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# Short Form

## Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning

and ending

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

LOVEWORKS LEADERSHIP, INC.

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 721055

D Employer identification number

27-4025891

E Telephone number

405-397-9576

F Group Exemption

Number ►

G Accounting Method:  Cash  Accrual Other (specify) ►I Website: ► [WWW.LOVEWORKSOUTREACH.COM](http://WWW.LOVEWORKSOUTREACH.COM)J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ► (insert no.)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 160,129.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

1	Contributions, gifts, grants, and similar amounts received	1	118,682.
2	Program service revenue including government fees and contracts	2	13,871.
3	Membership dues and assessments	3	
4	Investment income	4	7.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events	6a	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	21,196.
b	Gross income from fundraising events (not including \$ 27,143. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	1,223.
c	Less: direct expenses from gaming and fundraising events	6d	19,973.
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less: cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	6,373.
8	Other revenue (describe in Schedule O)	9	158,906.
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	
10	Grants and similar amounts paid (list in Schedule O)	11	
11	Benefits paid to or for members	12	
12	Salaries, other compensation, and employee benefits	13	
13	Professional fees and other payments to independent contractors	14	7,223.
14	Occupancy, rent, utilities, and maintenance	15	567.
15	Printing, publications, postage, and shipping	16	114,916.
16	Other expenses (describe in Schedule O)	17	122,706.
17	<b>Total expenses.</b> Add lines 10 through 16	18	36,200.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	26,414.
19	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)	20	-9,667.
20	Other changes in net assets or fund balances (explain in Schedule O)	21	52,947.
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

**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	18,695.	22 52,268.
23	Land and buildings		23
24	Other assets (describe in Schedule O)	19,859.	24 14,702.
25	Total assets	38,554.	25 66,970.
26	Total liabilities (describe in Schedule O)	12,140.	26 14,023.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,414.	27 52,947.

**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? SEE SCHEDULE O

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

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

**28 SEE SCHEDULE O**

28a 44,949.

29a 24,664.

**29 SEE SCHEDULE O**

30a 703.

**30 SEE SCHEDULE O**

31a 32 70,316.

**31 Other program services (describe in Schedule O)**

31a 70,316.

**32 Total program service expenses (add lines 28a through 31a)**

32 70,316.

**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, and deferred compensation	(e) Estimated amount of other compensation
CLARK MITCHELL	40.00	0.	0.	0.
PRESIDENT				
ROBIN MITCHELL	40.00	0.	0.	0.
EXECUTIVE VICE PRESIDENT				
BEVAN HOUSTON	40.00	0.	0.	0.
VICE PRESIDENT				
JONATHAN VEAL	40.00	0.	0.	0.
TREASURER				
CATHERINE BRINKLEY	40.00	0.	0.	0.
SECRETARY				
SAM WAMPLER	40.00	0.	0.	0.
MEMBER	0.00	0.	0.	0.
BRYAN WALDENVILLE				
MEMBER	0.00	0.	0.	0.
CHERYL MORRIS				
MEMBER	0.00	0.	0.	0.
TIM MORRIS				
MEMBER	0.00	0.	0.	0.
MICHAEL HIRSCH				
MEMBER	0.00	0.	0.	0.
JULIE GLASCO				
MEMBER	0.00	0.	0.	0.

**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 Sch. O to respond to any question in this Part V

	<b>Yes</b>	<b>No</b>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	► 37a	0.
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a 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?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	39a	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9	39b	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	39b	<input type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
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	► 0.	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	► 0.	
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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ► <u>OK</u>		
42a The organization's books are in care of ► <u>JULIE GLASCO</u> Telephone no. ► <u>405-397-9576</u> Located at ► <u>P.O. BOX 721055, NORMAN, OK</u> ZIP + 4 ► <u>73070</u>		
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)?	42b	<input checked="" type="checkbox"/>
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c	<input checked="" type="checkbox"/>
43 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	► 43	► <input type="checkbox"/>
N/A		

	<b>Yes</b>	<b>No</b>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  Yes  No  
If "Yes," complete Schedule C, Part I

46 

**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 Sch. C, Part II  Yes  No

47 

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Yes  No

48 

49a Did the organization make any transfers to an exempt non-charitable related organization?  Yes  No

