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## Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	932 22	600
23 Land and buildings	0 23	0
24 Other assets (describe in Schedule O)	0 24	0
<b>25 Total assets</b>	<b>932 25</b>	<b>600</b>
<b>26 Total liabilities (describe in Schedule O)</b>	<b>0 26</b>	<b>0</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	<b>932 27</b>	<b>600</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? FUND RATSTNG

What is the organization's primary exempt purpose? FUND RAISING  
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**28 SEE ATTACHMENT #1**

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

29	(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a
30	(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
31	(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a
32	Other program services (describe in Schedule O)		
	(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a)	► <input type="checkbox"/>	32

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, & deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT #2	#3			

**Part V 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

	Yes	No
33 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	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
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, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	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	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>	37a	
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, 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 in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► <b>NONE</b>		
42a The organization's books are in care of ► <b>SEE ATTACHMENT #4</b> Telephone no ► _____ Located at ► _____		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	X
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 ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>	43	X
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

	Yes	No
47		X
48		X
49a		X
49b		X

(a) Name and title of each employee paid more than \$100,000	(b) 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
NONE				

f Total number of other employees paid over \$100,000 ►

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

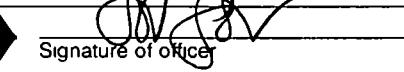
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ►

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

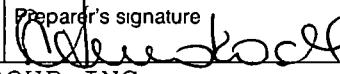
►  Yes  No

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

Sign Here ► Signature of officer  Date 7/21/15

LOVERN AUGUSTINE PRESIDENT

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name CATARINA ANDRADE	Preparer's signature 	Date 9/8/14	Check <input type="checkbox"/> if self-employed	PTIN P00342832
	Firm's name ► HRB TAX GROUP INC			Firm's EIN ► 431871840	
	Firm's address ► 165 WESTGATE DR STE A			Phone no 508-588-5659	

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

►  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**Name of the organization**

LOVE LIFE NOW FOUNDATION, INC

**Employer identification number**  
453580292

**Part I Reason for Public Charity Status** (All organizations must complete this part) See instructions

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

1  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)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  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 )  
 9  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 )  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  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      d  Type III-Non-functionally integrated  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h Provide the following information about the supported organization(s).

	<b>Yes</b>	<b>No</b>
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization in col. (i) organized in the U S ?	(vii) Amount of monetary support
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2012

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

LOVE LIFE NOW FOUNDATION, INC

Employer identification number

453580292

OTHER EXPENSES (EOEZ PG 1 LINE 16)

FOOD AND MEALS 447

FUNDRAISING EXPENSES 8382

MISC PERSONAL CARE ITEMS 55

BANK FEES 48

CARITABLE CONTRIBUTIONS 1149

SUPPLIES 81

OTHER OPERATIONS 135

ADVERTISING EXPENSES 456

OTHER COST 35

INTERNET 10

## 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC			
INSPECTION	For calendar year 2012 or tax period beginning	07-01-2012, and ending	06-30-2013
Name of Organization	Employer Identification Number		
LOVE LIFE NOW FOUNDATION, INC	453580292		

### Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	<input type="checkbox"/>	Program service expenses
Exempt Purpose Achievements			

LOVE LIFE NOW FOUNDATION, INC IS A NON-PROFIT ORGANIZATION DEDICATED TO IMPROVING THE LIVES OF VICTIMS AND SURVIVORS OF DOMESTIC VIOLENCE. THE FOUNDATION ALSO SEEKS TO BRING AWARENESS AGAINST DOMESTIC VIOLENCE (DV.) THROUGH INNOVATIVE INITIATIVES AND PROJECTS THAT RAISE FUNDS TO HELP OUR PROGRAMS WE SEEK TO FURTHER AND WILL ALSO HELP BENEFIT DOMESTIC VIOLENCE SHELTERS AND PROGRAMS IN THE NEW ENGLAND AREA.

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC

INSPECTION	For calendar year 2012 or tax period beginning		07-01-2012, and ending	06-30-2013
Name of Organization			Employer Identification Number	
LOVE LIFE NOW FOUNDATION, INC			453580292	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben. plans & def. comp.	(E) Expense account & other compensation
LOVERN AUGUSTINE PRESIDENT	20.00	0	0	0
SEE COMP. EXPL. #1 DEBBIE JOHNSON CLERK	2.00	0	0	0
SEE COMP. EXPL. #2 SAM FISCHER DIRECTOR	2.00	0	0	0
ANTONIO ARRENDEL DIRECTOR	2.00	0	0	0

**990 COMPENSATION EXPLANATION**

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV, OFFICER COMPENSATION EXPLANATION

OPEN TO PUBLIC	INSPECTION	For Calendar year 2012, or tax year period beginning	07-01-2012	and ending	06-30-2013
Name of Organization		Employer Identification Number			
LOVE LIFE NOW FOUNDATION, INC		453580292			
Name	Explanation				
OFFICER COMP. EXPLN. #1 LOVERN AUGUSTINE					
OFFICER COMP. EXPLN. #2 DEBBIE JOHNSON					

## 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC			
INSPECTION	For calendar year 2012 or tax period beginning	07-01	, and ending
Name of Organization		Employer Identification Number	
LOVE LIFE NOW FOUNDATION, INC		453580292	
Part V - Line 42a			

Individual Name \_\_\_\_\_  
or \_\_\_\_\_

Business Name \_\_\_\_\_  
\_\_\_\_\_

Street Address \_\_\_\_\_  
\_\_\_\_\_

U.S. Address \_\_\_\_\_  
\_\_\_\_\_

Zip code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
or \_\_\_\_\_

Foreign Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_  
\_\_\_\_\_

Province or State \_\_\_\_\_  
\_\_\_\_\_

Country \_\_\_\_\_  
\_\_\_\_\_

Postal code \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_  
\_\_\_\_\_

Fax Number \_\_\_\_\_  
\_\_\_\_\_

## 2012 DETAIL STATEMENTS

LOVE LIFE NOW FOUNDATION, INC  
453580292

PAGE 1

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### STATEMENT #1 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

FOOD AND MEALS.....	447
FUNDRAISING EXPENSES.....	8,382
MISC PERSONAL CARE ITEMS.....	55
BANK FEES.....	48
CHARITABLE CONTRIBUTIONS.....	1,149
SUPPLIES.....	81
OTHER OPERATIONS.....	135
ADVERTISING EXPENSES.....	456
OTHER COST.....	35
INTERNET.....	10
 TOTAL CARRIED TO EOEZ PG 1 LINE 16.....	10,798

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