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# SCANNED APR 08

Form 990-EZ

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

➤ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009

Open to Public Inspection

A	For th	e 2009 calend	ar year,	or tax year beginning	January 1	, 2009,	and ending	Dece	mber 3	1 , 20	09		
В	Check if applicable		Please	C Name of organization	Name of organization			D Emplo	yer iden	tification numb	mber		
		s change	use IRS label or	Love Never Falls Ministries					74-2584055				
$\mathbb{H}$	Name	•	print or	Number and street (or P.O. box, if	mail is not delivered to st	reet address)	Room/suite	E Teleph	one num	iber			
H	Initial re Termina		type. See	10410 Goldenrod St NW					763-	432-2079			
H		ed return	Specific	City or town, state or country, and	Z(P + 4		<u> </u>	F Groun	Group Exemption				
Ħ		tron pending	Instruc- tions.	Coon Rapids, MN 55448-5078	}				lumber >				
=			omenia	rations and 4947(a)(1) nonexer		must attach	G Acco			✓ Cash 🔲 A			
	- 00		_	npleted Schedule A (Form 990	•	mast attach		r (specify)			would		
_										innization in n			
, ,	Waha	site: ►					l l		」if the organization is <b>not</b> attach Schedule B (Form 990,				
			chook o	nly one) — ☐ 501(c) ( 3 ) ◀ (	incort no \ \ \ \ 1047/a	)(1) or 5	_   '	EZ, or 990		squie D (FOIII)	990,		
_				zation is not a section 500(a)(0) s						- Ab #05 005			
	Check			turn is not required, but if the o							. A		
				9 to determine gross receipts, if					te retur	11.	<del></del>		
	art I			enses, and Changes in					tions f	or Part I			
	1			<del> </del>	<del> </del>	<del></del>	03 (060 11)	9 11131140	1	·····	249990		
	2		_	ts, grants, and similar amour				· · ·	2		143330		
	1	_		evenue including governmer		·		· · -	3				
	3 4	Investment	•						<del></del>				
	1 _							· · -	4		65		
	55			m sale of assets other than i					1				
		Cost Cost	or orue	r basis and sales expenses		<u>5b</u> _	<u> </u>		_				
Φ	\ \cdot \cdo			isale of assets other than in intities (complete applicable parts of					5c				
Revenue	6					-	ing, check her		1				
ě	*	eross reve	ynue (n	ot including	of contribut	1 -	ı						
č	1 .	reported o				. <u>6a</u>			1				
	t		Net income of inventory, less returns and allowances										
	_(								6c				
	78			-	wances								
			_			. 7b	L		- 1				
	(			ss) from sales of inventory (S	Subtract line 7b fron	n line 7a) .			7c				
	8		Other revenue (describe ▶					)	8				
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							9		250055		
	10			r amounts paid (attach sche	•			· · · · -	10		0		
	11	-	Benefits paid to or for members						11		0		
Ð S	12	Salaries, o	Salaries, other compensation, and employee benefits						12		71142		
SUE	13	Profession	Professional fees and other payments to independent contractors						13		9301		
Expenses	. 14	Occupanc	Occupancy, rent, utilities, and maintenance						14		47238		
Ш	15			ons, postage, and shipping					15		3342		
	16			describe 🕨 <u>Urphanagesi</u>					16		98102		
_	17	Total expe	enses.	Add lines 10 through 16 .	<del></del>	·••	<u> </u>	. ▶	17		229125		
ध	18			for the year (Subtract line 1:					18		20929		
Net Assets	19								l				
		-	-	reported on prior year's ret	•			<u> </u>	19		(2126)		
	20			net assets or fund balances					20		9500		
	21	Net assets	or fund	balances at end of year. Co	ombine lines 18 thro	ough 20 .	<u> </u>		21	····	28303		
Ė	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 95												
				(See the instructions for P	art II.)		(A) B	ginning of y		(B) End of ye	ear		
2	-			vestments				(2	126) 22		18803		
2			nd and buildings					0 23		9500			
2			er assets (describe ►)					0 24	\$	0			
2	5 1	lotal assets .						(2	126) 25	5	28303		
2			- /				_)		0 26		0		
9	7 P	Nat seeste or	fund b	plances (line 27 of column (	R) must saree with	lino 21)	. [	12	126) 22	<b>,</b>	28303		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2009)



