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Department of the Treasury Internal Revenue Service

Short Form

OMB No 1545-1150 2011

Return of Organization Exempt From Income Tax

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

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

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Open to Public

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

Inspection

A	For th	e 2011 calen	dar year, or tax year beginning	7/1/2011	, and	i enaing		30/20	
В		f applicable	C Name of organization	*****			D Emplo	yer ide	entification number
Ш	Address	s change	Loving food Resources, Inc					56	-1823591
							E Teleph		
	Initial return								
	Termina	ated	PO Box 25142	· · · · · · · · · · · · · · · · · · ·				(828) 255-9282
	Amend	ed retum	City or town	state or country	ZIP + 4		F Group	Exer	nption
	Applica	tion pending	Asheville	NC	28813		Numb	er 🕨	
G	Accou	nting Method.	X Cash Accrual C	ther (specify)		ĺн	Check •	X	f the organization is
ī		_	ovingfood.org						attach Schedule B
J				1(c) () ◀ (insert no.)	4947(a)(1)	or527	(Form 99	0, 990	HEZ, or 990-PF).
ĸ	Check	▶ If the	organization is not a section 509(a)(3	supporting organization or a	section 52	7 organization	and its gr	oss re	ceipts are normally
	not mo		00. A Form 990-EZ or Form 990 retu						
			ooses to file a return, be sure to file a		,				,
L	_		7b, to line 9 to determine gross recei		,000 or mo	re, or if total as	sets		
	(Part II,	line 25, colu	mn (B) below) are \$500,000 or more,	file Form 990 instead of Form	990-EZ .			\$	92,667
P	art I	Revenu	e, Expenses, and Changes in	n Net Assets or Fund B	Balances	(see the in:	struction	is for	Part I.)
		Check if	the organization used Schedu	le O to respond to any o	uestion	in this Part I			
	1	Contributio	ns, gifts, grants, and similar amou	nts received	· · · · ·		· T	1	92,573
	2		ervice revenue including governm					2	, , , , , , , , , , , , , , , , , , ,
	3	-					.	3	
	4	Investmen	income					4	94
	5a	Gross amo	unt from sale of assets other than	inventory	5a				
	ь	Less cost	or other basis and sales expenses	s	5b				
	С	Gain or (lo		5c	0				
	6	Gaming ar							
	а	Gross inco	me from gaming (attach Schedule	G if greater than			1	- 1	
Revenue		\$15,000)			6a			ı	
6	b	Gross inco	me from fundraising events (not in	cluding \$	of con	tributions			
é		from fundr	aising events reported on line 1) (a	attach Schedule G if the					
_		sum of suc	h gross income and contributions	exceeds \$15,000) .	6b			İ	
	С		t expenses from gaming and fund		6c				
	d	Net income	or (loss) from gaming and fundra	ising events (add lines 6a	and 6b a	nd subtract			
	i	•		,			.	6d	0
	7a	Gross sale	s of inventory, less returns and all	owances	7a				
	Ь		of goods sold		7b			_	
	C		t or (loss) from sales of inventory				· -	7c	0
	8		nue (describe in Schedule O)				· :	8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7	c, and 8				9	92,667
	10	Grants and	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7 I similar amounts paid (list in School to or for members	edule 0)	RECE			10 11	
	11	Denema p	ilu to or for members			— .	· 1		
Ses	12	Salaries, c	ther compensation, and employee		רבט י	4	<u>ა</u> ⊢	12 13	
Expenses	13 14	Occupance	al fees and other payments to ind	ependent contractors	FEB 1	4 2013 · 🛚	\smile , \vdash	14	5,500
.X	45		 rent, utilities, and maintenance iblications, postage, and shipping 				&∥ ⊢	15	805
Ш	15 16	• • •	iblications, postage, and snippling inses (describe in Schedule O))GDF	N, UT	− ∦ ⊢	16	107,028
	17	•	nses (describe in Schedule O)			.v, U 1		17	113,333
_	40		(deficit) for the year (Subtract line	17 from line Q)	· · ·			18	-20,666
e ste	19						·	'"	-20,000
SS	'*	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)							117,413
Net Assets	20		ges in net assets or fund balance					19 20	111,410
Ž	21		or fund balances at end of year				_	21	96,747
Fo			ion Act Notice, see the separate in:			•		<u> 1</u>	Form 990-EZ (2011)