49a 

b If "Yes," was the related organization a section 527 organization?  Yes  No

49b 

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

(a) Name and title of each employee	(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
<b>NONE</b>				

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." **NONE**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

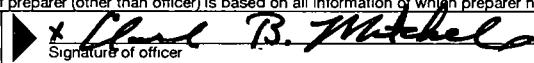
d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt

►  Yes  No

charitable trusts must attach a completed Schedule A

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

<b>Sign Here</b>		Date
	<b>CLARK MITCHELL, PRESIDENT</b>	
Type or print name and title		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>W. LYNDYL LACKEY</b>		<b>8/18/14</b>		<b>P00234298</b>
	Firm's name ► <b>HOGANTAYLOR LLP</b>		Firm's EIN ► <b>73-1413977</b>		
Firm's address ► <b>11600 BROADWAY EXTENSION, SUITE 300 OKLAHOMA CITY, OK 73114</b>		Phone no. <b>(405) 848-2020</b>			

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

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.

► **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2013

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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**Name of the organization**

**Employer identification number**

## LOVeworks Leadership, Inc.

27-4025891

**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

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

1 HA E

For more information on the Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

**Schedule A (Form 990 or 990-EZ) 2013**

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			242,324.	160,500.	118,682.	521,506.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3			242,324.	160,500.	118,682.	521,506.
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)						23,858.
<b>6 Public support.</b> Subtract line 5 from line 4						497,648.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4			242,324.	160,500.	118,682.	521,506.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			49.	26.	7.	82.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				584.	6,373.	6,957.
<b>11 Total support.</b> Add lines 7 through 10						528,545.
<b>12 Gross receipts from related activities, etc. (see instructions)</b>				12		13,871.

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12

Also complete this part for any additional information (See instructions)

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

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2013

**Open To Public  
Inspection**

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**Name of the organization**

Employer identification number  
27-4025891

## LOVEWORKS LEADERSHIP, INC.

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

**Total**

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

	(a) Event #1 MICHAEL JR. FUNDRAISING (event type)	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through col (c))
				(total number)
Revenue	1 Gross receipts	48,339.		48,339.
	2 Less Contributions	27,143.		27,143.
	3 Gross income (line 1 minus line 2)	21,196.		21,196.
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses	1,223.		1,223.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			► 1,223.
	11 Net income summary. Subtract line 10 from line 3, column (d)			► 19,973.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d)			►
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)			►

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_  
\_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** **Supplemental Information** (continued)

**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

LOVWORKS LEADERSHIP, INC.

Employer identification number  
27-4025891

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

<u>DESCRIPTION OF PROPERTY:</u>	<u>AMOUNT:</u>
<u>INTEREST</u>	7.

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

<u>DESCRIPTION OF OTHER REVENUE:</u>	<u>AMOUNT:</u>
<u>MISCELLANEOUS INCOME</u>	6,373.

**FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:**

<u>DESCRIPTION OF EXPENSES:</u>	<u>AMOUNT:</u>
<u>DEPRECIATION</u>	6,364.
<u>OTHER EXPENSES</u>	859.
<u>TOTAL TO FORM 990-EZ, LINE 14</u>	7,223.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
<u>ADMINISTRATIVE EXPENSE</u>	31,334.
<u>AFTER SCHOOL PROGRAM EXPENSE</u>	44,949.
<u>COMMUNICATIONS</u>	6,625.
<u>INSURANCE</u>	4,537.
<u>LEADERSHIP CLASS PROGRAM EXPENSE</u>	703.
<u>TRAVEL</u>	2,104.
<u>SUMMER CAMP PROGRAM EXPENSE</u>	24,664.
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	114,916.

**FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:**

**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

LOVEWORKS LEADERSHIP, INC.

Employer identification number  
27-4025891

**CHANGES IN NET ASSETS OR FUND BALANCES:** **AMOUNT:**

**PRIOR PERIOD ADJUSTMENT** **-9,667.**

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

<b>DESCRIPTION</b>	<b>BEG. OF YEAR</b>	<b>END OF YEAR</b>
OTHER DEPRECIABLE ASSETS	19,859.	14,702.

