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### **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

Open to Public

		he Treasury le Service	► The organization may have to use a copy of this return to satisfy state rep	orting requirements		Inspectio	
			endar year, or tax year beginning , and en	ding	<u> </u>		
BC	heck if a	pplicable	C Name of organization LOVE ONE ANOTHER EMBASSY, INC.	D Employe	r identification	number	
	ddress o	hange	Doing Business As JOSEPH'S STOREHOUSE	64-164161	7		
ПΝ	ame cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephon		·	
ቨս	ibal retu	ım.	1960 SE TATER PEELER RD	(615) 453-5	5777		
=	erminate		City or town, state or country, and ZIP + 4	(010) 400-0	<i>)</i>		
=	mended		LEBANON TN 37090	G Gross red	eipts \$	12	49,280
=		n pending	· · · · · · · · · · · · · · · · · · ·	H(a) is this a group ret	•		X No
⊔^	рунсано	in pending	ROBERT EVANS 1960 SE TATER PEELER RD, LEBANON, TN 3709			_	Mo No
		;				Yes	NO
		pt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527	ff "No," attach a li		uois)	
				H(c) Group exemption	number -	<u> </u>	
K Fo	rm of or	ganization.	X CorporationTrustAssociationOther ▶ LYear	of formation: 1996	Ma State of	legal domicile	- TN
P	art I	•	mmary				
	1			MOTE THE GOSF			T AS
_		TAUGH	T IN THE HOLY BIBLE AND PROVIDE FOOD AND OTHER BENEVOLE	ENT ASSISTANC	E TO THE	NEEDY	
100			***************************************				
Activities & Governance							
8	2	Check t	nis box • if the organization discontinued its operations or disposed of more that	n 25% of its net asset	<b>S</b> .		
9	3		of voting members of the governing body (Part VI, line 1a)		3		8
98	4		of independent voting members of the governing body (Part VI, line 1b)		4		5
폴	5		mber of individuals employed in calendar year 2011 (Part V, line 2a)		5		7
Act	6		mber of volunteers (estimate if necessary)		6		100
_	7a		related business revenue from Part VIII, column (C), line 12		7a		0
	b		elated business taxable income from Form 990-T, line 34		7b	······································	0
				Prior Year		Current Yea	ır
_	8	Contribu	itions and grants (Part VIII, line 1h)	2.78	0,338		42,323
Revenue	9		n service revenue (Part VIII, line 2g)		6,000		6,000
9.0	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		2,257		957
œ	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2.500		0
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,095	1.2	49,280
	13		and similar amounts paid (Part IX, column (A), lines 1-3)		4,162		5,209
	14		paid to or for members (Part IX, column (A), line 4)	<del>-</del>	o		0
	15		other compensation, employee benefits (Part IX, column (A), lines 5 10)	6	6,537		64,096
200	16a		onal fundraising fees (Part IX, column (A), line TECEIVED	<del>-</del>	0		0
Expenses	b		ndraising expenses (Part IX, column (D), line 25) ▶			SERVICE A	
ũ	17	Other ex	cpenses (Part IX, column (A), lines 11a Qp, 11f-24e) / 2017	2.69	0.786	1.0	03,886
	18	Total ex	penses. Add lines 13–17 (must equal Pars X, column (A), line 25) .		1,485		73,191
	19		e less expenses. Subtract line 18 from line 12		9,610		76,089
5 8				Beginning of Curren		End of Yea	
a de	20	Total as	sets (Part X, line 16)	30	6,767		82,448
P S	21		bilities (Part X, line 26)		3,426		3,018
Net Assets or Fund Balances	22		ets or fund balances. Subtract line 21 from line 20		3,341	4	79,430
Pai	rt II	Sig	nature Block				
Unde	r penalt	es of perjui	y, I declare that I have examined this return, including accompanying schedules and statemer	nts, and to the best of r	ny knowledge		
		s true, com	ect, and complete. Declaration of preparer (other than officer) is based on all information of wh	uch preparer has any k	nowledge.		
Sig	n					· · · · · · · · · · · · · · · · · · ·	
Her		7	Signature of officer ROBERT EVANS ROBERT EVANS ROBERT EVANS ROBERT EVANS ROBERT EVANS	Date	5.0	.12	
=				SIDENT	<u> </u>	'1	
$\overline{}$			Type or print name and title "				
Pai		Pnn	t/Type preparer's name Preparer's synature	Date	Check X r	PTIN	
			RIS JOHNSON CHI ALL		self-employed		30
	parer						JU
USe	Only	, —	rs name ► JOHNSON'S BOOKKEEPING	Firm's EIN	20-83433		
<u> </u>		Firm	rs address ► 810 DALTON HOLLOW RD, HARTSVILLE, TN 37074	Phone no	<u>(615) 587</u>	<u>-0939</u>	
May	the IF	RS discus	ss this return with the preparer shown above? (see instructions)			X Yes	No No

Form **990** (2011)