(HTA)

Pari	Check if the organization used Schedule O to re	spond to any question in	this Part II			1 1
	Origination and Contract Contr	opena to any queen) Beginning of year		(B) End of year
22	Cash assissa and investments		1.7	81,673	22	58,634
22	Cash, savings, and investments		· · · · -	01,073	23	30,034
23	Land and buildings		···	35,751	24	38,613
24	Other assets (describe in Schedule O)		· · ·	117,424	-	97,247
25	Total assets		· · ·	117,424		500
26	, , , , , , , , , , , , , , , , , , ,		-	117,413		96,747
27				117,413	-21	
Рa	t III Statement of Program Service Accomplis				/Ban	Expenses urred for section
	Check if the organization used Schedule O t	o respond to any question	n in this Part III	<u>· · · · </u>		c)(3) and 501(c)(4)
	t is the organization's primary exempt purpose? P				4 -	izations and section
	ribe the organization's program service accomplishing					(a)(1) trusts, optional
as m	easured by expenses. In a clear and concise manner	er, describe the services	provided, the number	er of	101 00	hers)
pers	ons benefited, and other relevant information for each	h program title.				
	Food was provided on a regular basis during the en				1	
	terminally ill in distress LFR is the only self-serve for	od pantry in the			l	
	area				l	
	(Grants \$ 61,666) If this amount	includes foreign grants, o	check here	▶ 🔲	28a	82,520
29						
					1	
•	(Grants \$) If this amount	includes foreign grants of	heck here	▶ [7]	29a	
20				<u> L.</u>	23a	
30					1	
					l	
	/O	includes foreign counts			l	
		includes foreign grants, o	neck nere .	· • L	30a	
31	Other program services (describe in Schedule O)				١	
	· · · · · · · · · · · · · · · · · · ·	includes foreign grants, o			31a	ļ <u>.</u>
	Total program service expenses. (add lines 28a t				32	82,520
Pa	rt IV List of Officers, Directors, Trustees, and I	(ev Employees, List each	one even if not comp	anastad laga tha .		
	Est of Officers, Directors, Traducto, and t	toy Employeest Electeda.	one even in not comp	ensaleo. (see ine i	nstruct	ions for Part IV)
	Check if the organization used Schedule O to			ensaled. (see the i	nstruct	ions for Part IV)
		respond to any question	(c) Reportable	(d) Health benefit	its	
	Check if the organization used Schedule O to		(c) Reportable compensation	(d) Health benefit	its	(e) Estimated amount of
		respond to any question (b) Title and average	(c) Reportable	(d) Health beneficontributions to employee benefit pl	its ans,	
	Check if the organization used Schedule O to	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	its ans,	(e) Estimated amount of
Ann	Check if the organization used Schedule O to (a) Name and address a Finley	(b) Title and average hours per week devoted to position Title President	(c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0-	(d) Health beneficontributions to employee benefit plant and deferred compen	its ans,	(e) Estimated amount of
Ann 381	Check if the organization used Schedule O to (a) Name and address a Finley N Main St Mars Hill NC 28754	(b) Title and average hours per week devoted to position Title President Hr/WK 10 00	(c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0-	(d) Health beneficontributions to employee benefit pl	its ans,	(e) Estimated amount of
Ann 381 Emil	Check if the organization used Schedule O to (a) Name and address a Finley N Main St Mars Hill NC 28754 ie Malajati	(b) Title and average hours per week devoted to position Title President Hr/WK 10 00 Title Treasurer	n this Part IV . (c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0	(d) Health beneficontributions to employee benefit plant and deferred compen	its ans,	(e) Estimated amount of
Ann 381 Emil	Check if the organization used Schedule O to (a) Name and address a Finley N Main St Mars Hill NC 28754 ie Malajati Stonecrest Dr Asheville NC 28803	(b) Title and average hours per week devoted to position Title President Hr/WK 10 00 Title Treasurer Hr/WK 5.00	n this Part IV . (c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0	(d) Health beneficontributions to employee benefit plant and deferred compen	its ans,	(e) Estimated amount of
Ann 381 Emil 111 Kare	Check if the organization used Schedule O to (a) Name and address a Finley N Main St Mars Hill NC 28754 ie Malajati Stonecrest Dr Asheville NC 28803 en Spradley	(b) Title and average hours per week devoted to position Title President Hr/WK 10 00 Title Treasurer Hr/WK 5.00 Title Secretary	(c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0	(d) Health beneficontributions to employee benefit pland deferred compen	its ans,	(e) Estimated amount of
Ann 381 Emil 111 Kare 53 S	Check if the organization used Schedule O to (a) Name and address a Finley N Main St Mars Hill NC 28754 ie Malajati Stonecrest Dr Asheville NC 28803 en Spradley it Dunstans Rd Asheville NC 28805	(b) Title and average hours per week devoted to position Title President Hr/WK 10 00 Title Treasurer Hr/WK 5.00 Title Secretary Hr/WK 5.00	(c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0	(d) Health beneficontributions to employee benefit plant and deferred compen	its ans,	(e) Estimated amount of
Ann: 381 Emil 111 Kare 53 S	Check if the organization used Schedule O to (a) Name and address a Finley N Main St Mars Hill NC 28754 ie Malajati Stonecrest Dr Asheville NC 28803 en Spradley it Dunstans Rd Asheville NC 28805 in Anastos	(b) Title and average hours per week devoted to position Title President Hr/WK 10 00 Title Treasurer Hr/WK 5.00 Title Secretary Hr/WK 5.00 Title Asst Secretary	(c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0	(d) Health beneficontributions to employee benefit pland deferred compen	its ans,	(e) Estimated amount of