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

<b>DESCRIPTION</b>	<b>BEG. OF YEAR</b>	<b>END OF YEAR</b>
ACCOUNTS PAYABLE	0.	1,882.
START UP LOAN	12,140.	12,141.
<b>TOTAL TO FORM 990-EZ, LINE 26</b>	<b>12,140.</b>	<b>14,023.</b>

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - LOVEWORKS, INC. IS AN  
ORGANIZATION THAT HELPS PEOPLE DISCOVER THEIR POTENTIAL AND LIVE INTO  
THEIR DREAMS. WE HAVE CREATED ACADEMIC, LEADERSHIP AND COMMUNITY  
PROGRAMS THAT WILL IMPACT NORMAN, OKLAHOMA AND BEYOND. THROUGH OUR  
AFTERSCHOOL PROGRAMS, LEADERSHIP TRAINING, COMMUNITY INITIATIVES, AND  
SUMMER LEADERSHIP CAMPS WE BELIEVE WE CAN SEE LIVES TRANSFORMED.**

**FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:**

**AFTERSCHOOL LEADERSHIP:**

**THE VISION OF LOVEWORKS LEADERSHIP, INC. IS TO DEVELOP  
LEADERS ONE CHILD AT A TIME. WE FOCUS ON CREATING LEADERSHIP AND  
ACADEMIC EXPERIENCES THAT WILL ENABLE A STUDENT TO DEVELOP THEIR UNIQUE  
CAREER INTERESTS, DEVELOP THEIR CHARACTER AND ACHIEVE GREATER ACADEMIC**

**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

LOVEWORKS LEADERSHIP, INC.

Employer identification number

27-4025891

PERFORMANCE. WE ALSO SPECIFICALLY TARGET UNDERACHIEVING STUDENTS FROM GRADES 6-8. SOME OF THESE STUDENTS MAY BE AT-RISK OF NOT COMPLETING SCHOOL; HAVE A HISTORY OF POOR LIFE CHOICES; HAVE EXCESSIVE SCHOOL ABSENCES, BEHAVIORAL ISSUES, OR ARE UNPREPARED ACADEMICALLY TO ENTER THE NEXT GRADE LEVEL. BY PROVIDING A SAFE ENVIRONMENT, POSITIVE ROLE MODELS, AND ACTIVITIES FOCUSED TOWARDS CHARACTER DEVELOPMENT, WE ARE DEVELOPING STUDENTS WHO CAN ACHIEVE THEIR LIFE POTENTIAL AND LEAVE A POSITIVE CONTRIBUTION WITH OUR COMMUNITY.

AFTERSCHOOL LEADERSHIP: 6TH-8TH GRADE STUDENTS

HOSTED AT THE LOVEWORKS CENTER ON SELECT DAYS FROM 4:00PM - 6:00PM

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

SUMMER LEADERSHIP CAMP:

THIS UNFORGETTABLE AND POWERFUL CAMP EXPERIENCE WILL INSPIRE STUDENTS TO DISCOVER THEIR POTENTIAL THROUGH HANDS-ON LEARNING PROJECTS TAILORED TOWARD INTEREST GROUPS. EACH STUDENT PARTICIPATES IN A CONCEPT AREA OF THEIR CHOOSING THE WEEK OF CAMP, INCLUDING: CULINARY, MUSIC, ARCHITECTURE, FASHION, ENTREPRENEURSHIP, ATHLETICS, JOURNALISM AND MORE. LOCAL COMMUNITY PROFESSIONALS LEAD STUDENTS THROUGH ACTIVITIES THAT ALLOW THEM TO LEARN THE ART AND SKILL ASSOCIATED WITH THESE AREAS OF INTEREST. THE CAMP EXPERIENCE CULMINATES IN COMPLETING REAL-LIFE PROJECTS THAT GIVE THE STUDENTS A TANGIBLE UNDERSTANDING OF POTENTIAL CAREER PATHS.

LEADERSHIP CAMP: COMPLETED 5TH-7TH STUDENTS

HOSTED AT THE LOVEWORKS CAMPUS ON SELECT DAYS DURING THE MONTH OF JUNE.

## 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

LOVEWORKS LEADERSHIP, INC.