	90 (2011) LOVE ONE ANOTHER EMBASSY, INC. 64-1641617 Page 2
Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Bnefly describe the organization's mission:
	PROMOTE THE GOSPEL OF JESUS CHRIST AS TAUGHT IN THE HOLY BIBLE AND PROVIDE FOOD AND OTHER
	BENEVOLENT ASSISTANCE TO THE NEEDY.
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4-	(O-1- )/F
4a	(Code. ) (Expenses \$ 991,196 including grants of \$ 2,226 ) (Revenue \$ 0)  BENEVOLENCE: LOAE DISTRIBUTES FOOD TO NEEDY INDIVIDUALS/FAMILIES
	BENEVOLENCE: LOAE DISTRIBUTES FOOD TO NEEDY INDIVIDUALS/FAMILIES  AS WELL AS TO TEN (10) OTHER 501(c)(3) ORGANIZATIONS WHO ALSO PROVIDE ASSISTANCE TO THE NEEDY.
	THIS INCLUDES REGULAR MONTHLY DISTRIBUTIONS TO APPROXIMATELY 450 QUALIFIED LOW-INCOME INDIVIDUALS
	& FAMILIES AS WELL AS EMERGENCY FOOD ON A CASE-BY-CASE BASIS IN ADDITION, LOAE PROVIDES MINIMAL
	BENEVEOLENT FINANCIAL ASSISTANCE TO HELP WITH ITEMS SUCH AS RENT OR UTILITY BILLS. PAYMENTS ARE
	MADE DIRECTLY TO THE SERVICE PROVIDER AND NOT TO THE INDIVIDUAL. LOAE HAS AN APPLICATION AND
	APPROVAL PROCESS AND KEEPS DETAILED RECORDS OF THOSE ASSISTED. APPROXIMATELY 1,346,841 POUNDS OF
	FOOD WERE DISTRIBUTED LAST YEAR TO 5,138 NEEDY RECIPIENTS IN ADDITION TO THE TEN (10) OTHER
	CHARITIES THAT WERE SUPPORTED.
4b	(Code ) (Expenses \$ 22,128 including grants of \$ 2,983 ) (Revenue \$ 0)
70	PROMOTING THE GOSPEL: LOAE PROMOTES THE GOSPEL OF JESUS CHRIST AS
	TAUGHT IN THE HOLY BIBLE THROUGH WEEKLY BIBLE STUDIES, AND MONTHLY PRAYER MEETINGS AS WELL AS
	THROUGH LOCAL PREACHING AND TEACHING TELECASTS. IN ADDITION, LOAE PROVIDES CHARITABLE GIVING TO
	OTHER QUALIFIED 501(c)(3) ORGANIZATIONS OR THE EQUIVALENT THEREOF IN FOREIGN COUNTRIES TO SUPPORT
	THEIR CHARITABLE PURPOSES OF PROMOTING THE GOSPEL. WHILE MOST ALL CHARITABLE GIVING IS LIMITED TO
	WITHIN THE U.S., LOAE PROVIDED MINIMAL FINANCIAL SUPPORT TO A CHRISTIAN ORPHANAGE IN HAITI LOAE
	REQUIRES THE ORGANIZATION TO PROVIDE ACCOUNTABILITY FOR FUNDS. LOAE IS AWARE OF THE OFAC LIST AND
	TAKES CARE THAT ANY GIVING IN A FOREIGN COUNTRY IS NOT TO AN ORGANIZATION OR INDIVIDUAL ON THE
	LIST AND THAT NO TERRORISTS ARE SUPPORTED
4c	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)
	***************************************
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)
40	Total program service expenses > 1 013 324

Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 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 98-197 If "Yes," complete Schedule C. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 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," 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X. 11e 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 Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E........ 13 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . 14b Х 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 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . . . . Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 17 Х on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . . . 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.

Forms	190 (2011) LOVE ONE ANOTHER EMBASST, INC.	41017	P	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			١.,
	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		ł	١.,
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<b>.</b>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			İ
	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>X</u>
	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	24-		
_	to defease any tax-exempt bonds?	24c 24d	$\vdash$	<del> </del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	1	├──
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-	l	x
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	├	<del>  ^</del>
Ð	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	-	l	
	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	256	i	х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b	$\vdash$	├^-
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	┢	┝
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	ì
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	70° - 20° 2 2 ° - 26° 2	300 340	
20	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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		<u> </u>	<u> </u>
_	Schedule L, Part IV	28b	l	х
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	1	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	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ı	1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		1	
	III, IV, and V, line 1	34	<u> </u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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, Part V, line 2	35b	1	X.
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	- {	1	
	organization? If "Yes," complete Schedule R, Part V, line 2	. 36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	1	1	1

Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.    Tenter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			П
be Enter the number of Forms W-26 included in line 1a. Enter-O-If not applicable.  Did the organization comply with abouty withfoling rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Statements, filed for the calendar year ending with or within the year covered by this return.  Statements, filed for the calendar year ending with or within the year covered by this return.  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file; (see instructions)  If if a least one is reported on line 2a, diff the organization file all required federal employment for entrors?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file; (see instructions)  If I'ves, has it filed a Form 990-T for this year? If 70, 'provide an explanation in Schedule C.  If I'ves,' has it filed a Form 990-T for this year? If 70, 'provide an explanation in Schedule C.  If I'ves,' has it filed a Form 990-T for this year? If 70, 'provide an explanation in Schedule C.  If I'ves,' enter the name of the foreign country.  If I'ves,' enter the name of the foreign country.  Was the organization and organization and the sum of the same and the state of the same and the same and the organization and the organization flore.  If I'ves' is line 5a or 5b, die the organization that it was or is a party to a prohibited tax shelter transaction?  So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductibles.  If I'ves,' in line 5a or 5b, die the organization file Form 8980-T organizations that may receive deductible contributions under section 170(c).  If I'ves,' in line 5a or 5b, die the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles.  If I'ves,' in line 5a or 5b, die the organization include with every solicitation				Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) winnings to prize winners?  2a. Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, fleel for the calendary year ending with or within the year covered by this return  2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3b If Yes, has it filed a Form 990-T for this year? If Yo. *provide an explanation in Schedule O  3c If Yes, has it filed a Form 990-T for this year? If Yo. *provide an explanation in Schedule O  3c At any time during the calendar year, did the organization have unrelated business gross income of \$1,000 or more during the elementary over, a financial account; and the organization have unrelated business gross income of \$1,000 or more during the elementary over, a financial account in a foreign country; (such as a bank account, securities account, or other financial account; or the name of the foreign country; * See instructions for filing requirements for Form 1D F 90-22.1, Report of Foreign Bank and Financial Accounts.  3c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  3c If Yes, to line 5a or 5b, did the organization file Form 8886-T?  4c If Yes, to line 5a or 5b, did the organization file Form 8886-T?  5c Does the organization solicit any contributions that twas or is a party to a prohibited tax shelter transaction?  5c Does the organization include with very solicitation and servers.  6c Different servers of the party of the organization freceive any payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  6c Different services provided to the payor?  6c Different services provided to the payor?  6c Different services provided to the payor?  7d Different services provided to the pay	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
agaming (gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  3 Statements, filed for the calendar year ending with or within the year covered by this return  2 To the statements, filed for the calendar year ending with or within the year covered by this return  3 Do the organization have unrelated business gross income of \$1,000 or more duting the year?  3 Do the organization have unrelated business gross income of \$1,000 or more duting the year?  3 Do the organization have unrelated business gross income of \$1,000 or more duting the year?  3 Do the organization have unrelated business gross income of \$1,000 or more duting the year?  3 Do the organization have unrelated business gross income of \$1,000 or more duting the year?  3 Do the organization have unrelated business gross income of \$1,000 or more duting the year?  4 Do the organization and a foreign country (such as a bank account, securities account, or other financial account)  5 Do the organization of the foreign country:  5 Se instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5 Su Was the organization have the shell the organization at any time during the tax year?  5 Do she organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8868-7?  5 Do she the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5 Do she organization shell and shell the organization include with every solicitation and express provided to the payor?  7 Do granization receive a payment in excess of \$75 made partly as a contribution of or an organ	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
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   If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   Ab If Yes, has if filed a Form 990-T for this year? If Yes, "provide an explanation in Schedule O   3b Did the organization have unrelated business gross income of \$1,000 or more during the year?   3a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, or other financial account; See instructions for filing requirements for from TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for from TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for from TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   If Yes, and the organization is a party to a prohibited tax shelter transaction of the Yes and the American and the America	С		<b>20</b>		
Statements, filed for the calendar year ending with or within the year covered by this return      2a	•	· · · · · · · · · · · · · · · · · · ·	10	<u>^</u>	14.4.7 <u>.</u>
bif at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines is and 2a is greater than 250, you may be required to e-file; cee instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form \$90 for this year? If "No. "provide an explanation in Schedule O."  At any time during the celendar 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 accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions of the state of the See See See See See See See See See S	2a		7		
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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?  9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  5 Section 501(c)(7) organizations. Enter: a 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.  6 Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  12a  Section 501(c)(29) qualified nonprofit health insurance Issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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.  13b  13c  Enter the amount of reserves on hand  13d  13d  14a  Note organization receive any payments for indoor tanning services during the tax year?	f		7f		X
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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	13				128
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	а	e de la companya de	13a		1
the organization is licensed to issue qualified health plans		the state of the s		13.7	134
c Enter the amount of reserves on hand	b	· · · · · · · · · · · · · · · · · · ·		15.	123
14a Did the organization receive any payments for indoor tanning services during the tax year?					
			£3%		A CONTRACTOR
		· · · · · · · · · · · · · · · · · · ·		$\vdash$	┼^

LOVE ONE ANOTHER EMBASSY, INC. 64-1641617 Form 990 (2011) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Part VI Section A. Governing Body and Management

				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 8	3	175.50			
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar			30 mg			
	committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b :	5	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation						
-	any other officer, director, trustee, or key employee?	montp with	2	X	(Anti-Si		
2	Did the organization delegate control over management duties customarily performed by or und	or the direct	<del>-</del>	<del>-^`</del>			
3	supervision of officers, directors, or trustees, or key employees to a management company or of		3				
			<b>—</b>		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4				
5	Did the organization become aware during the year of a significant diversion of the organization	s assets?	5		X		
6	Did the organization have members or stockholders?		6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint					
	one or more members of the governing body?		7a		<u> </u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	ers,	1		ļ		
	stockholders, or persons other than the governing body?		7b		<u>X</u>		
8	Did the organization contemporaneously document the meetings held or written actions underta	ken during					
	the year by the following:						
а	The governing body?		8a	X			
b	Each committee with authority to act on behalf of the governing body?		8b				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b	e reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	) <u></u>	9		<u> </u>		
Sect	ion B. Policies (This Section B requests information about policies not required by the	nternal Revenue C	ode.)				
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х		
ь	If "Yes," did the organization have written policies and procedures governing the activities of suc	ch chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt	purposes?.	10b	1			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a	Х			
b							
12a			12a	X	146.24 . 14.		
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	x	一		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?	=	1	<u> </u>	<del>                                     </del>		
_	describe in Schedule O how this was done		12c	х	l		
13	Did the organization have a written whistleblower policy?		13	X	<del> </del>		
14	Did the organization have a written document retention and destruction policy?		14	X			
15	Did the process for determining compensation of the following persons include a review and app	roval by	3.	1.5°-35	320		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•					
2	The organization's CEO, Executive Director, or top management official.	on and decicion.	15a	X	<b>APRIL</b>		
b	Other officers or key employees of the organization		T	<b>—</b>	<del>                                     </del>		
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		15b	水彩	3.2.39		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	engement					
104	with a taxable and the desire when we are	ingement	460	The San			
			16a	200	X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ever participation in joint venture arrangements under applicable federal tax law, and take steps to sa		100 mg	20 m			
			30 G	14.3			
<u> </u>	the organization's exempt status with respect to such arrangements?	<del></del>	16b	L	Ц		
	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed   TN	000 T (0 - 4' - 554'	- > < C > -				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-1 (Section 501(	c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply						
	Own website X Another's website X Upon request		_				
19	Describe in Schedule O whether (and if so, how), the organization made its governing document	ts, conflict of interes	t				
	policy, and financial statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the boo						
	organization: CHRIS JOHNSON	(615) 587-0	939				
	810 DALTON HOLLOW RD, HARTSVILLE, TN 37074						