Ann: 381 Emil 111 Kare 53 S	Check if the organization used Schedule O to (a) Name and address a Finley N Main St Mars Hill NC 28754 ie Malajati Stonecrest Dr Asheville NC 28803 en Spradley it Dunstans Rd Asheville NC 28805	(b) Title and average hours per week devoted to position Title President Hr/WK 10 00 Title Treasurer Hr/WK 5.00 Title Secretary Hr/WK 5.00 Title Asst Secretary Hr/WK 10 00	(c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0	(d) Health beneficontributions to employee benefit pland deferred compen	its ans,	(e) Estimated amount of
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Ann. 381 Emil 111 Kare 53 S Elle 398 Jen 18 C Milto Day 31 T Lela 20 J Julie 453	Check if the organization used Schedule O to (a) Name and address a Finley N Main St Mars Hill NC 28754 ie Malajati Stonecrest Dr Asheville NC 28803 en Spradley it Dunstans Rd Asheville NC 28805 n Anastos Sugar Hollow Rd Fairview NC 28730 y Brummett cabin Cove Rd Leicester NC 28748 on Corn ntain Meadow Circle Weaverville NC 28787 id Chestnut isha Lane Hendersonville NC 28792 nd edwards im Branch Rd Swannanoa NC 28778 a D Jemerson A Kenilworth Rd Asheville NC 28805	(b) Title and average hours per week devoted to position Title President Hr/WK 10 00 Title Treasurer Hr/WK 5.00 Title Secretary Hr/WK 5.00 Title Director Hr/WK 2.00 Title Director Hr/WK 2.00 Title Director Hr/WK 5.00 Title Director Hr/WK 10 00 Title Director	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0	(d) Health beneficontributions to employee benefit pland deferred compens	its ans,	(e) Estimated amount of
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State Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. □ 33 Dd the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 34 Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? 36 bit "Yes," to line 35s, has the organization filed a Form 990-Tif for the year? If "No," provide an explanation in Schedule O. 36 bit "Yes," to line 35s, has the organization of Index of Schedule N. 37 bit in the organization underson 501(c/4) 501(c)(5), or anization subject to section 603(s) entoined to the propring, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III 38 bit in the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such inosa made in a provi year and still outstanding at the end of the tax year covered by this return? 39 bit "Yes," complete Schedule L. Part II and enter the total amount involved. 39 cection 501(c/(3) organizations Enter. 30 a lot the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such inosa made in a prov year and still outstanding at the end of the tax year covered by this return? 30 bit "Yes," complete Schedule L. Part II and enter the total amount involved. 31 Section 501(c/(3) and 501(c)(4) organizations. Did the organization during the year under section 4911 P. 32 Section 501(c)(3) and 501(c)(4) organizations. Did the organizat			-18235	91	Page 3
30 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 31 Were any significant changes made to the organization of governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 32 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on line 2, 6, and 7a, ammong others)? 33 If yes, to lise 35a, has the organization field a Form 990 T for the year if If "No," provide an explanation in Schedule O. 34 If "Yes," to lise 35a, has the organization field a Form 990 T for the year? If If "No," provide an explanation in Schedule O. 35b	Part			e4 \ /	
33		instructions for Part V.) Check it the organization used Schedule O to respond to any question in t	IIS Fa		N _O
detailed description of each activity in Schedule O. Were any spinificant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) It is not should be organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? It is like organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? It is like organization section 501(c)(4), 501(c)(5), 507(c)(6) organization subject to section 6033(e) notice organization are organization filed a form 990-1 for the year? If "Yes," complete Schedule C, Part III organization organization organization organization organization organization organization filed applicable pairs of Schedule N If "Yes," complete specification individual into instructions. ▶ 137a 36c X If the organization file Form 1120-POL for this year? If "Yes," complete specification individual into instructions. ▶ 137a 37b X If "Yes," complete specification into instruction organization of net assets with which let, Part II and enter the total amount involved. If "Yes," complete specification into instruction organization of the tax year covered by this return? If "Yes," complete specification included on line 9 If "Yes," complete specification included on line 9 Section 501(c)(3) organizations. Enter amount of tax mount of tax miprosed on the organization during the year undersection any of its prior forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I. It be organization and again or specification have an interest in or a signature or other authority over a financial account in a foreign country. ▶ Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax inposed on organization organizati	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	Γ	163	110
as Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among othersy? b if "Yes," to line 35a, has the organization filled a Form 990-1 for the year /if "No," provide an explanation in Schedule 0. Was the organization or section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(4) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 55. Did the organization organization and individes applicable parts of Schedule N Tester amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37b 37			33		Х
schoninge on Schedule O (see instructions) 38 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes," bit in 35a, has the organization file of form 990-T for the year? If "No," provide an explanation in Schedule O \$5b	34				