Employer identification number

27-4025891

### FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

#### LEADERSHIP CLASSES:

HOSTED DURING SCHOOL HOURS, IN THESE CLASSES STUDENTS

ENGAGE IN INTERACTIVE AND REMARKABLE LEADERSHIP LESSONS THAT TEACH THE

FUNDAMENTALS OF BEING A LEADER AND BUILDING CHARACTER. STUDENTS LEARN

FROM DIFFERENT ELEMENTS SUCH AS MEDIA, MUSIC, AND HABITUDES CURRICULUM

DEVELOPED BY GROWING LEADERS. STUDENTS HAVE THE OPPORTUNITY TO EXPRESS

THEIR INDIVIDUAL INTERESTS THROUGH CREATIVE OUTLETS THAT MAKE THE

CLASSES AND LESSONS MEMORABLE AND FUN!

ELEMENTARY SCHOOL LEADERSHIP CLASSES: 5TH GRADE STUDENTS

\*4TH GRADE STUDENTS ARE ELIGIBLE TO ATTEND LEADERSHIP AFTER SPRING

BREAK

MIDDLE SCHOOL LEADERSHIP CLASSES: 6TH-8TH GRADE STUDENTS

HOSTED IN PARTNERSHIP AT ON-SITE SCHOOL LOCATIONS.

### FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



## OKLAHOMA SECRETARY OF STATE

Larry V. Parman  
Secretary of State

2300 N Lincoln Blvd, Room 101  
Oklahoma City, OK 73105-4897

Mary Fallin  
Governor

July 17, 2013

### STATEMENT

Page 1 of 1

LOVWORKS OUTREACH INC  
PO BOX 721055  
NORMAN OK 73070 - 4815

**Client ID:** 151402487

**Process Date:** 7/17/13

**Receive Date:** 6/28/13

Document Number	Document Detail	Filing Number	Entity Name	Page Count	Fee
22154680002	Amended Certificate of Incorporation	2112293803	LOVWORKS LEADERSHIP INC		\$25.00
<b>Total Document Fees</b>					<b>\$25.00</b>

Payment Type	Payment Status	Payment Reference	Amount
Check	Retained	1899	\$25.00
<b>Total Payments Received</b>			<b>\$25.00</b>
<b>Total Amount Charged to Client Account</b>			\$0.00
<b>Total Amount Credited to Client Account</b>			\$0.00

**Note:** Total Amount Credited to Client Account will be refunded within 15 days of receipt of written request  
Evidence of Filed Document(s) or Orders(s) requested is enclosed  
Please include Client ID number on all correspondence.

OFFICE OF THE SECRETARY OF STATE



**AMENDED NOT FOR PROFIT  
CERTIFICATE OF INCORPORATION**

*WHEREAS, the Amended Not For Profit Certificate of Incorporation of*

**LOVeworks Leadership, Inc.**

*has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma*

*NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing*

*IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed  
the Great Seal of the State of Oklahoma*



*I do in the city of Oklahoma City this  
28th day of June, 2013*

*Secretary of State*

06/28/2013 04 52 PM  
OKLAHOMA SECRETARY OF STATE



22154080002

**CERTIFICATE OF AMENDMENT TO THE  
CERTIFICATE OF INCORPORATION  
OF  
LOVEWORKS OUTREACH, INC.**

State of  
2300 N Lincoln Boulevard, Room 101  
State Capitol Building  
Oklahoma City, Oklahoma 73105

The undersigned not-for-profit corporation, for the purpose of amending its certificate of incorporation pursuant to Title 18, Section 1077, hereby certifies.

1. A) The name of the not-for-profit corporation is:

**LOVEWORKS OUTREACH, INC**

B) **As amended** The name of the not-for-profit corporation has been changed to:

**LOVEWORKS LEADERSHIP, INC.**

2. **As amended** The name of the registered agent and the street address of the registered office in the State of Oklahoma is Rennie Cook, 3801 Journey Parkway, Norman, Cleveland County, Oklahoma 73072

3. **As amended** This not-for-profit corporation is organized and operated exclusively for educational purposes, including, for such purposes, the making of distributions to organization that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code

4. The e-mail address of the primary contact for the entity is:  
Michael@lovetrueoutreach.com

5. The governing body of the corporation adopted a resolution setting forth the amendment proposed and declaring its advisability