Form 990 (2011)	LOVE ONE ANOTHER EMBASSY									64-16416	17 Page <b>7</b>
Part VII	Compensation of Officers, Direct		s, K	ey i	Em	plo	yees	, H	ighest Comp	ensated	
•	Employees, and Independent Contains a re		, ,,,,,	etio	n i	, <del>th</del>	ic Da	rt \	/II		
Section A.	Officers, Directors, Trustees, Key E	<del></del>								<u> </u>	<u> </u>
	this table for all persons required to be									a with or within t	the .
organization's	· · · · · · · · · · · · · · · · · · ·	noted. Report o	ompe	.,,,			4,0 (	<i>A</i>	nda year endin	g wier or wie iii	
-	of the organization's <b>current</b> officers, o	directors, trustee	es (wt	neth	er ı	ndiv	ridual	s or	organizations),	regardless of ar	mount
<ul> <li>List all of the who received</li> </ul>	ion. Enter -0- in columns (D), (E), and of of the organization's <b>current</b> key emplorganization's five <b>current</b> highest column reportable compensation (Box 5 of Foundary related organizations.	oyees, if any. S mpensated emp	ee ins Noyee	struc es (c	ction othe	ns fo er th	or det an ar	off	icer, director, tru	istee, or key em	
	of the organization's <b>former</b> officers, keeportable compensation from the organ			_			-		d employees wh	o received more	than
• List all o	of the organization's former directors	or trustees that	it rec	eive	d, ii	n th	е сар	acit	y as a former di	rector or trustee	of the
List persons in	more than \$10,000 of reportable comp n the following order: individual trustee employees, and former such persons.	s or directors; ir		-				-	<del>-</del>		
<b>一</b>	s box if neither the organization nor an		izatio	n cc	מחו	ens	ated	anv	current officer	director or trust	ee
		,				;)					
	(A) Name and Title	(B) Average hours per week	box, office	unles er an	Pos neck sspe dad	ition more rson irect	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROBER	RT EVANS										
PRESIDENT		30.00	Х		Х				18,550	0	0
(2) PEGGY			<b>.</b> .								_
TREASURER (3) BENNY		20.00	X	$\vdash$	Х	$\vdash$			10,400	0	0
VICE-PRESIE		1.00	x		х				o	o	0
	RD DIEBOLD	20.00			х				12,480	0	0
	BREAZEALE										
DIRECTOR		1.00	X	<u> </u>		_			O	0	0
(6) JOE TI		1.00	x						0	0	0
(7) LARRY DIRECTOR	STROUD	1.00	,						, ا	0	,
(8) MICHA	FI BUDAI	1.00	<del>  ^</del>	$\vdash$	$\vdash$		-	$\vdash$	0		0
DIRECTOR		1.00	X.	_					0	0	0
(10)											
(11)											
(12)											

Pa	Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employee	s (co	ntınue	<u>a)</u>	_
	(A) Name and title	(B) Average hours per week (describe	Position (do not check more than or box, unless person is both officer and a director/truste or individual certain of the cert					n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MIS(		am comp	(F) timated jount of other pensation	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ær	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	orga and	om the anization I related nizations	
(15)													·	
(16)														
(17)														
(18)														
(19)														
(20)														
(21)								Г						
(22)														
(23)														
(24)										-				
(25)														_
1b c d	Total (add lines 1b and 1c).  Total number of individuals (including but not	Section A	 	 				▶	41,430 0 41,430 ed more than \$1		0 0 0			0
	reportable compensation from the organization				0								Yes N	_
3	Did the organization list any former officer, diemployee on line 1a? If "Yes," complete Sche					yee	, or h	igh	est compensate	d		3		
4	For any individual listed on line 1a, is the sum the organization and related organizations greundividual	of reportable co	ompe	nsa	tion							4	<u> </u>	
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "									dividual		5		武 統 <b>(</b>
Sec	tion B. Independent Contractors	•							-					
1	Complete this table for your five highest comp compensation from the organization. Report c year											n's tax		
	(A) Name and business add	fress						_	(B) Description of ser	vices	(	(C) Compen		
											<del></del>			0
								-			<del></del>			0
								$\vdash$					-	0
								$\vdash$						0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		nited	to t	105	e lis	ted a		e) who received					