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)?					
activities (such as those reported on lines 2, 6a, and 7a, among others)? b if "Yes," bine \$3a, has the organization flad a form 990-Tic the year? If "No," provide an explanation in Schedule 0. c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) or 501(c)(6) organization subject to section 6033(e) notice, resporting, and provy tax requirements during the year? If "Yes," completes Schedule C, Part II II 36 Did the organization undergo a laquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spaticable parts of Schedule N, and solution of the provided and the provided applicable parts of Schedule N and solution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule P, Dear II II and enter the total amount involved. 37 a Did the organization file Form 1120-POL for this year? 38 a Did the organization file Form 1120-POL for this year? 39 Section 501(c)(7) organizations. Enter amount of the tax year covered by this return? 38a	05 -		34		<u> </u>
b If "Yes," to line \$5a, has the organization field a Form 990-T for the year /!! "No." provide an explanation in Schedule 0. Vas the organization is escention 501(c)(i), 501(c)(i) or 301(c)(i) or 3	35 a		352		x
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 36. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions, Part III 36. 38 b Did the organization political expenditures, direct or indirect, as described in the instructions, Part III 37. 38 a Did the organization file Form 1120-POL for this year? 39 b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b II "Yes," complete Schedule II. Part II and enter the total amount involved. 39 Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under: section 4911 P , section 4912 P ; section 4912 P ; section 4912 P ; section 4912 P ; section 4913 P ; section 4914 P ; section 4912 P ; section 4915 P ; section 491	b				
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a 37b					
dunng the year? If "Yes," complete applicable parts of Schedule N 7 a Enter amount of pointed expenditures, direct or indirect, as described in the instructions. ▶ 37a			35c		X
The amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37b	36			,	
b Did the organization flor Form 1120-POL for this year? 8 a Did the organization borrow from, or make any bians to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 9 if "Yes," complete Schedule L. Part II and enter the total amount involved. 10 if "Yes," complete Schedule L. Part II and enter the total amount involved. 11 initiation fees and capital contributions included on line 9 in problems of club facilities. 12 initiation fees and capital contributions included on line 9 in public use of club facilities. 13			36		<u> </u>
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38 b Section 501(c)(7) organizations Enter. 39 cection 501(c)(7) organizations Enter. 39 b Gross receipts, included on line 9, for public use of club facilities. 39 b Gross receipts, included on line 9, for public use of club facilities. 39 b Gross receipts, included on line 9, for public use of club facilities. 39 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year under: section 4911 ▶ section 4912 ▶ section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and the transaction? If "Yes," complete Form 8886-T. 10 Extension 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and the transaction and the states with which a copy of this return is filed. ▶ NC 11 List the states with which a copy of this return is filed. ▶ NC 12 The organization of this return is filed. ▶ NC 13 Elephone no	_		275		V
any such loans made in a pror year and still outstanding at the end of the tax year covered by this return?. 38			3/6		
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 38ction 501(c)(7) aganizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities. 39a 38b 38	JU a		38a		х
39 Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities. 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year under: section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year under: section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization in a foreign complete form 8886-T. List the states with which a copy of this return is filed. ▶ NC 11 List the states with which a copy of this return is filed. ▶ NC 12 The organization's books are in care of ▶ Shirley Wood 12 List the states with which a copy of this return is filed. ▶ NC 13 Kentivorth Rd	ь		100		
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b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ in **es*, complete Schedule L, Part I. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T. List the states with which a copy of this return is filed. ▶ NC 12 P+ 4 ▶ 28863 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ▶ 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 445 Did the organization have a controlled entity within the meaning	40 a		1		
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1. c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organization At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed. NC Telephone no (828) 255-9282 Located at 128 Kenitworth Rd City Asheville ST. NC ZIP + 28803 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U S.? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U S.? If "Yes," enter the name of the foreign country the section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Yes No 144a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? 44b X 45 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45					
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		Form 990-E∠ (see instructions)		l. lgn.⊏:	

