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Form **990-EZ** 

Department of the Treasury

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

|              |             | 2009 calend                    | lar vear.            | or tax year beginning   | , and ending                          |                   |                |                       |                    |   |
|--------------|-------------|--------------------------------|----------------------|---|---------------------------------------|-------------------|----------------|-----------------------|--------------------|---|
| В            |             | applicable                     | Please               | C Name of organization  |                                       |                   |                |                       | D Em               | ployer identification number                          |
|              | Address     |                                | use IRS              |   |                                       |                   |                |                       |                    |   |
| П            | Name ch     | =                              | label or<br>print or | LOVE FUND INC   |                                       |                   |                |                       | 65                 | 5-0120960   |
|              | Initial ret | um                             | type.                | Number and street (or P O box, if n                           | mail is not delivered to street addre | ess)              |                | Room/suite            |                    | lephone number  |
|              | Termina     | tion                           | See                  | 10680 NW 25TH S   | STREET                                |                   |                |                       | 30                 | 05-593-0044   |
|              | Amende      | d retum                        | Specific             | City or town, state or country, and Z                         |                                       | _                 |                |                       | F Gro              | oup Exemption   |
|              |             | on pending                     | tions.               | DORAL   | FL 331                                | _                 | <u> 2108</u>   |                       | Nu                 | mber •  |
|              | • Sec       | tion 501(c)(3                  | ) organi:            | zations and 4947(a)(1) nonexen                                | npt charitable trusts must a          | ttach             |                | G Accounting          | g method           | Cash X Accrual  |
|              |             |                                | -                    | npleted Schedule A (Form 990                                  | or 990-EZ).                           |                   |                | Other (specify)       |                    |   |
| I            | Websit      | e: ▶ <u>N</u> /                | A                    |   |                                       |                   |                | H Check ► required to | ∫ If the attach So | he organization is <b>not</b><br>chedule B (Form 990, |
| <u>1</u>     |             | empt status (ch                |                      |   | (insert no.) 4947(a)(1)               |                   | 527            | 990-EZ, o             | r 990-PF)          |   |
| K            | Check       |                                |                      | ganization is not a section 509(a                             |                                       |                   |                |                       |                    | more than \$25,000 A                                  |
|              |             |                                |                      | turn is not required, but if the org                          |                                       |                   |                | lile a complete       |                    | \$ 179,481  |
|              |             | s 5b, 6b, and 7b               | o, to line 9         | to determine gross receipts, if \$500,00                      | 00 or more, file Form 990 instead     | of Form 9         | 990-EZ         | o the inetri          | uctions            |   |
| <u> </u>     | art I       |                                |                      | penses, and Changes in  | Net Assets or Fund                    | Balanc            | ces (Se        | <u>ee me insui</u>    |                    | 123,305   |
|              | 1           |                                |                      | its, and similar amounts received                             | and contracts                         |                   |                |                       | 2                  | 123,303   |
|              | 2           | •                              |                      | enue including government fees                                | and contracts                         |                   |                |                       | 3                  | <del> </del>  |
|              | 3           | •                              |                      | nd assessments  |                                       |                   |                |                       | 4                  | 2,385   |
|              | 4 5-        | Investment                     |                      | and a second other than investo                               |                                       | 5a                |                |                       | 1                  | 1 2/303   |
|              | 5a          |                                |                      | sale of assets other than inventor<br>asis and sales expenses | ту                                    | 5b                |                |                       | $\dashv$           |   |
|              | b           |                                |                      | of assets other than inventory (Subtra                        | ct line 5h from line 5a)              | [ JB ]            | - <del></del>  |                       |                    |   |
| a            | 6<br>6      |                                |                      | rities (complete applicable parts of Sch                      |                                       | aming c           | <br>check here |                       | ı   <del>"</del>   |   |
| Ž            |             |                                |                      | ncluding \$   |                                       | juiiiig, c        | JAGON HOLO     | · _                   | '                  |   |
| Revenue      | а           | reported on                    |                      |   |                                       | 6a                |                | 53,7                  | 78                 |   |
| œ            | Ь           | •                              | •                    | es other than fundraising expense                             | es                                    | 6b                | -              | 12,9                  |                    |   |
| <b>=</b>     | 6           |                                | •                    | from special events and activitie                             | •                                     |                   |                |                       |                    | 40,861  |