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any	question in this Par	tIX	<u>.</u> .	X
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		•		
-	organizations in the United States. See Part IV, line 21	1,883	1,883		
2	Grants and other assistance to individuals in the				
	United States See Part IV, line 22	2,226	2,226		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	1,100	1,100		
4	Benefits paid to or for members	0		<b>美国工程的</b>	
5	Compensation of current officers, directors,				
	trustees, and key employees	41,430	12,480	28,950	
6	Compensation not included above, to disqualified	[			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			<del></del>
7	Other salaries and wages	19,429	19,429		
8	Pension plan accruals and contributions (include	_			
_	section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits	0		700	
10	Payroll taxes	3,237	2,441	796	<del></del>
11	Fees for services (non-employees):				
a	Management	0			
b	Legal			7.400	
C	Accounting	7,460		7,460	
đ	Lobbying	0	St. 178-1-20 12 12 KB WW	\$7.00 at 120 at 120 at 120 at 1	
e	Professional fundraising services. See Part IV, line 17	0	ATTENDED TO A LOCAL		
f	Investment management fees	4,013	2,360	1,653	
g	Other	165	2,300	1,655	
12	Advertising and promotion	24,478	3,971		
13 14	Office expenses	24,478	3,971	20,307	<del>-</del>
15	Royalties	213		213	
16	Occupancy	29,039	29,039		
17	Travel	10,135	10,135		
18	Payments of travel or entertainment expenses	10,100	10,100		
	for any federal, state, or local public officials	o	i İ	<b>!</b>	<b> </b>  -
19	Conferences, conventions, and meetings	Ö	-		
20	Interest	0			
21	Payments to affiliates	0		·	
22	Depreciation, depletion, and amortization	7,060	6,939	121	C
23	Insurance	0			
24	Other expenses. Itemize expenses not covered			700000	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	FOOD DISTRIBUTION TO THE NEEDY	891,983	891,983		
b	FREIGHT FOR FOOD	28,900			
C	TELEVISION MINISTRY	3,160			
đ	IRS PAYROLL TAX LEVY REFUND	-2,722	-2,722		ļ
е	All other expenses	0	·		
25	Total functional expenses. Add lines 1 through 24e.	1,073,191	1,013,324	59,867	
26	Joint costs. Complete this line only if the	Į.		ļ	
	organization reported in column (B) joint costs				1
	from a combined educational campaign and				1
	fundraising solicitation. Check here  if				
	following SOP 98-2 (ASC 958-720)			L	1

**Balance Sheet** Part X (A) **(B)** Beginning of year End of year 79.728 87,283 2 97,257 121,787 2 3 0 3 0 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary Assets 7 618 8 142,828 Prepaid expenses and deferred charges . . . ٩ 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 157,992 10b 129.782 10c b Less accumulated depreciation 28,060 11 0 Investments—publicly traded securities . . . . 11 0 0 12 12 ol 0 13 13 Investments—program-related. See Part IV, line 11.... 0 0 14 14 0 15 Other assets. See Part IV, line 11 . . . . . . . 0 15 Total assets. Add lines 1 through 15 (must equal line 34) 306,767 16 482,448 16 17 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Pavables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . . 0 23 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . . . 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 3,426 3,018 26 3,018 Total liabilities. Add lines 17 through 25. 3,426 Organizations that follow SFAS 117, check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. شبيت 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . . 31 479,430 303,341 32 Retained earnings, endowment, accumulated income, or other funds. . . 32 303,341 33 479,430 33 306,767 34 482,448 Total liabilities and net assets/fund balances . . . .

om 9	90 (2011) LOVE ONE ANOTHER EMBASSY, INC.	64-1641617	Pag	e 12
Part			г	_
	Check if Schedule O contains a response to any question in this Part XI	• • • • •	<u> L</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1 I	1,249,	.280
2		_	1,073	
3	total expenses (mass edges : mit all estatus (: i)) mis = )	3		,089
4	Trovolido 1000 experiedos. General media interior en esta esta esta esta esta esta esta esta	4		,341
5		5		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
•		6	479	,430
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII		. [	
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in  Schedule O.		となる。	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	х	$\overline{}$
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	x	l
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		200	
	issued on a separate basis, consolidated basis, or both			30 ST. V
	X Separate basis Consolidated basis Both consolidated and separate basis		3.3	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	Ш	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		<u> </u>
		Form	990	(2011)

#### **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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶See separate instructions.

LOVE ONE ANOTHER EMBASSY, INC. 64-1641617 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated b Type II Type III-Other By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? . . . . . . . 11g(i) A family member of a person described in (i) above? . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s) h (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the HS2 (see instructions)) support? Yes No Yes No Yes No (A) 0 (B) 0 (C) 0 (D) 0 (E) 0

0

Total

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.)

<u>Sect</u>	ion A. Public Support						<del></del>
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	264,176	249,924	2,990,871	2,780,338	1,242,323	7,527,632
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf.						0
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge .						0
4	Total. Add lines 1 through 3	264,176	249,924	2,990,871	2,780,338	1,242,323	7,527,632
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				養養物學漢		7,527,632
	ion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	264,176			2,780,338	1,242,323	7,527,632
8	Gross income from interest, dividends,						
_	payments received on securities loans,						
	rents, royalties and income from similar						
	sources			5,500	8,257	6,957	20,714
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						0
11			A STANSON	<b>美国共享</b>		医多类类 经积分	7,548,346
12	Gross receipts from related activities, etc. (s					12	(0)
13	First five years. If the Form 990 is for the o organization, check this box and stop here	-				section 501(c)	(3)
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2011 (line 6, o					14	99.73%
15	Public support percentage from 2010 Sched					15	99.79%
16a	33 1/3% support test—2011. If the organiz						
b	and stop here. The organization qualifies at 33 1/3% support test—2010. If the organiz						▶X
	box and stop here. The organization qualific						
17a	10%-facts-and-circumstances test—2011	. If the organiz	ation did not ch	neck a box on li	ne 13, 16a, or	16b, and line 1	4
	is 10% or more, and if the organization mee						
	Part IV how the organization meets the "fact			-			ted
	•						▶Ц_
b	10%-facts-and-circumstances test—2010 15 is 10% or more, and if the organization in Part IV how the organization meets the "fact supported organization"	neets the "facts ts-and-circums	s-and-circumstatances" test. Ti	ances" test, che ne organization	eck this box an qualifies as a	d <b>stop here</b> . E	
40						is how and see	
18	Private foundation. If the organization did instructions		-				.▶□