Form 9	90-EZ (2011) Loving food Resources, II	nc			06-1823591 Page 4						
46	Did the organization engage, directly or indirect	h, in political campaign as	ctivities on behalf of o	r in apposition	Yes No						
70	to candidates for public office? If "Yes," comple				46 X						
Part	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI										
	Check if the organization used conte	- to respond to an	y question in another		Yes No						
47	Did the organization engage in lobbying activities year? If "Yes," complete Schedule C, Part II.		-	_							
48	Is the organization a school as described in sec		=								
49 a	Did the organization make any transfers to an exempt non-charitable related organization?										
50	If "Yes," was the related organization a section 527 organization?										
30	employees) who each received more than \$100	-			*						
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation						
Name	None Str	Title									
City		Hr/WK .00									
Crty		Title Hr/WK .00									
Name		Title									
Cit		Hr/WK .00									
Name	Str	Title									
Cit		Hr/WK .00									
Name		Title Hr/WK .00									
51	Total number of other employees paid over \$10 Complete this table for the organization's five hi \$100,000 of compensation from the organization	ighest compensated indep	pendent contractors w	who each received mo	re than						
	(a) Name and address of each independent contractor pai	d more than \$100,000	(b) Type of servi	Ce (C) Compensation						
	None Str										
Cit		ZIP									
City		ZIP									
Name											
Crt		ZIP									
Name		ZIP									
Crt		ZIP									
Cit		ZIP									
d 52	Total number of other independent contractors Did the organization complete Schedule A? No nonexempt charitable trusts must attach a com	te: All section 501(c)(3) o	organizations and 494	7(a)(1)	▶X Yes No						
	penalties of perjury, I declare that I have examined this return, prect, and complete. Declaration of pageares other than office	including accompanying schedul	les and statements, and to t	he best of my knowledge ar							
	Mulante	food		L á	17/13						
Sign				Date	, , , , ,						
Here	Shilrey Wood Type or print name and title	·		Treasurer							
	Print/Type preparer's name	Preparer's signature	Ma 2 Date	1 1 17	PTIN						
Paid	IMAD'LLL MACIENE	L'EPAR	- ZF	7/2013 Check 4	1/01441456						
•	Firm's name Accounts A	chievable	 	Firm's EIN ▶ 4	15-3528912						
	Only Firm's address > 5 % OLD	FOIZT Rd. FA:	12010-	8'Bd Phone no. 82							
May	the IRS discuss this return with the preparer sho	wn above? See instruction	ns		► Yes No Form 990-EZ (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.

