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▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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*

Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☐

| (See the instructions for Part II ) |                                                                                             | (A) Beginning of year | (B) End of year |        |
|-------------------------------------|---------------------------------------------------------------------------------------------|-----------------------|-----------------|--------|
| 22                                  | Cash, savings, and investments . . . . .                                                    | 43,945                | 22              | 27,033 |
| 23                                  | Land and buildings . . . . .                                                                | 0                     | 23              | 0      |
| 24                                  | Other assets (describe in Schedule O) . . . . .                                             | 150,000               | 24              | 0      |
| 25                                  | <b>Total assets</b> . . . . .                                                               | 193,945               | 25              | 27,033 |
| 26                                  | <b>Total liabilities</b> (describe in Schedule O) . . . . .                                 | 0                     | 26              | 0      |
| 27                                  | <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . | 193,945               | 27              | 27,033 |

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

☐

| What is the organization's primary exempt purpose?<br>Making charitable contributions                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                   | <b>Expenses</b><br>(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others ) |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------|
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title |                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                      |         |
| 28                                                                                                                                                                                                                                   | Charitable contributions to forty-two (42) charitable organizations that fall into the following general categories of giving: immediate needs/recovery, poor, education, evangelization, prison ministries, and catastrophe relief<br>(Grants \$ 314,000) If this amount includes foreign grants, check here <input checked="" type="checkbox"/> | 28a                                                                                                                                  | 314,000 |
| 29                                                                                                                                                                                                                                   | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                                                                                                          | 29a                                                                                                                                  |         |
| 30                                                                                                                                                                                                                                   | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                                                                                                          | 30a                                                                                                                                  |         |
| 31                                                                                                                                                                                                                                   | Other program services (describe in Schedule O) . . . . .<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                                             | 31a                                                                                                                                  |         |
| 32                                                                                                                                                                                                                                   | <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .                                                                                                                                                                                                                                                                       | 32                                                                                                                                   | 314,000 |

Part IV

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

Check if the organization used Schedule O to respond to any question in this Part IV

☐

| (a) Name and address      | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| See Additional Data Table |                                                          |                                            |                                                                     |                                          |
|                           |                                                          |                                            |                                                                     |                                          |
|                           |                                                          |                                            |                                                                     |                                          |
|                           |                                                          |                                            |                                                                     |                                          |

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes | No |
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .                                                                                                                                                                                                                                                                                                 | 33  | No |
| 34  | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .                                                                                                                                                                                              | 34  | No |
| 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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?                                                                                                                                                                                                                                        | 35a | No |
| b   | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions) . . . . .                                                                                                                                                                                                                                                                                                                                                              | 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  | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> 0                                                                                                                                                                                                                                                                                                                                |     |    |
| b   | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                           | 37b | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                                                                                                                                                                                                                               | 38a | No |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                                                                                                                                                                                                                              | 38b |    |
| 39  | Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |
| a   | Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                                                                                                                                            | 39a |    |
| b   | Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                                                                                                                                                   | 39b |    |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0                                                                                                                                                                                                                                  |     |    |
| b   | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .                                                                                                                                   | 40b | No |
| c   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .                                                                                                                                                                                                                                                                         |     |    |
| d   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .                                                                                                                                                                                                                                                                                                                                           |     |    |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .                                                                                                                                                                                                                                                                                                | 40e | No |
| 41  | List the states with which a copy of this return is filed <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| 42a | The organization's books are in care of <input type="checkbox"/> Patrick Sullivan Telephone no <input type="checkbox"/> (301) 874-1700<br>7115 Guilford Drive<br>Suite 100<br>Located at <input type="checkbox"/> Frederick, MD ZIP + 4 <input type="checkbox"/> 217045234                                                                                                                                                                                        |     |    |
| b   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/><br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . | 42b | No |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/>                                                                                                                                                                                                                                                                                    | 42c | No |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .                                                                                                                                                                                                                               | 43  |    |
| 44a | Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.                                                                                                                                                                                                                                                                                                                                               | 44a | No |
| b   | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                                                         | 44b | No |
| c   | Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                                                                                                                                                            | 44c | No |
| d   | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                                               | 44d |    |

|     |                                                                                                                                                                                                                         |     |    |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                                                                         | Yes | No |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ                                 |     | No |
| 45a | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ |     | No |
| 46  | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                              |     | No |

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

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

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

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

50(f) Total number of other employees paid over \$100,000

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

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                         |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes☐ No

