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20116828**9990**12 4:50 PM 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)

OMB No 1545-0047 **2010** Open to Public

Inten	nal Revenue Servi	ice	► The organization may have to				rements.	Inspection
<u> </u>	For the 2010 cale	endar year	or tax year beginning 07/01	/10, and ending	06/30/1	1		
В	Check if applicable	C Name	f organization				D Emplo	yer identification number
\Box	Address change		LOVE146, INC.	<u>, </u>				
Ħ,	Name change	Doing I	usiness As				20-	1168284
۲'	Name change		and street (or P O box if mail is not delivere	ed to street address)		Room/suite	E Teleph	one number
I	nıtıal return	1	Temple Street, 2nd Flo				203	3-772-4420
\sqcap	Terminated		own, state or country, and ZIP + 4					
	4		•	T 06510			G Gross rece	epts \$ 2,279,145
Ⅎ'	Amended return						0.0000.000	
، ك	Application pending		nd address of principal officer: ert Morris			H(a) Isthisag	group return for a	affiliates? Yes X No
						H(b) Are all a	affiliates includ	ded? Yes No
			Temple Street	CT 06510		' '		st. (see instructions)
			Haven		——————————————————————————————————————			· · · · · · · · · · · · · · · · · · ·
<u> </u>	Tax-exempt statu		501(c)(3) 501(c) () ◀ (inser	rt no.) 4947(a)(1) or	527			
<u>J</u>	Website: 🕨 🛚 🗷		ove146.org			H(c) Group		
	Form of organization	Xc	rporation Trust Association O	Other Dther		Year of formation 2	2004	M State of legal domicile CT
₽	arti Sı	ummary				_ 		
			organization's mission or most signific					
•			Inc. works toward the a					
٥	expl	loitat	ion through prevention	and aftercare	solutions	and cont	ributes	to
Ē	agı	cowing	abolition movement.	.,				
8	2 Check th	nis box ▶	if the organization discontinued its	operations or disposed o	of more than 25%	6 of its net asset	ts.	
Ŏ	i .		nembers of the governing body (Part V				3	8
δ. 00		•	ident voting members of the governing				4	8
Ē	1		dividuals employed in calendar year 20	•	••	• • • • • • • • • • • • • • • • • • • •	5	14
Activities & Governance			lunteers (estimate if necessary)	10 (1 art v, iiio 2a)			6	
ĕ			siness revenue from Part VIII, column (• • • • • • • • • • • • • • • • • • • •	7a	
	/a rotal uni	reialeu bu	aness revenue from Part VIII, column ((C), lifte 12	····· \			0
	b Net unre	elated bus	tess taxable income from Form 990-1,	ine 34	10/01	Prior Ye	7b	Current Year
	8 Contribu	tions and	grants (Part VIII line 1h)	DECEIV.	18/		34,506	2,229,107
97	9 Program	senice r	wonue (Part VIII line 2a)	K. K.	5015 105		,,,,,,,,	
Revenue	40 Investme	ont incom	(Port VIII solumn (A) lines 2.4 and	7	· 5012 - 755	\	1,285	209
æ	44 Other re		*(Fait viii, Column (A), lines 5, 4, and	101/201/201/201/201/201/201/201/201/201/		\	36,724	
	11 Other re	venue (Pa	nt viii, column (A), lines 5, 6d, 6c, 9c, 1	10C, 400 (11e)	XI-111-		72,515	
_	12 Total rev	venue – a	grants (Part VIII, line 1h) evenue (Part VIII, line 2g) e (Part VIII, column (A), lines 3, 4, and rt VIII, column (A), lines 5, 6d, 8c, 9c, 1 d lines 8 through 11 (must equal Part V amounts paid (Part IX, column (A), line for members (Part IX, column (A), line npensation, employee benefits (Part IX)	VIII, COLUMN (A), IIII (A)	N. T.			
	13 Grants a	ana simila	amounts paid (Part IX, column (A), line	35 1-3) OO		5	72,088	506,989
	14 Benefits	paid to of	for members (Part IX, column (A), line	4)			0.001	005 706
nses						5	96,261	985,786
ans	16a Professi		aising fees (Part IX, column (A), line 11					
EX Pe	b Total fur	ndraising o	xpenses (Part IX, column (D), line 25)	▶ 319,	,034			
Ш	17 Other ex	φenses (I	Part IX, column (A), lines 11a–11d, 11f-	-24f)			50,435	
	18 Total exp	penses. A	dd lines 13–17 (must equal Part IX, col	umn (A), line 25)			28,784	
	19 Revenue	e less exp	enses. Subtract line 18 from line 12				56,269	
Net Assets or	<u> </u>					Beginning of Cu		End of Year
3set	20 Total as:	sets (Part	X, line 16)				13,288	
¥0	21 Total lial	bilities (Pa	rt X, line 26)				55,696	
Z	22 Net asse	ets or fund	balances. Subtract line 21 from line 20	<u>)</u>		38	<u>37,592</u>	269,323
£	Part II S	<u>ignatur</u>	Block					
U	Inder penalties of	perjury, I de	clare that I have examined this return, includ-	ing accompanying schedules	and statements, a	and to the best of n	ny knowledge	and belief, it is
tr	rue, correct, and co	omplete. D	claration of preparer (other than officer) is ba	ased on all information of which	ch preparer has ar	ny knowledge.		
			ation				01/	20/2012
Sig	gn 📗	Signature of	f officer				Date)
He	- I .	Robe	ert Morris		Presi	ident an	d Co-E	Founder
;			it name and title					<u> </u>
·—		ype prepare		spager's algnature	(1)	Pate	Chect	k I if PTIN
」 _Pai	ا س		chaud, Jr.	Francis / X/M	ichan O	. / ///	0/12 self-e	
_	name III		Michaud and Acca	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LLC /	7 77 1401/2		AA AEAAAEA
_	e Only	name •	158 Main St Ste		- 1116 //		Firm's EIN	03 0300330
Ž	*		Ansonia, CT 064		U			203-732-2311
		address			-		Phone no	
			irn with the preparer shown above? (se			<u> </u>		. Yes X No