aritable trust. ►See separate instructions. OMB No 1545-0047

2011

Open to Public Inspection

56-1823591

Department of the Treasury Internal Revenue Service Name of the organization

Loving food Resources, Inc.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspec

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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 4 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). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III-Functionally integrated 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 f organization, check this box . . . 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 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) (ii) EIN (iii) Type of organization (iv) is the organization (vii) Amount of (i) Name of supported (v) Did you notify organization (described on lines 1-9 m col (i) listed in your the organization in organization in col above or IRC section governing document? col (i) of your (I) organized in the (see instructions)) 1157 support? Yes (A) 0 (B) 0 (C) 0 (D) 0 (E) 0

	ule A (Form 990 or 990-EZ) 2011 Loving food Res					56-1823591	Page Z
Par							
	(Complete only if you checked the						under
	Part III. If the organization fails to o	qualify under t	he tests liste	d below, pleas	se complete F	Part III.)	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(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	Tax revenues levied for the organization's				-		
	benefit and either paid to or expended on	1					
	its behalf						0
3	The value of services or facilities					1	
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	. 0	0	0	0
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,					1	
e	column (f)						0
Soci	tion B. Total Support					L	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	• • • • • • • • • • • • • • • • • • • •						
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,					1	
	payments received on securities loans, rents, royalties and income from similar						
	sources			;		1	0
9	Net income from unrelated business						
•	activities, whether or not the business is						
	regularly carried on	1					0
10	Other income. Do not include gain or		·				
	loss from the sale of capital assets						
	(Explain in Part IV)					1	0
11	Total support. Add lines 7 through 10.						0
12	Gross receipts from related activities, etc. (s	ee instructions)	1			12	
13	First five years. If the Form 990 is for the or	rganızatıon's fin	st, second, thi	d, fourth, or fift	h tax year as a	section 501(c)	(3)
	organization, check this box and stop here						. ▶∐
Sec	tion C. Computation of Public Support	Percentage					
14	Public support percentage for 2011 (line 6, o		ed by line 11,	column (f)) .		14	0.00%
15	Public support percentage from 2010 Sched					15	0.00%
16a	33 1/3% support test-2011. If the organization	ation did not ch	eck the box or	n line 13, and fii	ne 14 is 33 1/3	% or more, che	ck this box
	and stop here. The organization qualifies as						▶∐
b	33 1/3% support test—2010. If the organize				and line 15 is 3	3 1/3% or more	, check this
	box and stop here. The organization qualifie	es as a publicly	supported org	janization .		•	. ▶∐
17a	10%-facts-and-circumstances test-2011	. If the organiza	ation did not ch	neck a box on li	ne 13, 16a, or	16b, and line 14	4
	is 10% or more, and if the organization mee	ts the "facts-and	d-circumstanc	es" test, check	this box and s	top here. Expl	aın ın
	Part IV how the organization meets the "fact						
	organization						▶□
b	10%-facts-and-circumstances test—2010						
	15 is 10% or more, and if the organization m						xplain in
	Part IV how the organization meets the "fact	ts-and-circumst	ances" test Ti	ne organization	qualifies as a	publicly	