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

|                          |                                                                                                    |      |                                                 |                                                              |
|--------------------------|----------------------------------------------------------------------------------------------------|------|-------------------------------------------------|--------------------------------------------------------------|
| Sign Here                | <div><div></div><div>Signature of officer</div></div>                                              |      | <div><div>2011-08-03</div><div>Date</div></div> |                                                              |
|                          | <div><div></div><div>Patrick Sullivan Treasurer</div><div>Type or print name and title</div></div> |      |                                                 |                                                              |
| Paid Preparer's Use Only | Preparer's signature <div></div>                                                                   | Date | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (See instructions) |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4 <div></div>                          |      |                                                 | EIN <div></div>                                              |
|                          |                                                                                                    |      |                                                 | Phone no <div></div>                                         |

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

☐ Yes☐ No

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

|                                                           |  |                                              |
|-----------------------------------------------------------|--|----------------------------------------------|
| Name of the organization<br>LOVE OF CHRIST FOUNDATION INC |  | Employer identification number<br>52-2003166 |
|-----------------------------------------------------------|--|----------------------------------------------|

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

|    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | <input type="checkbox"/>            | A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2  | <input type="checkbox"/>            | A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 3  | <input type="checkbox"/>            | A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 4  | <input type="checkbox"/>            | A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5  | <input type="checkbox"/>            | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                     |
| 6  | <input type="checkbox"/>            | A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 7  | <input type="checkbox"/>            | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                      |
| 8  | <input type="checkbox"/>            | A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 9  | <input type="checkbox"/>            | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )                                                                                                       |
| 10 | <input type="checkbox"/>            | An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 11 | <input checked="" type="checkbox"/> | 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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h<br>a <input checked="" type="checkbox"/> Type I      b <input type="checkbox"/> Type II      c <input type="checkbox"/> Type III - Functionally integrated      d <input type="checkbox"/> Type III - Other |
| e  | <input checked="" type="checkbox"/> | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)                                                                                                                                                                                                                                                                                                  |
| f  |                                     | If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                             |
| g  |                                     | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?<br>(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 the supported organization?<br>(ii) a family member of a person described in (i) above?<br>(iii) a 35% controlled entity of a person described in (i) or (ii) above?                                                                                                                                      |
| h  |                                     | Provide the following information about the supported organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     | No |
| 11g(ii)  |     | No |
| 11g(iii) |     | No |

| (i)<br>Name of<br>supported<br>organization | (ii)<br>EIN | (iii)<br>Type of<br>organization<br>(described on<br>lines 1- 9 above<br>or IRC section<br>(see<br>instructions)) | (iv)<br>Is the<br>organization in<br>col (i) listed in<br>your governing<br>document? |    | (v)<br>Did you notify the<br>organization in<br>col (i) of your<br>support? |    | (vi)<br>Is the<br>organization in<br>col (i) organized<br>in the U S ? |    | (vii)<br>Amount of<br>support |
|---------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------|----|------------------------------------------------------------------------|----|-------------------------------|
|                                             |             |                                                                                                                   | Yes                                                                                   | No | Yes                                                                         | No | Yes                                                                    | No |                               |
| (A) The Word<br>Among Us Inc                | 521320592   | 9                                                                                                                 | Yes                                                                                   |    | Yes                                                                         |    | Yes                                                                    |    | 0                             |
|                                             |             |                                                                                                                   |                                                                                       |    |                                                                             |    |                                                                        |    |                               |
|                                             |             |                                                                                                                   |                                                                                       |    |                                                                             |    |                                                                        |    |                               |
|                                             |             |                                                                                                                   |                                                                                       |    |                                                                             |    |                                                                        |    |                               |
|                                             |             |                                                                                                                   |                                                                                       |    |                                                                             |    |                                                                        |    |                               |
| Total                                       |             |                                                                                                                   |                                                                                       |    |                                                                             |    |                                                                        |    | 0                             |

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support                                                                                                                                                                             |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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) |          |          |          |          |          |           |
| 6 Public Support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                  |          |          |          |          |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                             | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 7 Amounts from line 4                                                                                                                                                     |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                          |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                      |          |          |          |          |          |           |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                         |          |          |          |          |          |           |
| 11 Total support (Add lines 7 through 10)                                                                                                                                 |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc (See instructions )                                                                                                        |          |          |          |          | 12       |           |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                          |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))                                                                                                                                                                                                                                                                                                      | 14 |  |
| 15 Public Support Percentage for 2009 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                           | 15 |  |
| 16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶                                                                                                                                                                         |    |  |
| b 33 1/3% support test—2009. If the organization did not check the 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—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶    |    |  |
| b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶ |    |  |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶                                                                                                                                                                                                                                                        |    |  |