| 01 N 7       | 7a          |                                |                      | tory, less returns and allowances                             |                                       | Ĩ 7a              |                |                       |                    |   |
| 7<br>0       | Ь           | Less: cost o                   |                      | • •   | •                                     | 7b                |                |                       |                    |   |
| <u>. ν</u>   | c           |                                | -                    | from sales of inventory (Subtrac                              | ct line 7b from line 7a)              |                   |                |                       | 7c                 |   |
|              | 8           |                                |                      | nbe ► SEE STATEM  |                                       |                   |                |                       | ) 8                | 13  |
|              | 9           |                                |                      | lines 1, 2, 3, 4, 5c, 6c, 7c, and 8                           |                                       |                   |                |                       | ▶ 9                | 166,564   |
|              | 10          |                                |                      | mounts paid (attach schedule)                                 |                                       |                   |                |                       | 10                 |   |
| Ũ,           | 11          | Benefits par                   | d to or fo           | r members   |                                       |                   |                |                       | 11                 | <u> </u>  |
| <b>学</b> (5) | 12          | Salaries, oth                  | ner comp             | ensation, and employee benefits                               | S                                     | •                 |                |                       | 12                 |   |
|              | 13          | Professiona                    | l fees an            | d other payments to independen                                | it contractors                        |                   |                |                       | 13                 |   |
| ∑ğ<br>Şē     | 14          | Occupancy,                     | rent, util           | ities, and maintenance  | . DECE                                | 11/17             | P.             | 7                     | 14                 | <del>                                     </del>      |
| IJŴ          | 15          | 0.,                            |                      | s, postage, and shipping                                      | RECE                                  | IVE               |                |                       | 15                 |   |
|              | 16          | -                              | -                    | scribe SEE STATEM   | ENT 2                                 |                   | ၂၀             | <del> </del>          | ) 16               |   |
|              | 17          |                                |                      | d lines 10 through 16   | φ MAY 1                               | <del>-0-201</del> | a (C           | <del> </del> -        | 17                 |   |
| G            | 18          |                                |                      | r the year (Subtract line 17 from                             | if 1                                  |                   | TE SE          | }                     | 18                 | -9,366  |
| Net Assets   | 19          |                                |                      | alances at beginning of year (from                            | m line 27, column (A) (must           | egree-w           |                | A .                   |                    | 610 167   |
| As           |             | •                              | -                    | ported on prior year's return)                                | L YUUS                                | I.Ya. C           |                | <u>#</u>              | 19                 | <del></del>   |
| Set          | 20          | -                              |                      | t assets or fund balances (attach                             | ·                                     |                   |                | •                     | 20                 | 222   |
|              | 21          |                                |                      | alances at end of year. Combine                               |                                       | · mara f          | file Form      | 990 instead of        | ► 21               |   |
|              | art II      | Balan                          | ce Sne               | eets. If Total assets on line 25, o                           |                                       | r more, r         |                | Beginning of year     |                    | (B) End of year                                       |
| 22           | Cost        | novinss ===                    | in cost              | (See the instructions for Part II                             | ''                                    | }                 | (^)_           | 619,1                 |                    | COO 001   |
|              |             | savings, and i                 | nivesime             |   |                                       | }                 |                | <u> </u>              | 23                 |   |
| 23           |             | nd buildings<br>assets (descri | ihe 🕨                | •   |                                       | ,                 |                |                       | 24                 |   |
|              | Total a     | •                              | UC -                 |   | <del></del>                           | ——'               |                | 619,1                 |                    | 600 001   |
|              |             | issets<br>iabilities (des      | cribe •              |   |                                       |                   |                |                       | 0 26               | <del></del>   |
|              |             | •                              |                      | s (line 27 of column (B) must ag                              | ree with line 21)                     |                   |                | 619,1                 |                    |   |
| _            |             |                                |                      | Reduction Act Notice, see the                                 | ·                                     |                   |                | •                     |                    | Form <b>990-EZ</b> (2009)                             |
| DA           |             | - ·- · <del>-</del>            | -                    | •   |                                       |                   |                |                       |                    | -9 ×  |
|              |             |                                |                      |   |                                       |                   |                |                       |                    | ( I A   |