Pa	rt IV Checklist of Required Schedules	—т	1	
~`			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		-	
	complete Schedule A	_1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	_2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	- [
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6_		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			
	endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI, XII, and XIII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		_	
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	'``	-	\vdash
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	ᆣ		
- *	Part IX column (A) lines 6 and 11e2 if "Ves " complete Schedule G. Part I (see instructions)	17	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	├ ॱ		 -
	Part VIII, lines 1c and 8a? if "Yes." complete Schedule G. Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>	l	
	If "Yes " complete Schedule G. Part III	19		x
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some	-00		 -
-	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	and the special one or more morphism most attack addition and statements (see mist actions)	1 200	Щ.	Щ_

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Pa	rt IV Checklist of Required Schedules (continued)			
~			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1			-
35		34 35		X
a		35	 	
а	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," complete Schedule R,			
	Port V loc 0			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related arganization? If "Voc." complete Schodule P. Port V. line ?	20		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	 	 ^
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Ded VI	37	1	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	31	1	+
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	1
	The state of the s	, 30		

Form 990 (2010) LOVE146, INC.

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
<u>``</u>	Check if Schedule O contains a response to any question in this Part V	• -	···-	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	. 1	.	
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			•
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		•
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
_	organization solicit any contributions that were not tax deductible?	<u>6a</u>		X_
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		
_	gifts were not tax deductible?	6b	<u> </u>	┢
7	Organizations that may receive deductible contributions under section 170(c).			Ī
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	١.,	Ì	ŧ
	and services provided to the payor?	7a	\vdash	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		╁╌┈
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			1
a	If "Yes," indicate the number of Forms 8282 filed during the year	7c	 	
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Ì	Ī
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		\vdash
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	${\dagger}$
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1	┼──
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<u> </u>		
·	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Ī
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
а	Did the organization make any taxable distributions under section 4966?	9a		Ī
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		I
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			I
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		1
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	ļ		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	

Form 990 (2010) LOVE 146, INC

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? ... 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X Does the organization have local chapters, branches, or affiliates? 10a If "Yes," does the organization have written policies and procedures governing the activities of such 10b chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11a X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done X 13 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.. Section C. Disclosure CT List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the 132 Temple Street Love146, Inc. organization:

203-772-4420

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×.

New Haven

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Form **990** (2010)

Form 990 (2010) LOVE146, INC.

Part VII	Compensatio	n of Officers,	Directors,	Trustees,	Key Employees,	, Highest	Compensated E	mployees,
	and Independ	lent Contracto	rs					

Check if Schedule O contains a response to any question in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	Posi	tion (c) k all t	hat ap	(vlqc	(D) Reportable	(E) Reportable	(F) Estimated
Name and Thic	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Stephan Bauman	1 00	,,						0	0	0
Director	1.00	X	<u> </u>	H	 	₩		U	U	
(2) Heather Crane	1 00		İ				İ		0	^
Director	1.00	X	<u> </u>	_	<u> </u>	ļ	_	0	0	0
(3) Ellie Dyk	1 00	l						ا		•
Secretary	1.00	X	<u> </u>	X	_	_	<u> </u>	0	0	0
(4) Paul Gordon		l		l		l				_
Treasurer	1.00	X	_	X	<u> </u>	ļ		0	0	0
(5) Mark Markiewicz		l								
Director	1.00	X	_	_		ļ	ļ	0	0	0
(6) Rudy Chavez					l					_
Chairman	1.00	X		X	<u> </u>			0	0	0
(7) Kristin Wiebe					ļ					
Director	1.00	X				ļ	_	0	0	0
(8) Karen Olcott							1			
Director	1.00	X						0	0	0
(9)										
(10)	1									
(11)										
(12)		1			T					
(13)		\dagger			\vdash		\vdash			
(14)		\dagger			\vdash	-				
(15)				T						
(16)		+	\vdash	+	+-	+	╁			

h.

- '	(A) Name and Title	(B) Average hours per	Pos	ition ((C checl	C) k all t	hat ap	ply)	(D) Reportable compensation	(E) Reportable compensation from		(F) stimated nount of	-
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	con f org an	other appensation from the ganization d related anizations	
(17)													
(18)													
(19)					_								
(20)										- · ·			
(21)												_	
(22)							 	<u> </u>			1		
(23)													
(24)							<u> </u>					_	-
(25)				ļ			\vdash	-					
(26)		<u> </u>											
(27)			 		ļ								
(28)													
1b	Sub-total		٠.	Щ.	J		<u> </u>	>					
	Total from continuation shee	-											
d_	Total (add lines 1b and 1c) Total number of individuals (inc	cluding but not lir						wa)	who received more than \$1	1			
	reportable compensation from	-		_	1036	11310	u abt	,,,,	Who received thore than \$1	00,000 111			
_	Did the constitution link and		-4								ſ	Yes	No
3	Did the organization list any fo employee on line 1a? If "Yes,"	rmer omcer, aire complete Sched	ctor ule J	or un for s	istee iuch	i, ke indiv	y em _l /idual	DIOY 	ee, or nignest compensated		L	3	x
4	For any individual listed on line organization and related organ	a 1a, is the sum of	of rep	ortal	ole o	omp	ensa	tion	and other compensation fro	m the			
	individual										Ĺ	4	x
5	Did any person listed on line 1	a receive or accr	ue a	ompe	ensa	tion	from	any	unrelated organization or in			_	x
Sec	for services rendered to the or ction B. Independent Contract		3 5, (omp	iete	SUN	eaule	JIC	or such person		•	5	A_
1	Complete this table for your five compensation from the organization	e highest compe	nsat	ed in	depe	ende	nt co	ntra	ctors that received more that	n \$100,000 of			
	Name and	(A) 1 business address							Descrip	(B) otion of services		(C) Compens	sation
		,				•		1					
								 					