### 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.)

Sect	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0				
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						0				
3	Gross receipts from activities that are not an						<u>~</u>				
	unrelated trade or business under section 513.						0				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0				
6	Total. Add lines 1 through 5	0	0	0	0	o	0				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0				
ь	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						0				
С	Add lines 7a and 7b	0	0	0	0	o	0				
8	Public support (Subtract line 7c from line 6.)						0				
	Section B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
9	Amounts from line 6	0	0	0	0	0	0				
10a	Gross income from interest, dividends,										
	payments received on securities loans,										
_	rents, royalties and income from similar sources						0				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0				
С	Add lines 10a and 10b	ō	0	0	0	0	0				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0				
12	Other income. Do not include gain or										
•-	loss from the sale of capital assets (Explain in Part IV.)						0				
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	o	0		0		0				
14	First five years. If the Form 990 is for the organization, check this box and stop here.			or fifth tax year a			<u></u> ▶□				
	tion C. Computation of Public Support										
15	Public support percentage for 2011 (line 8, column					15	0.00%				
16	Public support percentage from 2010 Schedule A,			<u> </u>	• • • • •	16	0.00%				
	tion D. Computation of Investment Inco			(0)		49	0.0004				
17 18	Investment income percentage for 2011 (line 10c, Investment income percentage from 2010 Schedul	• • •	•			17	0.00% 0.00%				
19a	33 1/3% support tests—2011. If the organization						0.00%				
b	not more than 33 1/3%, check this box and stop h 33 1/3% support tests—2010. If the organization	ere. The organiz did not check a b	ation qualifies as ox on line 14 or	a publicly suppo line 19a, and line	orted organizatio e 16 is more that	n	▶□				
	line 18 is not more than 33 1/3%, check this box as	nd stop here. Th	e organization q	ualifies as a pub	licly supported o	rganization	▶ 🛄				
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	check this box a	nd see instructio	ns	. ▶□				

Schedule A (Form	990 or 990-EZ) 2011	LOVE ONE	ANOTHER EMBA	ASSY, INC.		64-1641617	Page 4
Part IV	Supplemental	Information.	Complete this	part to provide th	ne explanations required		10;
•	Part II, line 17a	or 17b; and F	Part III, line 12.	Also complete th	nis part for any additiona	l information. (S	See
	instructions).				, , , , , , , , , , , , , , , , , , ,	(	
· · · · · · · · · · · · · · · · · · ·				· - · · · · · · · · · · · · · · · · · ·			
					*********		
******							
					***************************************		
				*			
		*	*******				

### SCHEDULE D (Form 990)

. :

**Supplemental Financial Statements** 

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Inspection

I VOLLING V	i die organization			Zinpio yer radiranodaon namber
LOVE	ONE ANOTHER EMBASSY, INC.			64-1641617
Part		nor Advised Funds or C	Other Similar Fu	nds or Accounts. Complete if
	the organization answered "Yes"			•
		(a) Donor advised		(b) Funds and other accounts
1	Total number at end of year		· •	
2	Aggregate contributions to (during year)			
3	Aggregate contributions to (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and	denor advisors in unting th	at the accete held	in donor advised
J				
_	funds are the organization's property, subj			
6	Did the organization inform all grantees, d			
	used only for charitable purposes and not			
	purpose conferring impermissible private b			Yes No
Part	Conservation Easements. Con	nplete if the organization	answered "Yes"	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements he	ld by the organization (chec	k all that apply).	
•	Preservation of land for public use (e.g., re	-		of an historically important land area
	<del></del>	or caucation,	<del>_</del>	
	Protection of natural habitat		Preservation	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organi	zation held a qualified cons	ervation contributi	on in the form of a conservation
	easement on the last day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements.			2a
b	Total acreage restricted by conservation e	asements		. 2b
C	Number of conservation easements on a conservation	certified historic structure inc	cluded in (a)	2c
d	Number of conservation easements include	led in (c) acquired after 8/17	7/06, and not on a	
	historic structure listed in the National Reg	ister.		. 2d
3	Number of conservation easements modif		extinguished, or ter	rminated by the organization
	during the tax year			
4	Number of states where property subject t	o conservation easement is	located •	
5	Does the organization have a written police			n, handling of
	violations, and enforcement of the conserv			
6	Staff and volunteer hours devoted to moni			
-	•	3, , , , , ,	J	• ,
7	Amount of expenses incurred in monitorin	a. Inspecting, and enforcing	conservation eas	ements dunng the year
•	<b>▶</b> \$	<b>5</b> , <b>-</b> F <b>5</b> , 5	,	
8	Does each conservation easement reporte	ed on line 2(d) above satisfy	the requirements	of section
·	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)	• • •	•	
9	In Part XIV, describe how the organization			
•	balance sheet, and include, if applicable, t	•		•
	the organization's accounting for conserve		e organization s in	iaida statements that describes
Par			Pasures or Other	Similar Assets
	Complete if the organization answe		-	Cililla A330W.
				<del></del>
1a	If the organization elected, as permitted un			
	works of art, historical treasures, or other	•	•	-
_	of public service, provide, in Part XIV, the			
b	If the organization elected, as permitted un		•	
	works of art, historical treasures, or other			ation, or research in furtherance
	of public service, provide the following am	<del>-</del>		
	(i) Revenues included in Form 990, Part \	/III, line 1		<b>&gt; \$</b>
	(ii) Assets included in Form 990, Part X.			▶ \$
2	If the organization received or held works	of art, historical treasures, o	or other similar ass	sets for financial gain, provide the
	following amounts required to be reported			_ · · · · · · · · · · · · · · · · · · ·
а	Revenues included in Form 990, Part VIII,			
	Assets included in Form 990. Part X			<b>▶</b> \$

