVED .		11	· · · · · · · · · · · · · · · · · · ·			
8 &	12					12				
nses	13		Professional fees and other payments to independent contractors MAY	. 1 0 . 2010	80	13	325.00			
Exper	14		Occupancy rent utilities and maintenance	l l	2	14				
ű	15		Printing, publications, postage, and shipping		ਛ	15				
•	16		Other expenses (describe > Other operating expenses	<u>3⊏14, .0.1</u>		16	335.00			
	17		Total expenses. Add lines 10 through 16			17	3,485.00			
S	18		Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-2,159.00			
Assets	19		Net assets or fund balances at beginning of year (from line 27, column (A))							
Ass			end-of-year figure reported on prior year's return)			19	-7,589.00			
1 = 1	20		Other changes in net assets or fund balances (attach explanation)			20				
9 Z	21		Net assets or fund balances at end of year Combine lines 18 through 20 .			21	-9,748.00			
Pa	rt l		Balance Sheets. If Total assets on line 25, column (B) are \$1,250,00			<u> </u>	orm 990-EZ			
			(See the instructions for Part II)	(A) Beginnii			(B) End of year			
22	С	ash	, savings, and investments	2	,272.00	22	1,440.00			
23			and buildings			23				
24			r assets (describe >)		325.00	24				
25			l assets	2	,597.00	25	1,440.00			
26	T	ota	I liabilities (describe)		,186.00					
27	_ <u>N</u>	et	assets or fund balances (line 27 of column (B) must agree with line 21)	-7	,589.00	27	-9,748.00			

· • · · · · · · · · · · · · · · · · · ·					
Part III Statement of Program Service Accomplishme		ons for Part III.)			penses
What is the organization's primary exempt purpose? Fundraising			for section and 501(c)(4)		
Describe what was achieved in carrying out the organization's exe	er,	organizati	ons and section) trusts, optional		
describe the services provided, the number of persons benefited, and	le	for others			
28					
(Grants \$) If this amount include	s foreign grants, check her	e	28a		
29		•			
(Grants \$) If this amount include	s foreign grants, check her	e	29a		
30				_	
		_	i		
			_		
(Grants \$) If this amount include	s foreign grants, check her	e >	30a		
31 Other program services (attach schedule)					
(Grants \$) If this amount include	s foreign grants, check her	·e ▶ [31a		
32 Total program service expenses (add lines 28a through 31a)			▶ 32		
Part IV List of Officers, Directors, Trustees, and Key Emplo			(See the in	structions	for Part IV)
	(b) Title and average	(c) Compensation	(d) Cont	ributions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)		enefit plans & ompensation	account and other allowances
Dr. Thomas Hilgers	Director/Pres.			<u> </u>	
6901 Mercy Road, Omaha, NE 68106	None	0		0	l o
Susan K. Hilgers	Director				
6901 Mercy Road, Omaha, NE 68106	None	0		0	o
K. Diane Daly	Diretor				
621 S. New Ballas Road, St. Louis, MO	None	0		0	0
Ann M. Prebil	Director				
621 S. New Ballas Road, St. Louis, MO	None	0		0	l o
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_	0-EZ (2009)			Page 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)		Γ	т
	Del the comments are an extended and are controlled to the IDOO to the to the I		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
34	description of each activity	33	ļ	X
34		34		x
35	the changes	34	_	
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			l
	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		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant dosposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			i
39	Section 501(c)(7) organizations Enter.			
	Initiation fees and capital contributions included on line 9	4		
	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ 0.00 , section 4912 ▶ 0.00 , section 4955 ▶ 0.00			
D	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 awars that it organized in an excess benefit transaction with a discussified	}		ļ
	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	40ь		х
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	400		
_	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 ▶ 0.00			.
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			.
	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 ▶ Thomas Hilgers Telephone no ▶ (402) 3	90-6	600	
	Located at ▶6901 Mercy Road ZIP+4 ► 68106			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	r		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		<u>X</u>
	If "Yes," enter the name of the foreign county ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank			
	and Financial Accounts.			
		42c		
	If "Yes," enter the name of the foreign country	42C		<u> </u>
	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			
		ſ	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		x
		om 990	0-EZ	20091

Form 990-	-EZ (2009)					Page 4					
Part V	Section 501(c)(3) organizations and section 4947 and complete the tables for lines 50 and	(a)(1) nonexempt cha	exempt charitat ritable trusts mus	ole trusts only. st answer questi	All sections 46-4	on 9b					
46 C	Old the organization engage in direct or indirect p	olitical campaign activiti	es on behalf of or	in opposition to	Ye	s No					
c	candidates for public office? If "Yes," complete Sche	edule C, Part I			46	x					
47 E	oid the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II										
48 ls	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										
49a 🛚	id the organization make any transfers to an exempt non-charitable related organization?										
b I1	f "Yes," was the related organization a section 527	organization?			49b						
	Complete this table for the organization's five high employees) who each received more than \$100,00										
	(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) Expe account other allo	and					
	(a) Name and address of each independent contractor paid		one "	4	(c) Compens						
	(a) value and address of each independent confidence paid) Service	(c) Compens	Salion .					
			 								