	_ .		_				<u></u>	+					
2	Total number of independent of	contractors (inclu	ding	but r	ot lir	nite	d to th	nose	e listed above) who				
DAA	received more than \$100,000	in compensation	from	the	orga	niza	tion 🕨	<u> </u>		0		Form 99	<u> </u>

ing the state of t

<u> Fa</u>	rt VI	II Statem	<u>ient of Reve</u>	nue					
-						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
23 gg	1a	Federated cam	paigns	1a					
E a		Membership du		1b					
ള		Fundraising ev		1c					
물림		Related organiz		1d					
꺯		Government grants (1e					
Sign		All other contributions		· · · · · · · · · · · · · · · · · · ·]		
뎚	,	and similar amounts		1f 2	,229,107				•
풀	_			4, 6	,223,107				
Contributions, gifts, grants and other similar amounts	_		is included in lines 1a-	1f \$		2,229,107	İ		
	n	Total. Add line	s ia-ii_, ,,	 	Busn. Code	2,223,101			
2	2a				Busii. Code	İ			
ا ق	Za b		•	••					
8	_	••••		••••					
Ž	c d	•		•••••	-				
S	_				<u> </u>				
Program Service Revenue	6	All other progra			 				
S.			s 2a-2f					***************************************	
\dashv			ome (including o						
	Ŭ	and other simil	-	21410C1103, 1111C1C	S .,	209	209		
	4		vestment of tax	 -exempt bond n	roceeds				
	5	Royalties .		oxiompt come p	•				
		i i i i i i i i i i i i i i i i i i i	(ı) Real	(n)	Personal	, . , ,			
	6a	Gross Rents		<u> </u>					
	b	Less rental exps							
	c	Rental inc or (loss)							
	d	Net rental inco	me or (loss)		•				
	7a	Cross amount from		(i) Securities (ii) Other					
		sales of assets other than inventory							
	b	Less cost or other							
		basis & sales exps			Į.				
	С	Gain or (loss)							
	d	Net gain or (los	ss)		🕨				
	8a		om fundraising eve	nts					
nue		(not including \$			1				
949		of contributions r	eported on line 1c).	[
Z.		See Part IV, line	18	а					
Other Reve	b		penses	ь					
0			(loss) from fund		▶				
	9a		om gaming activitie	×					
		See Part IV, line		a					
		Less: direct ex		ь					
	С	Net income or	(loss) from gam	ing acti <u>vities</u> .					
	10a		inventory, less						
		returns and all		a	49,829				
		Less: cost of g		b	24,074				
	C		(loss) from sale		. •	25,755	25,755		
	 		ellaneous Revenu	е	Busn. Code			}	
	11a				-				
	b								
	6				-				
	1								<u> </u>
		Total. Add line	•		· [2 255 071	25 064		
	12	i otal revenue	. See instruction	ns		2,255,071	25,964	<u> </u>	000

Ķ.

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. ete columns (B), (C), and (D),

	All other organizations must	complete column (A) but are			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and				
•	organizations in the U S. See Part IV, line 21	89,119	89,119		
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	417,870	417,870		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				<u> </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	828,909	445,035	190,268	193,606
8	Pension plan contributions (include section 401(k)			•	
	and section 403(b) employer contributions)				
9	Other employee benefits	86,213	52,120	13,914	20,179
10	Payroll taxes	70,664	43,244	11,089	16,331
11	Fees for services (non-employees):				
а	Management				
b	Legal	745		745	
C	Accounting	18,767		18,767	
d	Lobbying				
8	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	75,506	38,467	17,455	19,584
12	Advertising and promotion				
13	Office expenses	44,672	3,094	4,545	37,033
14	Information technology				
15	Royalties		25 22		
16	Occupancy	52,351	27,911	13,994	10,446
17	Travel	188,432	172,788	6,562	9,082
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			-	
20	Interest				
21	Payments to affiliates	7 270	E 10E	0 014	
22	Depreciation, depletion, and amortization	7,379	5,165 4,675	2,214 6,442	202
23	Insurance	11,400	4,0/5	0,442	283
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	Contract Labor	387,561	375,921	3,797	7,843
a h	Bank Fees	47,425	3,985	41,955	1,485
C	Other	17,811	17,811		1,703
ď	Supplies	11,554	3,296	6,357	1,901
	Telephone	8,771	4,582	3,134	1,055
f	All other expenses	8,191	4,128	3,857	206
25		2,373,340	1,709,211	345,095	319,034
	Joint costs. Check here ▶ if following		, , , , , , , , , , , , , , , , , , , ,		
	SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation				
DAA					Form 990 (2010)

Form 990 (2010) LOVE146, INC.