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")                                                                        |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public Support (Subtract line 7c from line 6 )                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                       |          |          |          |          |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                                    | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                          |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                             |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                      |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                        |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                 |          |          |          |          |          |           |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                              |          |          |          |          |          |           |
| 13 Total support (Add lines 9, 10c, 11 and 12 )                                                                                                                                |          |          |          |          |          |           |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage |                                                                                      |    |  |
|-----------------------------------------------------|--------------------------------------------------------------------------------------|----|--|
| 15                                                  | Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16                                                  | Public support percentage from 2009 Schedule A, Part III, line 15                    | 16 |  |

| Section D. Computation of Investment Income Percentage |                                                                                                                                                                                                                                                                    |    |  |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17                                                     | Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))                                                                                                                                                                          | 17 |  |
| 18                                                     | Investment income percentage from 2009 Schedule A, Part III, line 17                                                                                                                                                                                               | 18 |  |
| 19a                                                    | 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶           |    |  |
| b                                                      | 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ |    |  |
| 20                                                     | Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶                                                                                                                                           |    |  |

Part IV

**Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public  
Inspection

|                                                                  |                                                     |
|------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of the organization</b><br>LOVE OF CHRIST FOUNDATION INC | <b>Employer identification number</b><br>52-2003166 |
|------------------------------------------------------------------|-----------------------------------------------------|

| Identifier       | Return Reference            | Explanation                             |
|------------------|-----------------------------|-----------------------------------------|
| F99Z_P01_S00_L08 | Form 990-EZ, Part I, Line 8 | Credit of a previously charged bank fee |