64-1641617 LOVE ONE ANOTHER EMBASSY, INC. Schedute D (Form 990) 2011 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3	Using the organization's acquisition, acc	ession, and othe	r records,	check an	y of the follow	wing th	nat are a significa	nt		
	use of its collection items (check all that	apply):								
а	Public exhibition		<u>ا</u> ه	Loan o	or exchange	progra	ms			
b	Scholarly research		е 📗	Other						
C	Preservation for future generation	s								
4	Provide a description of the organization Part XIV.	's collections and	d explain l	how they	further the or	ganiza	ntion's exempt pu	rpose in		
5	During the year, did the organization sol assets to be sold to raise funds rather th								s 🔲	No
Par	IV Escrow and Custodial Arran IV, line 9, or reported an amou				ization ansv	vered	"Yes" to Form 9	90, Pa	rt	
1a	Is the organization an agent, trustee, cu		ntermedia	ary for cor				Пүе		No
b	If "Yes," explain the arrangement in Part							□ ''	ت د.	110
•	it res, explain the arrangement in rain	XIV and comple		ownig was			7	mount		
С	Beginning balance					10	c			0
ď	-					10	d			
e	Distributions during the year					10	е			
f						1	f			0
2a	Did the organization include an amount	on Form 990 Pa	rt X line 2	212				☐ Ye	s X	No
ь	If "Yes," explain the arrangement in Part							٠٠ لـــا	بت -	
Part			ation ans	wered "	es" to Forn	n 990.	Part IV. line 10			
		(a) Current year	(b) Pro		(c) Two years		(d) Three years back		our years	back
1a	Beginning of year balance	0	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-					2012	نازوي الأراق	
b	Contributions							7 00-	2.38	
c	Net investment earnings, gains,							100 H	N. S. S.	
_	and losses									
đ	Grants or scholarships							**************************************	44.36	Yes it
е	Other expenditures for facilities									
	and programs				Ì		II		不認為	
f	Administrative expenses							grant to		<b>经编</b>
g	End of year balance	0		0		0		0		720
2	Provide the estimated percentage of the	current year end	d balance	(line 1g,	column (a)) h	eld as	:			
а	Board designated or quasi-endowment	<b>&gt;</b>	%							
b	Permanent endowment	%								
C	Temporanly restricted endowment	<u>%</u>								
	The percentages in lines 2a, 2b, and 2c									
3a	Are there endowment funds not in the p	ossession of the	organizat	ion that a	re held and a	idminis	stered for the			
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(II) related organizations							3a(ii)		<u> </u>
b	If "Yes" to 3a(ii), are the related organiz		-			•		3b	L	<u> </u>
4_	Describe in Part XIV the intended uses						· · · · · · · · · · · · · · · · · · ·			
Part	VI Land, Buildings, and Equipment	nent. See Forn	n 990, Pa	art X, line	<del>2</del> 10.		<del></del>	_		
	Description of property	(a) Cost or of (investm	nent)	bas	ost or other is (other)	,	) Accumulated depreciation	(d) B	ook valu	
1a	Land		0		25,000	ن ن				25,000
b	Buildings		0	<u> </u>	106,017		13,973		9	2,044
C	Leasehold improvements		0		. 0		0			0
d	Equipment		. 0	<u> </u>	26,975		12,587		1	2,888

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

	/F 000	
Schedule D	(Form 990	) 2011

Part VII	Investments—Other Securities	s. See Form 990, Part X,	line 12.	
(2	) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
	derivatives	0		
	neld equity interests	0		
(3) Other		0		
(A)		0		
<u>(B)</u>		0		
(C)		0		<u></u>
(D)		0		
(E) (F)		0		<del> </del>
) <u>'.</u>		0		
(H)		0		···
(i)		0		
Total. (Column (b.	) must equal Form 990, Part X, col. (8) line 12 )	0		。1000年,1000年,1000年
Part VIII	Investments—Program Relat	ed. See Form 990, Part X	, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1)		0		
(2)		0		
(3)		0		
(4)		0		
(5) (6)		0		
(7)		0		
(8)		0		
(9)		0		<del></del>
(10)		0		
	) must equal Form 990, Part X, col. (B) line 13.)	0	是的最初的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	<b>(数)。2014年间,</b>
Part IX	Other Assets. See Form 990,	Part X, line 15.		<u></u>
	(:	a) Description		(b) Book value
(1)			<del></del>	0
(2)				0
(3)		* · · · · · · · · · · · · · · · · · · ·		0
(5)				0
(6)				0
(7)				0
(8)				0
(9)				0
(10)				0
	mn (b) must equal Form 990, Part X, (		<u> </u>	0
Part X	Other Liabilities. See Form 99		the second of th	Course of the Co
1. (1) Fodoro	(a) Description of liability  I income taxes	(b) Book value		
	DLL LIABILITIES	0 728		
(3) LWCC		720	<b>建建造基本的复数</b>	
	T CARD LIABILITIES	2,290		
(5)		0		
(6)		0		<b>建多等等繁复</b>
(7)		0		
(8)		0		
(9)		0		
(10)		0	· · · · · · · · · · · · · · · · · · ·	经"學」第二等一等
(11)	) must equal Form 990. Part X col. (B) line 25.)	0	医静脉管 敏奇奇病	美国教育 医隐毒
TOTAL (COLUMN (b)	) must equal Form 990, Part X, col. (B) line 25 )	3,018	9 30 32 33 7 3 7 7 C	Marie Marie Contract