Part X	Balance Sheet			
•		(A) Beginning of year		(B) End of year
1 (Cash—non-interest bearing	392,442	1	228,561
	Savings and temporary cash investments		2	
	Pledges and grants receivable, net	25,037	3	53,841
	Accounts receivable, net		4	
5 6	Receivables from current and former officers, directors, trustees, key			
(employees, and highest compensated employees. Complete Part II of		- 1	
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
4	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		•	
1 .	employees' beneficiary organizations (see instructions)		6	
2 2 7	Notes and loans receivable, net		7	
· ·	Inventories for sale or use	3,457	8	3,598
ا کا	Prepaid expenses and deferred charges	3,000	9	5,769
	Land, buildings, and equipment: cost or		Ī	
- [- (other basis. Complete Part VI of Schedule D 10a 66,	133 831 15,952	I	
	Less. accumulated depreciation 10b 55,	831 15,952	10c	10,302
11	Investments—publicly traded securities		11	
	Investments—other securities. See Part IV, line 11	4	12	
	Investments—program-related. See Part IV, line 11		13	
	Intangible assets		14	
15	Other assets. See Part IV, line 11	3,400		3,400
	Total assets. Add lines 1 through 15 (must equal line 34)	443,288		305,471
17	Accounts payable and accrued expenses	55,696	17	36,148
	Grants payable		18	
19	Deferred revenue		19	
	Tax-exempt bond liabilities		20	
ဖ္ထု 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 22 23	Payables to current and former officers, directors, trustees, key			
<u>교</u>	employees, highest compensated employees, and disqualified persons.		I ■	
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
	Total liabilities. Add lines 17 through 25	55,696	26	36,148
Sel	Organizations that follow SFAS 117, check here ▶ X and complete			
일	lines 27 through 29, and lines 33 and 34.			
<u>re</u> 27	Unrestricted net assets	349,216		115,537
<u>m</u> 28	Temporarily restricted net assets	38,376		153,786
<u> </u>	Permanently restricted net assets		29	
교	Organizations that do not follow SFAS 117, check here ▶ ☐ and			
5 l	complete lines 30 through 34.	•		
හු 30	Capital stock or trust principal, or current funds		30	·
ဖို့ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
_	Retained earnings, endowment, accumulated income, or other funds	000 500	32	0.00
<u>ㅎ</u> 33	Total net assets or fund balances	387,592		269,323
Z 34	Total liabilities and net assets/fund balances	443,288	34	305,471

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Form	990 (2010)	LOVE146,	INC.	20-1168284		Pag	<u>ge 12</u>
Pa	rt.XI	Reconciliation	of Net Asset	ts			_
•`		Check if Sched	lule O contai	ns a response to any question in this Part XI	<u></u>		
				1 1			
1	Total reve	nue (must equal Pa	rt VIII, column (A		2,2		
2	Total expe	enses (must equal P	art IX, column (A	A), line 25) 2			340
3	Revenue I	ess expenses. Subt	tract line 2 from li	ine 1			<u> 269</u>
4	Net assets	s or fund balances a	t beginning of ye	ear (must equal Part X, line 33, column (A))	3	<u>87,</u>	<u>592</u>
5	Other cha	nges in net assets o	or fund balances	(explain in Schedule O)			
6	Net assets	s or fund balances a	it end of year. Co	ombine lines 3, 4, and 5 (must equal Part X, line 33,	_		
	column (B)) , ,		,	2	<u>69,</u>	<u> 323</u>
Pa	ert XII	Financial State	ements and F	Reporting			
		Check if Sched	<u>dule O contai</u>	ns a response to any question in this Part XII			┵┶
						Yes	No
1	Accountin	g method used to p	repare the Form	990: Cash X Accrual Other			Ī
	If the orga	nızation changed its	method of acco	unting from a prior year or checked "Other," explain in			
	Schedule	Ο.					ŧ
2a	Were the	organization's finan	cial statements o	ompiled or reviewed by an independent accountant?	2a	L	X
b	Were the	organization's finan	cial statements a	udited by an independent accountant?	2b	X	<u> </u>
C	If "Yes" to	line 2a or 2b, does	the organization	have a committee that assumes responsibility for oversight	1		
	of the aud	dit, review, or compi	lation of its finance	cial statements and selection of an independent accountant?	2c	X	<u> </u>
	If the orga	nization changed ei	ither its oversight	t process or selection process during the tax year, explain in			
	Schedule	0					
d	If "Yes" to	line 2a or 2b, checl	k a box below to	indicate whether the financial statements for the year were			
	issued on	a separate basis, c	onsolidated basis	s, or both:			I
	X Sepai	rate basis Co	onsolidated basis	Both consolidated and separate basis			
3a	As a resu	It of a federal award	, was the organiz	zation required to undergo an audit or audits as set forth in			
	the Single	Audit Act and OME	3 Circular A-133?	?	3a		X
b	If "Yes," d	id the organization i	undergo the requ	ured audit or audits? If the organization did not undergo the			
	required a	audit or audits, expla	ain why in Sched	ule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number 20-1168284 LOVE146, INC.