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

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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕒	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		67.427	93,994	93,815	92,573	247 940
2	· •		67,437	93,994	93,013	92,573	347,819
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished	ļ		ŀ			
	in any activity that is related to the		1	1		ļ	
	organization's tax-exempt purpose		ł	1	1	i	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on	ļ				•	
	ıts behalf						0
5	The value of services or facilities	}	1		j	1	
	furnished by a governmental unit to the		1			i	
_	organization without charge		07.407	00.004	90.045	00.570	0
6	Total. Add lines 1 through 5	0	67,437	93,994	93,815	92,573	347,819
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
	Amounts included on lines 2 and 3 received						
b	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		1				
	amount on line 13 for the year						0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6)	<u></u>					347,819
	tion B. Total Support		·····				
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	o	67,437	93,994	93,815	92,573	347,819
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources		465	325	200	94	1,084
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					ŀ	_
	acquired after June 30, 1975						0
_	Add lines 10a and 10b	0	465	325	200	94	1,084
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)					1	.0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	67,902	94,319	94,015	92,667	348,903
14	First five years. If the Form 990 is for the organization	ition's first, secor	nd, third, fourth, o	or fifth tax year a	s a section 501(d	c)(3)	. —
	organization, check this box and stop here .		· · · · ·		· · ·	· · · · ·	<u> </u>
	tion C. Computation of Public Support					···	
15	Public support percentage for 2011 (line 8, column	``				15	99.69%
16	Public support percentage from 2010 Schedule A,			<u> </u>		16	0.00%
	tion D. Computation of Investment Inco			(0)		47	0.249/
17	Investment income percentage for 2011 (line 10c, o		-	ımn (1)) .	•	17	0.31% 0.00%
18	Investment income percentage from 2010 Schedul				 In than 22 1/20/	18 17 is	0.00%
19a	33 1/3% support tests—2011. If the organization of not more than 33 1/3%, check this box and stop he						►X
b	33 1/3% support tests—2010. If the organization of						- L
-	line 18 is not more than 33 1/3%, check this box ar						▶□
20	Private foundation. If the organization did not che	•				=	▶□

Schedule A (Form	990 or 990-EZ) 2011	Loving food Resor	urces, Inc			56-1823591	Page 4
Part IV	Supplemental	Information. Com or 17b; and Part I	plete this part	to provide the complete this i	explanations requipart for any addition	ired by Part II, line	10;
	instructions).						
							•••••
							· • • • • • • • • • • • • • • • •
				••••			

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

(HTA)