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Sched	ule D (Form 990) 2011		Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial	<b>Statements</b>	3
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,249,280
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,073,191
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	176,089
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	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	176,089
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements		1,249,280
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	- 19 de	
e	Add lines 2a through 2d	. 2e	0
3	Subtract line 2e from line 1	3	1,249,280
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	@\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	•
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	15 m 25 m	
b	Other (Describe in Part XIV )		
C	Add lines 4a and 4b	. 4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	1,249,280
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Retu	m
1	Total expenses and losses per audited financial statements	. 1	1,073,191
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	\$	
а	Donated services and use of facilities	\$ \frac{1}{2} \tag{2}	
b	Pnor year adjustments		
C	Other losses	27 A	
d	Other (Describe in Part XIV.)	25.5	
e	Add lines 2a through 2d	. 2e	0
3	Subtract line 2e from line 1	3	1,073,191
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		, , , , , , , , , , , , , , , , , , ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	. 4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	1,073,191
Pai	t XIV Supplemental Information		
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, 2b, Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b, part to provide any additional information.		

,	LOVE ONE ANOTHER EMBASSY, INC.	64-1641617	
Schedule D (Form			Page 5
Part XIV	Supplemental Information (continued)		
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Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b,
•	32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) (2011)

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public

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.

Open to Publi Inspection

Name of the organization

LOVE ONE ANOTHER EMBASSY, INC.

64-1641617

Employer identification number

Form 990 Part VI Section A Line 2 ROBERT AND PEGGY EVANS ARE MARRIED. BENNY NOLEN IS THEIR
SON-IN-LAW
Form 990 Part VI Section B Line 11B COPIES OF THE 990 ARE DISTRIBUTED TO THE LOAE BOARD
MEMBERS FOR REVIEW PRIOR TO SUBMISSION.
Form 990 Part VI Section B Line 12C LOAE BOARD MEMBERS ARE MADE AWARE OF THE CONFLICT OF
INTEREST POLICY UPON ELECTION TO THE BOARD AND ARE REQUIERD TO DISCLOSE ANY POTENTIAL
CONFLICTS OF INTEREST IN ADDITION, THE POLICY IS REVIEWED AT THE ANNUAL MEETING.
Form 990 Part VI Section B Line 15B THREE (3) OF THE EIGHT (8) LOAE BOARD MEMBERS ARE ALSO
PAID EMPLOYEES OF THE ORGANIZATION. SALARY IS SET BY THE INDEPENDENT MEMBERS OF THE BOARD
SALARY IS NOMINAL AND IS WELL BELOW THAT OF SIMILAR POSITIONS WITHIN SIMILARLY SITUATED
ORGANIZATIONS.
Form 990 Part VI Section C Line 19 LOAE MAKES ITS GOVERNING DOCUMENTS, 990 TAX RETURN AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, THE 990 IS AVAILABLE
ON GUIDESTAR.
Form 990 Part IX Section B Line 24(d) IN 2011 THE IRS REFUNDED \$2,722 PAYROLL TAXES WHICH WERE
ERRONEOUSLY LEVIED IN THE PRIOR YEAR
Form 990 Part I THERE IS A SIGNIFICANT DIFFERENCE IN THE AMOUNT OF DONATED FOOD RECEIVED AND
DONATED FOOD DISTRIBUTED BETWEEN THE 2010 AND 2011 RECORDS DUE TO THE NEW METHOD OF ESTIMATING
THE VALUE OF THE DONATED FOOD. DONATED GROCERY ITEMS (FOOD, TOILETRIES, ETC.) ARE NOW DIVIDED
INTO FIVE (5) BASIC CATEGORIES AND GIVEN A PER POUND VALUE RANGING FROM \$0.50 TO \$1.25 PER
POUND. LOAE ACTUALLY DISTRIBUTED MORE FOOD TO THE NEEDY IN 2011 THAN IN PRIOR YEARS, BUT THIS
NEW METHOD CHANGES THE MONETARY VALUE GIVEN TO IT.
Form 990 Part X Line 8 INVENTORIES FOR SALE OR USE. THIS IS DONATED FOOD INVENTORY. IN PRIOR
YEARS LOAE HAD NOT BEEN SHOWING FOOD INVENTORY SINCE ALL DONATED FOOD IS DISTRIBUTED TO THE
NEEDY. IN 2011 THE NEW PER POUND METHOD HAS ALLOWED US TO PLACE A VALUE ON THE FOOD THAT IS IN

THE LOAE WAREHOUSE AWAITING DISTRIBUTION THE FOLLOWING MONTH.