Par	11	Reaso	n for Public Charity S	tatus (All organizations	must co	mplete	this pa	art.) So	ee ins	tructio	ns.			
The or	gar	ization is not a	private foundation because i	t is: (For lines 1 through 11, che	ck only on	e box.)								
1	Ť			ciation of churches described in			\)(i).							
2	\neg		ribed in section 170(b)(1)(A)											
3	ヿ゙			organization described in secti	on 170(b)(1)(A)(iii).								
4	┪	•	•	n conjunction with a hospital de				(A)(iii). l	Enter the	e hospita	al's name) ,		
		city, and state	•	•										
5	\neg	•		a college or university owned or	operated	by a gove	mmenta	l unit de	scribed	in	••	•		• •
)(1)(A)(iv). (Complete Part II		•									
6	\neg	•		, remmental unit described in sec	tion 170(t)(1)(A)(v).							
7	7			bstantial part of its support from	-			the ger	neral pui	blic				
• (_	ection 170(b)(1)(A)(vi). (Cor					ŭ	•					
8				0(b)(1)(A)(vi). (Complete Part II	l.)									
	X			more than 33 1/3% of its suppo		tributions	, membe	ership fe	es, and	gross				
- '		-		t functions—subject to certain e										
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)													
10				clusively to test for public safety			a)(4).							
11	П	An organization	on organized and operated ex	clusively for the benefit of, to pe	erform the	functions	of, or to	сагту оц	t the					
,		purposes of o	ne or more publicly supported	d organizations described in sec	tion 509(a)(1) or sec	ction 509	9(a)(2). \$	See sec	tion				
		509(a)(3). Ch	eck the box that describes the	e type of supporting organization	n and comp	olete lines	11e thr	ough 11	h.					
		a Type	1 b Type II	c Type III-Functions	ally integra	ted	ď	Тур	e IIIOtl	ner				
0		By checking the	nis box, I certify that the orga	nization is not controlled directly	or indirect	dy by one	or more	disqual	ified per	sons				
		other than fou	ndation managers and other	than one or more publicly suppo	orted orgar	nizations o	describe	d in sect	ion 509	(a)(1)				
		or section 509	9(a)(2).											
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g					
		organization,	check this box											
g		Since August	17, 2006, has the organization	on accepted any gift or contribut	ion from ar	ny of the								
		following per	sons?											
		(i) A person	who directly or indirectly cor	itrols, either alone or together w	nth persons	s describe	ed in (ii) a	and			_		Yes	No
		(ıii) belov	v, the governing body of the s	supported organization?							. 1	1g(i)		<u> </u>
		(ii) A family	member of a person describe	ed in (ı) above?							1	1g(ii)		
		(iii) A 35% o	ontrolled entity of a person de	escnbed in (i) or (ii) above?							[l1g(ili)	<u> </u>	<u> </u>
<u>h</u>		Provide the f	ollowing information about the	supported organization(s).	· · · · · · · · · · · · · · · · · · ·				· · · · ·				_	
(i)		e of supported	(ii) EIN	(III) Type of organization		rganization		ou notify		sthe	(vi	i) Am	ount of	
	org	janization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your	organizat	ion in col zed in the		supp	ort	
				(see instructions))	governing	T T T T T T T T T T T T T T T T T T T		port?		S ?				
					Yes	No	Yes	No	Yes	No				
(A)														
					4									
(B)									ł					
							ļ		ļ					
(C)				:										
					ļ				<u> </u>				_	
(D)							ļ							
_				···	 	ļ			 					
(E)														
					<u> </u>	ļ	ļ	ļ						
_					Í									
Total					. I		l	I	1				_	

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 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.)

_	Fait III. II tile Organization	Trans to qualit	y diluci the tee		, p. 0000 00111p			
	tion A. Public Support	(2) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201	0 T	(f) Total
aien	dar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(6) 2000	(4, 2003	(0) 201	 	(.,
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					<u> </u>		
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				1 " " '	†		
	tion B. Total Support	<u> </u>	<u> </u>	t		<u></u>		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20°	10	(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, four	th, or fifth tax year	as a section 501(c)(3)	·	
	organization, check this box and stop here	• <u></u>						<u></u> ▶ [
Sec	tion C. Computation of Public Su	pport Percent	age					
14	Public support percentage for 2010 (line 6,	, column (f) divided	by line 11, column	(f))			14	%
15	Public support percentage from 2009 Sche	dule A, Part II, line					15	%
16a	33 1/3% support test—2010. If the organi	zation did not chec	k the box on line 13	3, and line 14 is 33	1/3% or more, che	eck this		_
	box and stop here. The organization quali	fies as a publicly si	upported organizati	on				▶ [
þ	33 1/3% support test—2009. If the organi					₽,		
	check this box and stop here. The organiz	ation qualifies as a	a publicly supported	organization				▶
17a	10%-facts-and-circumstances test—201	0. If the organization	on did not check a l	oox on line 13, 16a	, or 16b, and line 1	4 is		
	10% or more, and if the organization meets				•			
								▶[
b	10%-facts-and-circumstances test—200	•				line		
	15 is 10% or more, and if the organization							
	Explain in Part IV how the organization me			•	•	licly		<u>.</u> [
							· • • • • • • • • • • • • • • • • • • •	► [
18	Private foundation. If the organization did	I not check a box o	on line 13, 16a, 16b,	, 17a, or 17b, chec	k this box and see			_ 1
	instructions						. .	· •