d T	otal number of other independent contractors rec	•									
Sign Here	Under penalties of perjury, I declare that I have examiled and belief, it is true, correct, and complete Declaration of Signature of officer Type or print name and title	Inis return, including accompany preparer (other than officer) is the company of	ong schedules and stater pased on all information of Dai	of which preparer has an	f my knowled y knowledge	ge 					
Paid Prepare	Preparer's michael R. mt.	Date 5.5.1	Check if self- employed ►	Preparer's identifying n	9098	tructions)					
Use Only	y yours if self-employed), address, and ZIP + 4	Ste 200, Omaha,		► 47-054 one no ► (402)	341-94						
May the	IRS discuss this return with the preparer shown at	oove? See instructions	 	⊳	X Yes 790-E	No (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.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Love and Life Unlimited, Inc. 47-0831040 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R X An organization that normally receives (1) more than 331/3% 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 331/3% 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 c Type III - Functionally integrated Type II d Type III - Other 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) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 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)

(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 US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
		ļ							
	· -								
otal									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Sche	dule A (Form 990 or 990-EZ) 2009						Page 2		
Pa	Support Schedule for Or (Complete only if you chec	ganizations Di ked the box o	Described in Son Ine 5, 7, or	Sections 170 8 of Part I.)	(b)(1)(A)(iv) a	and 170(b)(1)(A)(vi)		
Sec	tion A. Public Support								
Cal	endar 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	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								
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)				<u> </u>				
6	Public support. Subtract line 5 from line 4.								
	tion B. Total Support	(=) 2005	(b) 2006	(-) 2007	(4) 2000	(=) 0000	45 T. (.)		
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7 8	Amounts from line 4								
0	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								
12	Gross receipts from related activities, etc. (s	see instructions) .				12			
13	First five years. If the Form 990 is f	or the organizat	tion's first, seco	nd, third, fourth,	, or fifth tax ye	ear as a section	501(c)(3)		
	organization, check this box and stop here	 <u></u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>		<u></u> ▶		
	tion C. Computation of Public Sup					1 1			
14	Public support percentage for 2009 (II						<u>%</u>		
15	Public support percentage from 2008						%		
16a	331/3% support test - 2009. If the o	-					. —		
	this box and stop here . The organization			-					
D	331/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
47-		•					· · · · —		
1/a	10%-facts-and-circumstances test - 2	~			=	· · · · · · · · · · · · · · · · · · ·			
	or more, and if the organization me								
		how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported							
	organization						▶∟		
D	10%-facts-and-circumstances test - 2		=		· · ·				
	15 is 10% or more, and if the organization is part IV how the argentation								
	Explain in Part IV how the organization				-	· ·	publicly		
18	supported organization	n did not char	k a hay an be-			choole this best			
	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.)

Sec	tion A. Public Support			<u>, </u>	 		
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1							
	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	2,671.00	2,408.00	1,710.00	1,433.00	1,067.00	9,289.00
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			1			
4	Tax revenues levied for the organization's		_				
	benefit and either paid to or expended on						
	ıts 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	2,671.00	2,408.00	1,710.00	1,433.00	1,067.00	9,289.00
7 a	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)					•	9,289.00
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	2,671.00	2,408.00	1,710.00	1,433.00	1,067.00	9,289.00
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						
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						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)	1,599.00	955.00	930.00	785.00	259.00	4,528.00
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	4,270.00	3,363.00	2,640.00	2,218.00	1,326.00	13,817.00
14	First five years. If the Form 990 is for						
	organization, check this box and stop here			<u> </u>		<u> </u>	<u></u> ▶
	tion C. Computation of Public Sup					,	
15	Public support percentage for 2009 (line 8						67.2288 %
16	Public support percentage from 2008 Sche			· · · · · · · · · ·		16	68.6533 %
	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (II					17	<u>%</u>
18	Investment income percentage from 2008					18	%_
19a	33 1/3% support tests - 2009. If the or						. . .
_	17 is not more than 33 1/3%, check the		-		• •		
þ	33 1/3% support tests - 2008. If the org				•		, [+-
	line 18 is not more than 331/3%, check		-	•		• •	
20 JSA	Private foundation. If the organization	aia not check	a DOX ON line '	14, 19a, or 19b		x and see instr	

Federal Statements

Page 1

Love and Life Unlimited, Inc.

47-08310410

Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Class of Activity:

Unrestricted

Donee's Name:

Pope Paul VI Institute for the Study of Human Reproduction

Donee's Address:

6901 Mercy Road Omaha, NE 68106

Cash Amount Given:

\$2,500.00

Class of Activity:

Unrestricted

Donee's Name:

Fertility Care Centers International

Donee's Address:

6901 Mercy Road Omaha, NE 68106

Cash Amount Given:

\$325.00