At a subsequent meeting held upon notice stating the purpose thereof and given in accordance with the provision of Title 18, Section 1067, a majority of all the members of the governing body voted in favor of the amendment

**RECEIVED** **RECEIVED**

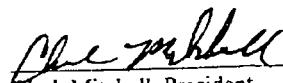
JUN 28 2013

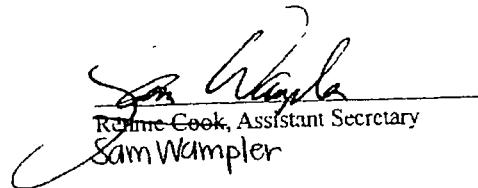
JUN 14 2013

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OKLAHOMA SECRETARY OF STATE OKLAHOMA SECRETARY OF STATE

Executed this 10 day of June, 2013.

  
Clark Mitchell, President

  
Sam Wampler  
Reanne Cook, Assistant Secretary



This letter is attached to the certificate of amendment to the certificate of incorporation of Loveworks Outreach, inc. Please note the name change of the Assistant Secretary, and that all documents are signed. If you have any questions or concerns, please contact me at 901-896-9364 or julie@loveworksoutreach.com

Thanks,

A handwritten signature in black ink, appearing to read "Julie A. Glasco".

Julie A. Glasco  
Director of Operations

RECEIVED  
JUN 14 2013  
OKLAHOMA SECRETARY  
OF STATE

LOVWORKSOUTREACH.COM  
PO Box 721055 | Norman, OK 73070-4815  
ph 405 397 9376 | fax 405 217 8701

Depreciation and Amortization 990-EZ  
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

2013

Name(s) shown on return

Business or activity to which this form relates

Identifying number

LOVEWORKS LEADERSHIP, INC.

FORM 990-EZ PAGE 1

27-4025891

<b>Part I</b> Election To Expense Certain Property Under Section 179 <i>Note: If you have any listed property, complete Part V before you complete Part I</i>			
1 Maximum amount (see instructions)	1	500,000.	
2 Total cost of section 179 property placed in service (see instructions)	2		
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.	
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4		
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5		
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the <b>smaller</b> of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 ► 13	13		

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V*

<b>Part II</b> Special Depreciation Allowance and Other Depreciation (Do not include listed property)		
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	603.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

<b>Part III</b> MACRS Depreciation (Do not include listed property) (See instructions.)		
---	--	--

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	5,675.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs		S/L	
<b>h</b> Residential rental property	/		27 5 yrs.	MM	S/L	
	/		27 5 yrs	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs		S/L	
<b>c</b> 40-year	/		40 yrs	MM	S/L	

<b>Part IV</b> Summary (See instructions)		
21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	6,364.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles )**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

**26** Property used more than 50% in a qualified business use

	%							
	%							
	%							

**27** Property used 50% or less in a qualified business use.

	%				S/L -			
	%				S/L -			
	%				S/L -			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

**29** Add amounts in column (i), line 26 Enter here and on line 7, page 1

29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
		Yes	No										
31													
32													
33													
34	Was the vehicle available for personal use during off-duty hours?												
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners			
39	Do you treat all use of vehicles by employees as personal use?			
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
41	Do you meet the requirements concerning qualified automobile demonstration use?			

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI** Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

**42** Amortization of costs that begins during your 2013 tax year


**43** Amortization of costs that began before your 2013 tax year

43


**44** Total. Add amounts in column (f). See the instructions for where to report

44



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions <b>LOVEWORKS LEADERSHIP, INC.</b>	Employer identification number (EIN) or <b>27-4025891</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>P.O. BOX 721055</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NORMAN, OK 73070</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**JULIE GLASCO**

- The books are in the care of ► **P.O. BOX 721055 – NORMAN, OK 73070**

Telephone No. ► **405-397-9576** Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.

5 For calendar year **2013**, or other tax year beginning , and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension

**INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN HAS NOT BEEN RECEIVED. ADDITIONAL TIME TO FILE IS RESPECTFULLY REQUESTED.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$ <b>0.</b>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$ <b>0.</b>
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ <b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► *W. Lyndel Lanley* Title ► CPA

Date ► **8/14/14**

Form 8868 (Rev. 1-2014)

*W. B. (S)*