Schedule A (Form 990 or 990-EZ) 2010

ral	*期 Support Schedule for Org (Complete only if you che If the organization fails to	cked the box o	on line 9 of Par	t I or if the org	anization failed	d to qualify under	Part II.
	ion A. Public Support					··	 <u>-</u>
Calen	dar 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")					2,229,107	2,229,107
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					50,038	50,038
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					2,279,145	2,279,145
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.)						2,279,145
	tion B. Total Support		T	1	1 1 2 2 2 2 2	1 1 2010 1	(D.T.)
	dar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6					2,279,145	2,279,145
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on					0	
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.)		1		<u></u>	2,279,145	2,279,145
14	First five years. If the Form 990 is for the		second, third, four	th, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here			•			▶ ∟
	tion C. Computation of Public Su	<u> </u>				145	
15	Public support percentage for 2010 (line 8,					1	100.00% %
<u>16</u> Sec	Public support percentage from 2009 Sche tion D. Computation of Investment					10	70
<u>360</u> 17	Investment income percentage for 2010 (lin			column (fl)		17	%
18	Investment income percentage from 2009			•			%
19a	33 1/3% support tests—2010. If the organ						
	17 is not more than 33 1/3%, check this bo						▶ 3
h	33 1/3% support tests—2009. If the organ	•	-				

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV. line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection **Employer Identification number** Name of the organization 20-1168284 LOVE146, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X .

Sched	dule D (Form 990) 2010 LOVE146, I	INC		20-11682	<u> 184</u>		Pag	<u>qe 2</u>
	rt 誰 Organizations Maintaining C		Historical Treasur	es, or Other Simila	r Assets (C	ontinue	ed)	
• 3	Using the organization's acquisition, accession, collection items (check all that apply)					-		
а	Public exhibition	d Loar	or exchange programs					
ь	Scholarly research	e Othe	er					
С	Preservation for future generations	_						
4	Provide a description of the organization's collection	ctions and explain how t	hey further the organizat	ion's exempt purpose in	Part			
	XIV.	•						
5	During the year, did the organization solicit or re	ceive donations of art, h	nistorical treasures, or ot	her similar				
-	assets to be sold to raise funds rather than to be					Yes	s	No
Pa	H W Escrow and Custodial Arran				' to Form 990), Part	ĪV,	
	line 9, or reported an amoun			_				
1a	Is the organization an agent, trustee, custodian			ssets not				
	included on Form 990, Part X?					Ye	s	No
b	If "Yes," explain the arrangement in Part XIV and						_	
_			,			Amount		
c	Beginning balance				1c			
4	Additions divine the views				1d			
_	Pick the discussion of the course				1e			_
•					1f		-	
22	Did the organization include an amount on Form		• • • • •			T va		— No
		1 990, Fait A, line 21:				Ye	s	NO
	If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete	to if organization	answord "Voe" to	Form 990 Part IV	line 10			
£-a	at 4 Endowment Funds. Comple	(a) Current year	(b) Prior year		Three years back	(e) Four	voore h	ack
. .	Particular of analysis and	(a) Current year	(b) Filoi yeai	(c) Two years back (d)	Tilled years back	(e) roui	years u	
	Beginning of year balance							•••
	Contributions							
С	Net investment earnings, gains, and							
	losses				······································			
	Grants or scholarships							
8	Other expenditures for facilities and							
	programs		,					
f	Administrative expenses	ļ						********
g	End of year balance					<u> </u>		
2	Provide the estimated percentage of the year en	nd balance held as:						
а	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶ %							
C	Term endowment ▶							
3a	Are there endowment funds not in the possessi	on of the organization th	nat are held and administ	tered for the		_		
	organization by:						Yes	No
	(i) unrelated organizations	· · · · · · · · · · · · · · · · · · ·				3a(i)		
	(ii) related organizations					3a(ii)	[
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required on Sch	edule R?			3b		
4								
Pe	#t ₩ Land, Buildings, and Equip							
	Description of investment	(a) Cost or other basis			ated	(d) Book	value	
		(investment)	(other)	depreciation	on			
1a	Land							
	Buildings		- 					
	Leasehold improvements		5	801	5,801			
	Equipment				0,030		10,3	<u> </u>
	Other			332 3	-,000			<u>, , , , , , , , , , , , , , , , , , , </u>
	I. Add lines 1a through 1e. (Column (d) must equ	Isl Form 000 Post V					10 3	202
, vid	i. Add intes i a uniough re. (Column (d) must equ	<u>ıaı гонні ээо, Рап</u> А, СО	iuitiii (D), iine TV(C).)		,. ▶		10,3	∠∪دٍ

Schedule D (Form 990) 2010 LOVE146, INC.		20-1168284	Page 3
Part VII Investments—Other Securities. See Form 990,	Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation:	
(including name of security)		Cost or end-of-year market value	•
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
. (A)			
(B)	-		
(C)			
(D)			
. (E)			
. (F)			
(G)			
(H)		<u> </u>	
<u>(l)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	Dort V. line 12	_ [······
Part VIII Investments—Program Related. See Form 990 (a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) DOOK 48100	Cost or end-of-year market valu	Ð
(1)			
(2)			
(3)			
(4)			11-
(5)			
(6)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.	···· •		
(a) Description		(b) Bo	ook value
(1)			
(2)			·
(4)			
(4) (5)			
(6)			
(7)		· · · · · · · · · · · · · · · · · · ·	
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			·
Part X Other Liabilities. See Form 990, Part X, line 25	5.		
1. (a) Description of liability	(b) Amount		
(1) Federal income taxes			
(2)			
(3)			
(4)		_	
(5)		4	
(6)			
(7)	 		
(8)		-{	
(9)	 		
(10)		-	
(11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		┪	
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the	he organization's financial	statements that reports the	
(rice in ity) , see letter in it dit ritty, provide the text of the footblete to the	Jugarineauvir 3 iiriaiiWal	omicino ma reporto de	