Inspection Employer identification number

Schedule L (Form 990 or 990-EZ) 2011

Loving food	Resources, Inc					_	56	-18235	91			_
Part I	Excess Benefit Transaction									_		
	Complete if the organization a	answered	"Yes" on	Form 990, Part IV	/, line 25a c	or 25b, or	Form	990-E	Z, Par	t V, lin		
1	(a) Name of disqualified person				(b) Descrip	tion of trans	saction				(c) Cor	rected?
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
	ter the amount of tax imposed or der section 4958	n the orga	inization	managers or disqu	alified pers	ons duri	ng the	year	•	\$		
3 En	ter the amount of tax, if any, on I	ine 2, abo	ove, reim	bursed by the orga	ınızation				. •	\$		
Part II	Loans to and/or From Interest Complete if the organization a			Form 990, Part IV	/, line 26, o	r Form 9	90-EZ	, Part \	/, line	38a.		
(a) Name of interested person and purpose			to or from anization?	(c) Onginal principal amount	(d) Balar	(d) Balance due		(e) in default?		proved and or nttee?		
		То	From		1		Yes	No	Yes	No	Yes	No
(1)				(0						
(2)						0						
(3)						0						
(4)					<u></u>	0						
(5)						0						
(6)			T)}	. 0						
(7)						0						
(8)						0						
(9)			<u> </u>		X	0						
(10)			<u></u>			0						
Total .		<u> </u>		<u>.</u> ▶ \$	<u> </u>	0						
Part III	Grants or Assistance Beneficial Complete if the organization a				/, line 27							
,	(a) Name of interested person	(b) F	Relationship	between interested per organization	rson and the		(c) A	mount a	nd type	of assist	ance	
(1)												
(2)		T					<u> </u>					
(3)							7					
(4)												
(5)						1						
(6)								$\overline{}$				
(7)												
(8)	·											
(9)		_										
(10)										$\overline{\lambda}$		
For Paperw	ork Reduction Act Notice, see the	Instructio	ns for Fo	rm 990 or 990-EZ.				Schedu	le L (Fo	m 99∂√	or 990-E	Z) 2011

Part IV	Business Transactions Invol- Complete if the organization ar	ving Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a, 28	b, or 28c		
(1	a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
	 			· · · · · · · · · · · · · · · · · · ·	Yes	No
(1)		··	0	· ·=···	 	
(2) (3)	<u> </u>		0		 	<u> </u>
(4)		<u> </u>	o			
(5)			ő			
(6)			0			
(7)			0			
(8)			0			
(9)			0			
(10)			0			
Part V	Supplemental information Complete this part to provide a	dditional information for re	sponses to questions	on Schedule L (see instruction	ns)	
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					-	
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			.\			
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	·	· · · · · · · · · · · · · · · · · · ·				

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received 61,073 1 Contributions 2 Noncash contributions 31,500 3 3 Membership dues and assessments (contributions from the public) . 4 Government contributions (grants) 5 5 Commercial co-venture 6 Special events contributions (Line 6 - Special Events) 6 7 Associated organization contributions 7 8 8 9 9 10 10 92,573 11 Total Part I, Line 4 (990-EZ) - Investment Income 1 Interest on savings and temporary cash investments 94 2 Dividends and interest from securities 3 Gross rents 3 4 4 Other investment income 94 5 Total

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees Page 1 of of Part IV Employer identification number Name of Organization 56-1823591 Loving food Resources, Inc. Reportable Contributions to emp Estimated amount of Name and title Average hours per week compensation benefit plans & (Form W-2/1099-MISC) other compensation devoted to position deferred compensation (if not paid, enter -0-.) Jeffrey Whitridge 0 Director 2.00 Bessie Tomlin 0 2.00 Director Sally Martin ol 0 Director 2.00 00 0 0 00 0 .00 0 0 00 .00 0 00 0 0 0 0 0 .00 0 0 00 00 0 0 .00 ol 0 0 0 0 .00 .00 0 0 ol 0 00 0 .00 0 .00 0 0