| Identifier       | Return Reference             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| F99Z_P01_S00_L10 | Form 990-EZ, Part I, Line 10 | <p>Charitable contributions of \$5,000 or more made in 2010 * Class Lenten Appeal Donee Archdiocese of Baltimore, 320 Central St , Baltimore, MD 21201 Amount \$5,000 * Class Counseling &amp; nursing services Donee Care Net Pregnancy Center, 707 N Market St , Frederick, MD 21701 Amount \$5,000 * Class Food &amp; shelter Donee Casa Hogar Emmanuel, Inc , POB 1381, Tombstone, AZ 85638 Amount \$10,000 * Class Disaster relief services in Africa, Haiti, and Pakistan Donee Catholic Relief Services, 228 W Lexington St , Baltimore, MD 21201 Amount \$10,000, \$20,000, and \$10,000 * Class Evangelization Donee ChristLife, 12280 Folly Quarter Rd , Ellicott City, MD 21042 Amount \$15,000 * Class Housing for homeless Donee Christmas in April St Mary's County, Inc , POB 705 Hollyw ood, MD 20636 Amount \$7,000 * Class Immediate needs and recovery Donee Cradle of Joy Center for Learning - Manilla, 14 11th Jamboree St , Quezon Cit, Philippines Amount \$5,000 * Class Poor and needy Donee Cross International, In , 600 SW 3rd St , Pampano Beach, FL 33060 Amount \$5,000 * Class Medical relief Donee Doctors Without Borders, POB 5030, Hagerstow n, MD 21741 Amount \$5,000 * Class Pregnancy services Donee Emergency Pregnancy Services, 1637 King St , Jacksonville, FL 32204 Amount \$10,000 * Class Evangelization and education Donee Little Flow er Mission, Lihw ena POB 438, Songea, Tanzania, East Africa Amount \$5,000 * Class Poor and needy youth Donee Fr Woody's Haven of Hope, 1101 W 7th Ave , Denver, CO 80204 Amount \$10,000 * Class Evangelization Donee General Board of Church of the Nazzerine, 17001 Praire Star Pkw y , Lenexa, KS 66220 Amount \$5,000 * Class Adiction recovery and food for homeless Donee Help the Homeless Frederick Rescue Mission, POB 3389, Frederick, MD 21705 Amount \$10,000 * Class Food, clothing, and housing Donee Instituto de Ayuds al Sordo Sa, South America Amount \$10,000 * Class Evangelization Donee Kairos, 2505 Woodruff Ave , Ste 3, Lansing, MI 48912 Amount \$10,000 * Class Education Donee Mother of God School, 20501 Goshen Rd , Gaithersburg, MD 20879 Amount \$5,000 * Class Post prison reacclimation Donee National Women's Prison Project, 1701 Madison Ave , Ste 505, Baltimore, MD 21217 Amount \$5,000 * Class Education Donee Our Lady of Victory Academy, 5650 Broadw ay, Dobbs Ferry, NY 10522 Amount \$5,000 * Class Assist poor and needy Donee Parroquia Sagrada Familia, c/o SOW, 1225 Weber Dr , Lansing, MI 48912 Amount \$10,000 * Class Poor and needy Donee COPPROME c/o School Sisters of Notre Dame, 320 E Ripa Ave , St Louis, MO 63125 Amount \$10,000 * Class Assistance for disabled and elderly Donee Serenity Homes, Inc , POB 11775, Baltimore, MD 21206 Amount \$10,000 * Class Pregnancy services Donee Shady Grove Pregnancy Center, 1622 Frederick Rd , Gaithersburg, MD 20877 Amount \$5,000 * Class Education Donee St Catherine Academy, 2240 Williamsbridge Rd , Bronx, NY 10469-4891 Amount \$5,000 * Class Teen pregnancy support home Donee St Gerard Campus, POB 4382, St Augustine, FL 32085 Amount \$10,000 * Class Poor and needy Donee Talbot House Ministries, Inc , 814 North Kentucky Ave , Lakeland, FL 33081 Amount \$10,000 * Class Poor and needy youth Donee The Bethania Foundation, 2446 Highover Trail, Chanhassen, MN 55317-7574 Amount \$10,000 * Class Support of right to life Donee The Inn Ministry, 1720 Hamilton St , Jacksonville, FL 32210 Amount \$10,000 * Class Evangelization in Pland &amp; Slovakia Donee Navigators - Emmaus Journey, POB 63587, Colorado Springs, CO 80962-3587 Amount \$5,000 * Class Education/school construction Donee Togo Mission, Tsati, Africa Amount \$25,000 * Class Disaster relief Donee United Methodist Committee on Relief, 475 Riverside Dr , NY, NY 10115 Amount \$10,000 * Class Support right to life effort Donee Women's Help Center, 4209 University South, Jacksonville, FL 32216 Amount \$5,000</p> |

| Identifier       | Return Reference             | Explanation |
|------------------|------------------------------|-------------|
| F99Z_P01_S00_L16 | Form 990-EZ, Part I, Line 16 | Bank fees   |

Additional Data

Software ID: 10000077  
Software Version: v1.00  
EIN: 52-2003166  
Name: LOVE OF CHRIST FOUNDATION INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (A) Name and address                                                             | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|----------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| Patrick Sullivan<br>7115 Guilford Drive<br>Suite 100<br>Frederick, MD 217045234  | Secretary/Treasurer 2                                    | 0                                          | 0                                                                   | 0                                        |
| Thomas Vandermale<br>7115 Guilford Drive<br>Suite 100<br>Frederick, MD 217045234 | Director 1                                               | 450                                        | 0                                                                   | 0                                        |
| Paul Houston<br>7115 Guilford Drive<br>Suite 100<br>Frederick, MD 217045234      | Director 1                                               | 450                                        | 0                                                                   | 0                                        |
| Bryan Keilty<br>7115 Guilford Drive<br>Suite 100<br>Frederick, MD 217045234      | Chairman 2                                               | 450                                        | 0                                                                   | 0                                        |
| Maurice Blumberg<br>7115 Guilford Drive<br>Suite 100<br>Frederick, MD 217045234  | Director 1                                               | 450                                        | 0                                                                   | 0                                        |
| Thomas DiIenno<br>7115 Guilford Drive<br>Suite 100<br>Frederick, MD 217045234    | Director 1                                               | 450                                        | 0                                                                   | 0                                        |
| Angela Burrin<br>7115 Guilford Drive<br>Suite 100<br>Frederick, MD 217045234     | Director 1                                               | 450                                        | 0                                                                   | 0                                        |
| Michael Kramer<br>7115 Guilford Drive<br>Suite 100<br>Frederick, MD 217045234    | Director 1                                               | 450                                        | 0                                                                   | 0                                        |