Sche	lule D (Form 990) 2010 LOVE146, INC.		20-116828		Page 4
	Reconciliation of Change in Net Assets from Form 990 to A	udited	Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	2,255,071
2	Total expenses (Form 990, Part IX, column (A), line 25)	•		2	2,373,340
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	-118,269
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses		••	6	
7	Prior period adjustments	• • •		7	
R	Other (Describe in Part XIV.)			8	
9	i			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	•		10	-118,269
**********	Reconciliation of Revenue per Audited Financial Statement	s With	Revenue per Retu	rn	
	Total revenue, gains, and other support per audited financial statements	~ ~ ~ ~ ~	, recording per record	1	2,255,071
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• • • • •			
2	Not used asing a proportion	2a			
a	Net unrealized gains on investments	2b		1 1	
D	Donated services and use of facilities	2C		1 1	
C	Recoveries of prior year grants	2d		1 1	
a	Other (Describe in Part XIV.)		··	1	
	Add lines 2a through 2d			2e 3	2,255,071
3	Subtract line 2e from line 1	ı ı	• • • • • • • • • • • • • • • • • • • •	3	2,233,011
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4- 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		1 1	
D	Other (Describe in Part XIV.)	40		1.1	
C		• • • •		4c	2,255,071
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	-4- \4/2	th Evnange nes De	1 5 1	2,255,011
	rt XIII Reconciliation of Expenses per Audited Financial Statemen	nts vvii	tn Expenses per Ke	turn	2,373,340
1	Total expenses and losses per audited financial statements		••	1	2,313,340
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
a	Donated services and use of facilities	2a		- 1	
Ь	Prior year adjustments	2b		-	
c	Other losses	2c		-	
a	Other (Describe in Part XIV.)	2d		1 . 1	
е	Add lines 2a through 2d		•	2e	2 272 240
3	Subtract line 2e from line 1	n r		3	2,373,340
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	·-	4 1	
b	Other (Describe in Part XIV.)	[4b]		4 . 1	
C	Add lines 4a and 4b			4c	0 272 240
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•••••		5	2,373,340
	rt XIV Supplemental Information				<u> </u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines			-	
Part	V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4	4b. Also	complete this part to pro	vide	
any a	dditional information.				
٠.					
٠			• • • • • • • • • • • • • • • • • • • •	• •	
٠		• • •			
• • •		••			
•				• • •	

Schedule D (Fo	rm 990) 2010	LOVE146,	INC.		20-116828	4 Page 5
Part XIV		ntal Information				
•			<u> </u>			
	••					
			• •			
• • • • • • • • • • • • • • • • • • • •				••••		
•						
••						
	••••					
• •••		•		• • • • • • • • • • • • • • • • • • • •		
••						
• • • • • • • • • • • • • • • • • • • •				••••		

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SÇHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LOVE146. INC

Employer identification number 20-1168284

Part I	General Information to Form 990, Part IV	on Activities Ou	tside the United States.	Complete if the organization a	
1 For grants	makers. Does the omaniza	tion maintain records t	o substantiate the amount of the	grants or	
			ce, and the selection cnteria used		
					X Yes No
_	•••	•••			— —
2 For grants United Sta		the organization's pro	cedures for monitoring the use of	grant funds outside the	
2 Activities	er Pegion /The following i	Part I. line 3 table can b	pe duplicated if additional space is	s needed \	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total
(a) Negion	offices in the region	employees, agents, and independent contractors in region	region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	a program service, describe specific type of service(s) in region	expenditures for and investments in region
East Asi	a and the Pacifi	c			
(1)			Issue Grants	Child Safety	328,870
South As	ia				
(2)			Issue Grants	Child Safety	44,000
Russia a	nd the Newly Inc	ependent Sta	tes		
(3)			Issue Grants	Child Safety	32,500
Europe					
(4)			Issue Grants	Child Safety	12,500
(5)					
(6)		<u></u>			
_(7)					
(8)		-	-		
(0)					
(9)				· · · · · · · · · · · · · · · · · · ·	
(40)					
(10)					-
(11)					
77.77.			 	···	
(12)					
<u> </u>					
(13)				1	
1.01		-			
(14)					
(15)					
(16)					
(17)					
3a Sub-total					417,870
b Total from contin	uation				
sheets to Part I					
c Totals (add					
lines 3a and	3b)				417,870

The state of the s

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed. 20-1168284 Schedule F (Form 990) 2010 LOVE146, INC. Part

	יייייייייייייייייייייייייייייייייייייי				(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	cash	non-cash	of non-cash	valuation (book FMV
	section and EIN (if applicable)		grant	cash grant	disbursement	assistance	assistance	appraisal, other)
			Support child advoca	175,554	Wired			
		East Asia	and the Pacific					
			Support child advoca	29,000	Wired			
8		East Asia	and the Pacific					
			Support child advoca	46,316	Wired			
3		East Asia	and the Pacific					
			Support child advoca	44,000	Wired			
4		South Asia						
			Support child advoca	32,500	Wired			
•		Russia and		States				
				24,000	Wired			
(C)	-	East Asia	and the Pacific					
			Support child advoca	12,500	Wired			
(Europe						
			Support child advoca	12,000	Wired			
(8)	1111	East Asia	and the Pacific					
			Support child advoca	12,000	Wired			
(6)		East Asia	and the Pacific					
GE)								
(*)								

1144						:		
(13)								
(##)	111111111111111111111111111111111111111							
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ioit.	,							

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ~

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2010

O

for Form 5713)

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"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

the state of the s

Schedule F (Form 990) 2010

Yes

X No

Part V Supplemental Information Complete this part to provide the information required in Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds
The Organization requires entities receiving grant funding to report at a
minimum annually on the use of the funds received.
Part V - Additional Information
The Organization maintaines records of all grant assistance, monitors the
use of assitance and utilizes their finanical systems to account and track
grant information.
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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

LOVE146, INC.