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| Form 990-EZ (2009) LOVE FUND                     | INC                                       | 65                                    | 5-0120960                       |  |  | Page 2             |
|--|---|---------------------------------------|---------------------------------|--|--|--------------------|
|  | am Service Accomplishments                | (See the instruct                     | ions for Part III               | l.)  | Ex   | penses             |
| What is the organization's primary exempt        | purpose?                                  |                                       |                                 |  | Required                                     | for section        |
| SEE STATEMENT 3                                  |   |                                       | ·                               | ;  | 501(c)(3) a                                  | and 501(c)(4)      |
| Describe what was achieved in carrying out       |   |                                       |                                 | ) (  | organizatio                                  | ons and section    |
| manner, describe the services provided, the      | e number of persons benefited, or other   | relevant information for              | or                              | '  | 1947(a)(1)                                   | ) trusts; optional |
| each program title                               |   | · · · · · · · · · · · · · · · · · · · | <del></del>                     |  | or others                                    | )                  |
| 28 TO PROVIDE SCHOLARSHIPS TO                    | FAMILIES OF POLICE OFFICERS               |                                       |                                 |  |  |                    |
|  |   |                                       | •                               |  |  |                    |
|  |   |                                       | _                               | حم ا مم  |  | 17 5/5             |
|  | If this amount includes foreign grants, c | check here                            |                                 | 28   | 3  | 17,545             |
| 29 OTHER DONATIONS TO CHARITAE                   | LE ORGANIZATIONS                          | •                                     | •                               |  |  |                    |
|  | •   |                                       |                                 |  |  |                    |
| (Grants \$                                       | If this amount includes foreign grants, c | check here                            | •                               | 29   | <u>,                                    </u> | 15,134             |
| <del>*************************************</del> | FOR FAMILIES OF POLICE OFFICE             |                                       |                                 |  |  |                    |
| •  |   |                                       |                                 |  |  |                    |
| •  |   | •                                     |                                 |  |  |                    |
| (Grants \$                                       | If this amount includes foreign grants, c | check here                            | <b>•</b>                        | 30:  | a  | 8,431              |
| 31 Other program services (attach schedu         | tle) SEE STATEMENT 4                      |                                       |                                 | _  | 1  |                    |
|  | If this amount includes foreign grants, c | check here                            |                                 | 31:  |  | 4,755              |
| 32 Total program service expenses (add           |   | <u> </u>                              |                                 | ▶ 32   | •  | 45,865             |
| Part IV List of Officers, Directors              | s, Trustees, and Key Employees. List ea   | (b) Title and average                 | mpensated. (See to compensation |  | nbutions to                                  | (e) Expense        |
| (a) Name   | and address                               | hours per week                        | (If not paid,                   | employee b                                       | enefit plans &                               | account and        |
| JOHN RIVERA                                      | DORAL                                     | devoted to position PRESIDENT         | enter -0)                       | delerred CC                                      | mpensation                                   | other allowances   |
| 10680 NW 25TH STREET                             | FL 33172-2108                             | 10.00                                 | ۰ ا                             |  | o  | 0                  |
| STEADMAN STAHL                                   | DORAL                                     | EXEC VP                               |                                 |  |  |                    |
| 10680 NW 25TH STREET                             | FL 33172-2108                             | 10.00                                 | 0                               |  | 0  | 0                  |
| LUIS DE LOS SANTOS                               | DORAL                                     | SGT-AT-ARMS                           |                                 |  |  |                    |
| 10680 NW 25TH STREET                             | FL 33172-2108                             | 10.00                                 | 0                               |  | 0  | 0                  |
| ADOLFO LOPEZ                                     | DORAL                                     | CHAPLAIN                              |                                 |  |  |                    |
| 10680 NW 25TH STREET                             | FL 33172-2108                             | 10.00                                 | 0                               |  | 0  | 0                  |
| MARY ANN STAHL                                   | DORAL                                     | TREASURER                             |                                 |  |  |                    |
| 10680 NW 25TH STREET                             | FL 33172-2108                             | 20.00                                 | 0                               | -  | 0  | 0                  |
| JORGE DURAND                                     | DORAL                                     | SECRETARY                             |                                 |  | •  |                    |
| 10680 NW 25TH STREET                             | FL 33172-2108                             | 10.00                                 |                                 |  | 0  | 0                  |
|  |   |                                       |                                 |  |  |                    |
|  |   |                                       |                                 |  |  |                    |
|  |   |                                       |                                 |  |  |                    |
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| •  |   |                                       |                                 |  |  |                    |
|  |   |                                       |                                 |  |  |                    |
| ·  | ·   |                                       |                                 |  |  |                    |
|  |   |                                       |                                 |  |  |                    |
|  |   |                                       |                                 |  |  |                    |
|  |   |                                       |                                 |  |  |                    |
|  |   |                                       |                                 | <del> </del>                                     |  |                    |
|  | •   |                                       |                                 |  |  |                    |
|  | <del></del>                               |                                       |                                 | <del>                                     </del> |  |                    |
|  |   |                                       |                                 |  |  |                    |
|  |   |                                       | _                               |  |  |                    |
| •  |   |                                       |                                 |  |  |                    |

Form **990-EZ** (2009)

|     | tt V Other information (Note the statement reguliernents in the instructions for i   | art v.j                               |                 |          |          |
|-----|--|---------------------------------------|-----------------|----------|----------|
| 22  | Did the experimentary experse to any estimate met programmely reported to the IDS2 If "Vee " ettech a detailed                           |                                       |                 | Yes      | No       |
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed                              |                                       | 33              |          | х        |
| 34  | description of each activity  Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of     |                                       | 33              |          |          |
| 34  | 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 <b>not</b> re | enorted                               | 15              |          | -        |
| •   | on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T                                | portos                                |                 |          |          |
| а   | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section                                |                                       |                 | 1 1      | İ        |
| _   | 6033(e) notice, reporting, and proxy tax requirements?   |                                       | 35a             |          | X        |
| ь   | If "Yes," has it filed a tax return on Form 990-T for this year?   | •                                     | 35b             |          |          |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets                           |                                       |                 |          | _        |
|     | during the year? If "Yes," complete applicable parts of Schedule N   |                                       | 36              |          | X        |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instr  |                                       |                 |          |          |
| 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   |                                       |                 |          |          |
| 39  | Section 501(c)(7) organizations. Enter   |                                       |                 |          |          |
| а   | Initiation fees and capital contributions included on line 9   |                                       | _               |          |          |
| b   | Gross receipts, included on line 9, for public use of club facilities  |                                       | _               |          |          |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:                                  |                                       |                 |          |          |
|     | section 4911 ▶ , section 4912 ▶ , section 4955 ▶   |                                       |                 |          |          |
| b   | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess bene                                | fit                                   |                 |          |          |
|     | transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified                          |                                       | 1               |          |          |
|     | person in a prior year, and that the transaction has not been reported on any of the organization's prior                                |                                       |                 |          |          |
|     | Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   |                                       | 40b             |          | X        |
| С   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on   |                                       |                 |          |          |
|     | organization managers or disqualified persons during the year under sections 4912,   |                                       |                 |          |          |
|     | 4955, and 4958   | ····                                  |                 |          |          |
| d   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c  |                                       |                 |          |          |
|     | reimbursed by the organization   |                                       |                 |          |          |
| е   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter                             |                                       | ļ               |          |          |
|     | transaction? If "Yes," complete Form 8886-T  |                                       | 40e             |          | <u> </u> |
| 41  | List the states with which a copy of this return is filed.   NONE  | 200                                   |                 |          | ~ 4 4    |
| 42a | The organization's books are in care of ▶ DADE COUNTY PBA T  10680 NW 25TH STREET  | elephone no.   30!                    | 5-59            | 3-0      | 044      |
|     | Located at ▶ DORAL, FL   | ZIP+4 ▶ 33                            | 172-            | 210      | 8        |
| 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                            |                                       |                 | Yes      | No       |
|     | account)?  |                                       | 42b             |          | X        |
|     | If "Yes," enter the name of the foreign country:   | <u> </u>                              |                 |          |          |
|     | 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             |          | <u>X</u> |
|     | 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  | 1 1                                   |                 |          | ▶ 📋      |
|     | and enter the amount of tax-exempt interest received or accrued during the tax year  | <b>▶</b> 43                           |                 |          |          |
|     |  |                                       |                 |          |          |
|     |  |                                       |                 | Yes      | No       |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of                                   |                                       |                 | •        | 72       |
|     | 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                         |                                       |                 |          | v        |
|     | "Yes," Form 990 must be completed instead of Form 990-EZ   | <del></del>                           | 45<br>form 99   | <u> </u> | <u>X</u> |
|     |  | , , , , , , , , , , , , , , , , , , , | OIIII <b>33</b> | U-CZ     | (ZUU9)   |

65-0120960 Form 990-EZ (2009) LOVE FUND INC Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section Part VI 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. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to No Yes 46 X 46 candidates for public office? If "Yes," complete Schedule C, Part I Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 47 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a Did the organization make any transfers to an exempt non-chantable related organization? 49a 49h If "Yes," was the related organization a section 527 organization? b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key 50 employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None. (e) Expense (b) Title and average (a) Name and address of each employee paid more employee benefit plans & hours per week account and than \$100,000 deferred compensation other allowances devoted to position NONE Total number of other employees paid over \$100,000 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" (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service NONE Total number of other independent contractors each receiving over \$100,000 Under penalties of penjury/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 Sign Here Signature of officer 285 IDEN e and title Type or pa Preparer's Identifying Number (See instr.) Date Check if Preparer's P00216466 Paid signature Preparer's GEISLER & ASSOCIATES, 20-2445157 EIN Firm's name (or yours **Use Only** DAVIE RD EXT

33024-2515

954-432-3100

Yes

Phone

if self-employed),

address, and ZIP + 4

HOLLYMOOD

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

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LOVE FUND INC

Employer identification number 65-0120960

|          |       |  |                                  |  |                   |                         |             |                     |           |                         |              | _       |    |
|----------|-------|--|----------------------------------|--|-------------------|-------------------------|-------------|---------------------|-----------|-------------------------|--------------|---------|----|
| <u>P</u> | art I | Reas   | on for Public Charity            | Status (All organizations                | must c            | omplete                 | this p      | oart.) S            | ee in:    | struction               | ons.         |         |    |
| The      | orga  | nization is not  | a private foundation because     | e it is (For lines 1 through 11, ch      | neck only o       | one box )               |             |                     |           |                         |              |         |    |
| 1        | Ц     | 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        | Ш     | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).                            |                                  |  |                   |                         |             |                     |           |                         |              |         |    |
| 4        |       | A medical res  | search organization operated     | l in conjunction with a hospital de      | escribed ır       | n section               | 170(b)(1    | I)(A)(iii).         | . Enter t | he hosp                 | ital's name, |         |    |
|          | _     | city, and state  | •                                |  |                   |                         |             |                     |           |                         |              |         |    |
| 5        |       | An organizati  | on operated for the benefit o    | f a college or university owned o        | or operated       | d by a gov              | ernmen      | tal unit d          | lescribe  | d in                    |              |         |    |
|          |       | section 170(   | b)(1)(A)(iv). (Complete Part I   | 1)                                       |                   |                         |             |                     |           |                         |              |         |    |
| 6        |       | A federal, sta   | te, or local government or go    | overnmental unit described in se         | ction 170         | (b)(1)(A)( <sup>1</sup> | <b>v</b> ). |                     |           |                         |              |         |    |
| 7        |       | An organizatı  | on that normally receives a s    | substantial part of its support from     | m a goveri        | nmental u               | nit or fro  | m the g             | eneral p  | ublic                   |              |         |    |
|          |       | described in   | section 170(b)(1)(A)(vi). (Co    | mplete Part II.)                         |                   |                         |             |                     |           |                         |              |         |    |
| 8        |       | A community  | trust described in section 13    | <b>70(b)(1)(A)(vi).</b> (Complete Part I | ۱)                |                         |             |                     |           |                         |              |         |    |
| 9        | X     | 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 exem   | pt functions—subject to certain e        | exceptions        | , and (2)               | no more     | than 33             | 1/3 %     | of its                  |              |         |    |
|          |       | support from   | gross investment income an       | d unrelated business taxable inc         | ome (less         | section 5               | 11 tax) 1   | from bus            | inesse    | 6                       |              |         |    |
|          |       | acquired by the  | he organization after June 30    | ), 1975. See section 509(a)(2).          | (Complete         | Part III)               |             |                     |           |                         |              |         |    |
| 10       |       | An organizatı  | on organized and operated e      | exclusively to test for public safet     | ty. See <b>se</b> | ction 509               | (a)(4).     |                     |           |                         |              |         |    |
| 11       |       | An organizati  | on organized and operated e      | exclusively for the benefit of, to p     | erform the        | functions               | of, or to   | carry o             | ut the    |                         |              |         |    |
|          |       | purposes of c  | ne or more publicly supporte     | ed organizations described in se         | ction 509(a       | a)(1) or se             | ection 50   | 9(a)(2)             | See se    | ction                   |              |         |    |
|          |       | 509(a)(3). Ch  | eck the box that describes th    | e type of supporting organizatio         | n and com         | nplete line             | s 11e th    | rough 1             | 1h.       |                         |              |         |    |
|          |       | a Type   | I b Type II                      | c Type III–Functions                     | ally integra      | ated                    | d           | Тур                 | e III–Ot  | her                     |              |         |    |
| e        |       | By checking t  | his box, I certify that the orga | anization is not controlled directly     | y or indired      | ctly by one             | or more     | e disqua            | lified    |                         |              |         |    |
|          |       | persons other  | r than foundation managers a     | and other than one or more publ          | icly suppo        | rted orga               | nizations   | describ             | ed in se  | ection                  |              |         |    |
|          |       | 509(a)(1) or s   | section 509(a)(2).               |  |                   |                         |             |                     |           |                         |              |         |    |
| f        |       | If the organization  | ation received a written deter   | mination from the IRS that it is a       | a Type I, T       | ype II, or              | Type III :  | support             | ng        |                         |              |         |    |
|          |       | organization,  | check this box                   |  |                   |                         |             |                     |           |                         |              |         |    |
| g        |       | Since August   | 17, 2006, has the organizati     | on accepted any gift or contribu         | tion from a       | any of the              |             |                     |           |                         |              |         |    |
|          |       | following per  | sons?                            |  |                   |                         |             |                     |           |                         |              |         |    |
|          |       | (i) A persor   | who directly or indirectly co    | ntrols, either alone or together w       | uth person        | s describ               | ed in (11)  |                     |           |                         |              | Yes     | No |
|          |       | and (iii) l  | pelow, the governing body of     | the supported organization?              |                   |                         |             |                     |           |                         | 11g(i)       |         |    |
|          |       | (ii) A family  | member of a person describ       | ed in (i) above?                         |                   |                         |             |                     |           |                         | 11g(iı)      |         |    |
|          |       | (iii) A 35% c  | ontrolled entity of a person d   | escribed in (i) or (ii) above?           |                   |                         |             |                     |           |                         | 11g(iii)     | L .     |    |
| h        |       | Provide the f  | ollowing information about th    | e supported organization(s)              |                   |                         |             |                     |           |                         |              |         |    |
| (i)      | Nam   | e of supported   | (ii) EIN                         | (lii) Type of organization               | (iv) Is the d     | organization            | (v) Did y   | ou notify           |           | ls the                  | (viı) Am     | ount of |    |
|          | org   | anization  |                                  | (described on lines 1–9                  | 1 ''              | sted in your            |             | nization in of your | organizat | on in coi<br>zed in the | supp         | ort     |    |
|          |       |  |                                  | above or IRC section (see instructions)) | governing         | document?               |             | port?               |           | S ?                     |              |         |    |
|          |       |  |                                  |  | Yes               | No                      | Yes         | No                  | Yes       | No                      |              |         |    |
|          |       |  |                                  |  |                   | ĺ                       |             | ĺ                   |           | ĺĺ                      |              |         |    |
|          |       |  |                                  |  |                   |                         |             |                     | <u> </u>  |                         |              |         |    |
|          |       |  |                                  |  |                   |                         |             |                     |           |                         |              |         |    |
|          |       |  |                                  |  |                   |                         |             |                     |           |                         |              |         |    |
|          |       |  |                                  |  |                   |                         |             |                     |           |                         |              | _       |    |
|          |       | _  |                                  |  |                   |                         |             |                     |           |                         |              |         |    |
|          |       |  |                                  |  |                   |                         |             |                     |           |                         |              |         |    |
|          | _     |  |                                  |  | <u></u>           |                         |             |                     |           |                         |              |         |    |
|          |       |  |                                  |  |                   |                         |             |                     |           |                         |              |         |    |
|          |       |  |                                  |  | <u> </u>          |                         |             |                     |           |                         |              |         |    |
|          |       |  |                                  |  |                   |                         |             |                     |           |                         |              |         |    |
| Total    | 1     |  |                                  |  | 1                 |                         |             | 1                   | 1         |                         |              |         |    |

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

Schedule A (Form 990 or 990-EZ) 2009 LOVE FUND INC 65-0120960 Page 2 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 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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.) Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 15 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 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

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

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 133,275 191,491 209,588 15,621 123,305 673,280 Gross receipts from admissions, merchandise 2 sold or services performed, or facilities furnished in any activity that is related to the 85,247 53,778 139,025 organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 177,083 812,305 Total. Add lines 1 through 5 133,275 191,491 209,588 100,868 6 Amounts included on lines 1, 2, and 3 7a received from disqualified persons Amounts included on lines 2 and 3 received b from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 68,836 68,836 68,836 68,836 Add lines 7a and 7b Public support (Subtract line 7c from line 6) 743,469 Section B. Total Support (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (f) Total 100,868 177,083 Amounts from line 6 133,275 191,491 209,588 812,305 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 11,572 9,985 5,939 2,385 34,730 4,849 sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 11,572 5,939 2,385 34,730 Add lines 10a and 10b 4,849 9,985 C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly 0 carried on 12 Other income. Do not include gain or loss from the sale of capital assets -37,723 (Explain in Part IV.) 1,194 -38,917 Total support. (Add lines 9, 10c, 11, 13 and 12.) 139,318 201,476 221,160 179,468 809,312 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) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage 91.86% 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 91.64% Section D. Computation of Investment Income Percentage 17 4 % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 4 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 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 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

65-0120960

Page 4

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

PART III, LINE 12 - OTHER INCOME DETAIL

SALE OF SECURITIES

-37,723

#### **SCHEDULE G** (Form 990 or 990-EZ)

OMB No 1545-0047

Open To Public

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

Attach to Form 990 or Form 990-EZ. See separate instructions. Department of the Treasury Internal Revenue Service Employer Identification number

Inspection

| LOVE FUND INC   |  |  |  | 65-01209  | 960   |
|---|--|--|--|---|---|
| Part I Fundraising Activities. Complete Form 990-EZ filers are not require  | e if the organizat<br>ed to complete t             | ion answe<br>his part.   | red "Yes" to For                                 | n 990, Part IV, lin   | e 17.   |
| 1 Indicate whether the organization raised funds throug   | h any of the following                             | activities Ch  | eck all that apply                               |   |   |
| a Mail solicitations  | e Solicitation                                     | of non-gove  | rnment grants                                    |   |   |
| b Internet and email solicitations  | f Solicitation                                     | of governme  | ent grants                                       |   |   |
| c Phone solicitations   | g Special fu                                       | ndraising eve  | nts  |   |   |
| d In-person solicitations   |  |  |  |   |   |
| 2a Did the organization have a written or oral agreement<br>or key employees listed in Form 990, Part VII) or entit     | with any individual (in<br>by in connection with p | ncluding offic<br>professional fi  | ers, directors, trustees<br>undraising services? | 3   | Yes No  |
| b If "Yes," list the ten highest paid individuals or entities<br>to be compensated at least \$5,000 by the organization |  | nt to agreeme  | ents under which the f                           | undraiser is  |   |
| (i) Name of individual or entity (fundraiser)   | (ii) Activity                                      | (III) Did fund-<br>raiser have<br>custody or<br>control of<br>contributions? | (iv) Gross receipts<br>from activity             | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|   |  | Yes No   | ·  |   |   |
|   |  |  |  |   |   |
|   |  | +  |  |   |   |
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|   | l  | 1 1  |  |   |   |
| Total   |  | <b>•</b>   |  |   | <u></u>   |
| 3 List all states in which the organization is registered or registration or licensing                                  | r licensed to solicit fu                           | nds or has be  | een notified it is exem                          | pt from   |   |

Schedule G (Form 990 or 990-EZ) 2009 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events FISHING TOURNAM NONE (add col (a) through AWARDS GALA (total number) col (c)) (event type) (event type) Revenue 17,371 53,778 36,407 Gross receipts Less: Charitable contributions Gross revenue (line 1 53,778 36,407 17,371 minus line 2) Cash prizes 5 Noncash prizes Rent/facility costs Direct Expenses Food and beverages Entertainment 12,917 12,917 Other direct expenses 12,917 Direct expense summary Add lines 4 through 9 in column (d) 10 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes X No X No X Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 Yes No Enter the state(s) in which the organization operates gaming activities: X 9a Is the organization licensed to operate gaming activities in each of these states? If "No," Explain X Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," Explain b X 11 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity 12 formed to administer charitable gaming?

| Sche | dule G (Form 990 or 990-EZ) 2009 LOVE FUND INC  | 65-012096     | 0   | Р    | age 3 |
|------|---|---------------|-----|------|-------|
|      | · · · · · · · · · · · · · · · · · · ·   |               |     | Yes  | No    |
| 13   | Indicate the percentage of gaming activity operated in:   |               |     |      |       |
| а    | The organization's facility   | 13a %         |     |      |       |
| b    | An outside facility   | 13b %         |     |      |       |
| 14   | Provide the name and address of the person who prepares the organization's gaming/special events books        |               |     |      |       |
|      | and records   |               |     |      |       |
|      | Name DADE COUNTY PBA  |               |     |      |       |
|      | 10680 NW 25TH STREET  |               |     |      |       |
|      | Address ▶ DORAL   | FL 33172-2108 |     |      |       |
| 15a  | Does the organization have a contract with a third party from whom the organization receives gaming revenue?  |               | 15a |      | x     |
| h    | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$                                | and the       |     |      |       |
|      | amount of gaming revenue retained by the third party > \$   |               |     |      |       |
| С    | If "Yes," enter name and address of the third party:  |               |     |      |       |
|      | Name ► .  |               |     |      |       |
|      | Address ▶   |               |     |      |       |
| 16   | Gaming manager information.   |               |     |      |       |
|      | Name ▶ .  |               |     |      |       |
|      | Gaming manager compensation ▶ \$  |               |     |      |       |
|      | Description of services provided ▶  |               |     |      |       |
|      | Director/officer Employee Independent contractor  |               |     |      |       |
| 17   | Mandatory distributions   |               |     |      |       |
| а    | Is the organization required under state law to make charitable distributions from the gaming proceeds to     |               |     |      | Ī     |
|      | retain the state gaming license?  |               | 17a | ļ.,, | X     |
| b    | Enter the amount of distributions required under state law distributed to other exempt organizations or spent |               |     |      | I     |
|      | in the organization's own exempt activities during the tax year   | l             |     |      | ŧ     |

Schedule G (Form 990 or 990-EZ) 2009

· 4148 Love Fund Inc

65-0120960 FYE: 12/31/2009

# **Federal Statements**

### Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

| Description            | <u>Am</u> | <u>ount</u> |
|------------------------|-----------|-------------|
| REIMBURSED BROKER FEES | \$        | 13          |
| TOTAL                  | \$        | 13          |

### Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

| \$<br>5,616<br>7,340  |
|---|
| 75,601<br>16,682<br>7,675<br>4,751                                |
| 12,275<br>8,431<br>15,134<br>125<br>4,755<br>17,545<br>\$ 175,930 |
|   |

•4148 Love Fund Inc 4/27/2010

4148•Love Fund Inc 65-0120960

FYE: 12/31/2009

## **Federal Statements**

4/27/2010 2:34 PM

## Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO PROVIDE FINANCIAL ASSISTANCE TO FAMILIES OF POLICE OFFICERS IN NEED

#### Statement 4 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

POLICE MEMORIAL FUND