	(2000)					raye a		
Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses		
Wha	t is the organization's primary exempt purpose?	orphanages in Mexico				(Required for section		
	ribe what was achieved in carrying out the org					)(3) and 501(c)(4)		
man	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		nzations and section (a)(1) trusts, optional		
each	program title.					hers.)		
28	food \$17527 clothi	ng \$426 60 peor	oe benefited daily	<del></del>				
	supplies \$ 8425 medic	T			!			
	general expenses for overseeing \$9000 misc.				1			
		includes foreign grants, ch	ock horo	Г	28a	37625		
29	travel & car expenses \$52318 dona	200	0,020					
	school \$ 3934							
	recreation \$ 265							
		29a	57117					
30	(Citatio 4) It this amount	includes foreign grants, ch	eck nere	· • u	298	37117		
•								
		·						
	/O							
		includes foreign grants, ch	eck nere	. ▶ ⊔	30a			
31	Other program services (attach schedule)				۱.,			
20	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	<u>. ▶ U</u>	31a	3360		
	Total program service expenses (add lines 28a			🚩	32	98102		
Par	List of Officers, Directors, Trustees, and Key							
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contributio employee benefit	plans &	(e) Expense account and		
		devoted to position	enter -0)	deferred comper	nsation	other allowances		
	ard Apfel	President/ 40 hours/week						
	Rapids, MN 55448		28,200		0	0		
	yn Apfel	sec/treas 40 hrs/week						
Cool	n Rapids, MN 55448		12,600		0	0		
Dwig	ht Fearing	vice president/ 4 hrs/year				·		
Siss	eton, SD 57212	vice president 4 mayear	0		0	0		
	Mootz	  4 hrs/year						
Siou	x Falls, SD 57105	4 mayear	0		0	0		
Jeff	Kurkowski\	4 hrs/year						
Goo	d Thunder, MN 56037	4 Ili Si year	0		0	0		
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Part	Other Information (Note the statement requirements in the instructions for Part V.)				
			Yes	No	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓	
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓	
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> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.				
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓	
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		1	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0				
b	Did the organization file Form 1120-POL for this year?	37ь		1	
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		1	
5	##Ycc," complete Schedule I., Part II and enter the total amount involved				
39	Section 501(c)(7) organizations. Enter:		1		
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 ▶				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified				
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓	
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 transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>	
41	List the states with which a copy of this return is filed. ▶				
42a	The organization's books are in care of ▶ Lisa Tinoco Telephone no. ▶ 4	79-37	2-750 <sup>.</sup>	1	
	Located at ► 103 NE Chicory Ave, Bentonville, AR ZIP + 4 ►	72712-4802			
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	L	<b>✓</b>	
	If "Yes," enter the name of the foreign country: ►				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		<u>√</u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year		<del></del> -		
			Yes	No	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1	
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		<b>√</b>	
		. 000	\ E7	(0000)	

Form 990	-EZ (2009)					F	age 4		
Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	<b>section 4947(a)(1) none</b> 17(a)(1) nonexempt chari d 51.	xempt charital table trusts mu	<b>ble trusts only.</b> A st answer question	II sec ons 40	tion 5-49	<del></del> b		
46	Did the organization engage in direct or indirect	political campaign activiti	es on behalf of o	r in opposition to		Yes	No		
•	candidates for public office? If "Yes," complete S	Schedule C, Part I			46		7		
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sche	dule C, Part II .		47		1		
48	Is the organization a school as described in sectio	n 170(b)(1)(A)(ii)? If "Yes," c	omplete Schedule	∍E	48		<b>1</b>		
49a	Did the organization make any transfers to an ex	empt non-charitable relate	d organization? .		49a		<b>/</b>		
	If "Yes," was the related organization a section 5				49b		1		
	Complete this table for the organization's five high								
	employees) who each received more than \$100,0	(b) Title and average	(c) Compensation	(d) Contributions to					
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(o) componsation	employee benefit plans & deferred compensation	acc	Expension allows	and		
none									
						<del></del>			
- f	Total number of other employees paid over \$100	000	0		<u> </u>				
51	Complete this table for the organization's five h \$100,000 of compensation from the organization (a) Name and address of each independent contractor	n. If there is none, enter "N	one."	pe of service	(c) Cor				
none									
					<del>- ,</del>	···			
d ·	Total number of other independent contractors e	ach receiving over \$100,00	00 ▶	0					
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	d this return, including accompant of preparer (other than officer) is b	ying schedules and sta ased on all information	atements, and to the bes	t of my	knowie wledge	adge a.		
Sign Here	Signature of officer Date								
	Marilyn Apfel, secretary/treasurer  Type or print name and title								
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nun	nber (See	 nstruc	tions)		
Prepare Use Onl	I Firm's name (or		EI						
May the	e IRS discuss this return with the preparer shown	above? See instructions	PI	none no. ▶	Yes		40		
	the second secon						(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
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Love Never Fails Ministries 2584055 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 !!.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33½ % 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 331/8 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I b Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting  $\Box$ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (ii) EIN (iii) Type of organization (iv) is the organization ii) Name of supported (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1.9 above or IRC section n col (i) listed in your the organization in organization in col support governing document? col (i) of your (i) organized in the (see instructions)) support? Yes Nο Yes No Yes No

Total

Love Never Fails Ministries EIN# 74-2584055

Line 21 explanation

New Life New Hope Ministries,. Edgeley, ND donated their property to Love Never Fails Ministries in the year 2009. This property is being used for the youth outreach in the city.