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

2010

Open to Public Inspection

Employer Identification number 20-1168284

ı							
Fart General Information on Grants and Assistance	sistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	mount of the grant	s or assist	ance, the grantees'	eligibility for the grant	s or assistance, an	: : œ	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ring the use of gran	nt funds in	the United States.]
Part II Grants and Other Assistance to Governments and	nments and Or	rganizati	Organizations in the United States.	ed States. Comp	Complete if the organization answered "Yes" to	inization answ	ered "Yes" to
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II	ient that receiv	ed more	than \$5,000. C	heck this box if n	o one recipient	received mor	e than \$5,000. Part II
can be duplicated if additional space is needed	needed						▲
1 (a) Name and address of organization	(a) EIN (d)	(c) IRC section	(d) Amount of cash	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
	ıt ar	pplicable	grant		omer)	1	
(1) FAIR Fund, Inc.							
Washington DC DC 20037	_	_	050				Support chila advoca
Choice/ JRI							
989 Commonwealth Ave							Support child advoca
Boston MA 02215	_		12,000				
(3) Viva Network North America							
601 Union Street, Suite 3010							Support child advoca
Seattle WA 98101			44,000			i	
(4) World Concern		-					
19303 Fremont Avenue North Seattle							Support child advoca
Seattle WA 98133			20,000				
(9)	-	. <u>.</u>					
	•						
(9)		<u> </u>					
į	:	+					
<u> </u>							
(8)							
(6)							
			•				
2 Enter total number of section 501(c)(3) and covernment organizations	nizations						4
3 Enter total number of other organizations		:		:		:	0

Schedule I (Form 990) (2010)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) (2010) LOVE146, INC. Bart iii Grants and Other Assistance to Individuals in the Un	Individuals in the Ur	2	20-1168284	20-1168284 Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	Page 2 990, Part IV, line 22.
	individuais in die Or ional space is needed	ited states. Compi			
(a) Type of grant or assistance	(b) Number of	٦	(d) Amount of	(e) Method of valuation (book, EMV appraisal other)	(f) Description of non-cash assistance
	recpients	Cash grant	TOTI-CAST ASSISTANCE	מאלים מאלים מיים מיים מיים מיים מיים מיים מיים מ	
8					
c					
· ·					
) u					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	plete this part to prov	vide the information	required in Part I, line	2, and any other addition	al information.
Part I, Line 2 - Procedures	Procedures for Monitoring the Use of Grant Funds	ng the Use of	Grant Funds		
The Organization requires entities receiving grant funding to report at	ntities receiv	ving grant fu	nding to repo	rtata	:
minimum annually on the use of the funds	of the funds	received.	: : : : : : : : : : : : : : : : : : : :		:
			:		:
Part IV - Additional Information	ation		:	: : : : : : : : : : : : : : : : : : : :	:
The Organization maintaines	records of	all grant assi	assistance, monitors the	ors the	
use of assitance and utilizes their finanical systems to account and track	es their fina	nical systems	to account a	nd track	
grant information.	:	:	:		

Schedule I (Form 990) (2010)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization

LOVE146, INC. Employer identification number 20-1168284

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The CEO reviews the return with members of the Board of Directors prior to
filing the return.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Board of Directors requires annual disclosure by management and the Board
members of potencial conflicts of interest. All conflicts are resolved or
individual is removed.
Form 990, Part VI, Line 15a - Compensation Process for Top Official
Management compensation is subject to Board review and approval.
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Governing documents are made available to the public upon request
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201168284 LOVE146, INC.

20-1168284

Federal Statements

1/20/2012 4:50 PM

• FYE: 6/30/2011

Taxable Dividends from Securities

Description Unrelated Exclusion Postal Acquired after Business Code Code 6/30/75 US Obs (\$ or %) Amount Interest income 209

209

Total

Federal Statements

201168284 LOVE146, INC. 20-1168284 FYE: 6/30/2011

(Non-employee)	
for Service (
- Other Fees	
Line 11g	
), Part IX,	
Form 990	

	Fund Raising	\$ 19,584	\$ 19,584	:		Fund Raising	200	\$ 206		\$ 206	
	Management & General	\$ 17,455	\$ 17,455			Management &	8 5 5 5	\$ 1,598	97.72	\$ 3,857	
	Program Service	\$ 38,467	\$ 38,467		All Other Expenses	Program Service	OGI VICO	\$ 1,817	1,288	\$ 4,128	
	Total Expenses	\$ 75,506	\$ 75,506		Form 990, Part IX, Line 24f - All Other Expenses	Total	LADGIISGS	\$ 3,621	1,367	\$ 8,191	
	Description	Other Professional Fees	Total			Decription	Describion	Office Equipment	Scall Development Dues and Subscriptions	Total	

Form 4562

Name(s) shown on return

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

2010

Attachment

▶ See separate instructions.

LOVE146, INC.

► Attach to your tax return

Identifying number 20-1168284

Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 500,000 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions 5 (b) Cost (business use only) (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 7,379 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III 17 0 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and year (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. Residential rental S/L 27.5 yrs. MM property ММ S/I 27.5 yrs. ММ Nonresidential real 39 yrs. S/L property ММ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/I 40-year 40 yrs. MM S/L Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 7,379 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs