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Form **990-EZ** 

## Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2013

2013 Open to Public

Inspection /

Department of the Treasury Internal Revenue Service

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.

_			<del></del>					IV.4
A			dar year, or tax year begin	ning , and	d ending			
В	Check if a	applicable	C Name of organization				D Empl	oyer identification number
	Address	change						
	Name cha	ange	ADVOCATES OF	LOVE, INC.			46	-1944487
X	Initial retu	um	Number and street (or P O box, if	mail is not delivered to street address)		Room/suite	E Telep	hone number
	Terminate	ed	14499 N DALE	MABRY HWY		#201S	80	0-319-5580
П	Amended	i return	City or town, state or province, cou	untry, and ZIP or foreign postal code			F Grou	p Exemption
П	Application	on pending	TAMPA	FL 3	3618		Numl	oer ▶
G	Accour	nting Method	Cash X Accrual	Other (specify) ▶		H Che	ck ▶ X	if the organization is not
ı	Websi	te: ADV	OCATESOFLOVE.			i		ach Schedule B
J	Tax-exe	empt status (c	heck only one) — X 501(c)(3	) 501(c)( ) <b>4</b> (insert no	) 4947(a)(1) or	<del>1</del>   '		0-EZ, or 990-PF)
K		of organization		Trust Associatio		<u> </u>		, , , , , , , , , , , , , , , , , , , ,
L		_		receipts If gross receipts are \$20	00,000 or more, or if total	assets		
(Pa			are \$500,000 or more, file Form				<b>▶</b> \$	84,725
	art I	Reven	ue, Expenses, and C	hanges in Net Assets	or Fund Balances	(see the instru	ctions for	
*****				Schedule O to respond to		•		X
	1		gifts, grants, and similar amount				1	84,725
	2		rvice revenue including gove				2	
	3		dues and assessments				3	
	4	Investment					4	<del></del>
	5a		int from sale of assets other	than inventory	5a		-	· · · · · · · · · · · · · · · · · · ·
	ь		r other basis and sales expe	┌				
	c		from sale of assets other than in	5c				
	6	Gaming and						
	а	•	ne from gaming (attach Sche	edule G if greater than				
ē		\$15,000)	3 31	•	6a			
Revenue	Ь	Gross incom						
Š		from fundrai						
_			gross income and contribut		6b			
	c		expenses from gaming and					
	d		or (loss) from gaming and fu	T				
		line 6c)		,			6d	
	7a	•	of inventory, less returns ar	nd allowances	7a			
	Ь	Less cost o			7b			
	c			itory (Subtract line 7b from lin	e 7a)		7c	
<u>}-</u>	8		ue (describe in Schedule O)		•		8	
S S	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c,	6d, 7c, and 8			▶ 9	84,725
-— ⋑	10		similar amounts paid (list in		1 85		10	
∌	11	Benefits par	d to or for members		I RECA	EIVED	7 11	-
ی الـ	12	Salanes, oth	ner compensation, and empl	oyee benefits		EIVED	12	
J. Se	13	Professiona	I fees and other payments to	independent contractors	S JUN 2	70	13	3,964
문ଆ JUL Expenses	. 14		rent, utilities, and maintena		10 0014 Z	3 2014 8	14	
<u>w</u>	15		olications, postage, and ship		1		15	1,119
翌	16	Other expen	ises (describe in Schedule C	<b>)</b> )	LOGDE	1115 E	16	21,648
1	17		ises. Add lines 10 through 1	•		Y.UI	▶ 17	26,731
<u>නු</u>	18		leficit) for the year (Subtract				18	57,994
તો ડે <b>છે</b>	19		or fund balances at beginning					
Ass			figure reported on prior year		-		_19	
Net Assets	20	Other chang	jes in net assets or fund bala	ances (explain in Schedule O	)		20	
<u> </u>	21			ear Combine lines 18 through			▶ 21	57,994

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)



Form 990-EZ (2013) ADVOCATES OF LOVE, INC. Part II Balance Sheets (see the instructions for Part II) X Check if the organization used Schedule O to respond to any question in this Part II (B) End of year (A) Beginning of year 0 45,190 22 22 Cash, savings, and investments 0 23 23 Land and buildings 0 12,804 24 Other assets (describe in Schedule O) 24 0 57,994 25 25 Total assets 0 26 Total liabilities (describe in Schedule O) 26 0 57,994 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Part III Expenses X Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations and section SEE SCHEDULE O 4947(a)(1) trusts, optional 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 for others ) persons benefited, and other relevant information for each program title. 28 MISSIONS 28a ) If this amount includes foreign grants, check here (Grants \$ 29 (Grants \$ If this amount includes foreign grants, check here 29a 30 30a ) If this amount includes foreign grants, check here 31 Other program services (describe in Schedule O) 17,638 31a (Grants \$ ) If this amount includes foreign grants, check here 17 32 32 Total program service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Part IV Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Heath benefits, (b) Average compensation (Forms W-2/1099-MISC) contributions to employee (e) Estimated amount of hours per week (a) Name and title benefit plans, and deferred compensation other compensation devoted to position (if not paid, enter -0-) MICHAEL CLARK 0 0 DIRECTOR 5.00 0 JOHN BAST III DIRECTOR 5.00 0 0 PEDRO SURIEL 5.00 0 0 DIRECTOR ELIAS PAULINO DIRECTOR 5.00 0 0 HELEN JIMINEZ DE PAULINO 0 0 DIRECTOR 5.00 **BOB GALASSO** 0 0 DIRECTOR 5.00 0

0

"Pa	irt 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.			
	modulations for Fact Vy effects in the digamization used conclude of to respond to any question in this Fact 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	L.	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			ŀ
	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		
С	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	<del>,, ,,,</del>	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	·		20 <u>00</u>
b	Did the organization file Form 1120-POL for this year?	37b	,	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	·	,,	- <u></u>
	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	- 4		1
39	Section 501(c)(7) organizations Enter:		,	16.
а	Initiation fees and capital contributions included on line 9	-∤ .		<i>i</i> , :
b	Gross receipts, included on line 9, for public use of club facilities  39b	-	,	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	- 4		
L	section 4911 , section 4915 , section 4955 , section 4915 , section 4915 , section 4915 , section 4915 , section 4916 , sectio			1
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	406		х
С	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b	-	
·	organization managers or disqualified persons during the year under sections 4912,			١.
	4955, and 4958		1	,
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	1		
u	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			١٠,
_	transaction? If "Yes," complete Form 8886-T	40e		χĺ
41	List the states with which a copy of this return is filed NONE			
42a		0-31	9 - 5	580
	14499 NORTH DALE MABRY HWY			
	Located at ▶ TAMPA FL ZIP + 4 ▶ 33	618		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country		,	···y······
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	1/		
С	At any time during the calendar year, did the organization maintain an office outside the U S?	42c		<u> </u>
	If "Yes," enter the name of the foreign country			
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			<del></del>
44.	Datha annihita mantan and and a state of the same of t	<del></del>	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		"	7,7
	completed instead of Form 990-EZ	44a		<u> X</u>
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		1	<b>.</b>
_	completed instead of Form 990-EZ	44b		X
ر م	Did the organization receive any payments for indoor tanning services during the year?  If "Yee" to line 44c, has the organization filed a Form 720 to report these payments? If "No." provide on	44c		X
đ	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	,	
AE-	·			x
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u> </u>
750	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.
		1 430	<u> </u>	_ <del></del>

40 bd the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition of candidates for public office? If "Yes, complete Schedule C, Part I I Section 501(c)(3) organizations on IIV All section 501(c)(3) organizations on IIV All section 501(c)(3) organizations on IIV All section 501(c)(3) organizations with 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	Form	990-EZ (2013)	ADV	OCATES	OF	LOVE,	IN	c.		46-19	44487				Р	age 4
## Total number of other employees paid over \$100,000    Total number of other employees paid over \$100,000   Name and bouncess address of each nulspandent contractors   Total number of other independent contractors each receiving over \$100,000	46	•	•	•				, •	s on beh	nalf of or in oppo	sition					5// 1
A   Dubt the organization engage in lobbying activities of have a section 501(h) election in effect during the tix year? If Yes, complete Schedule C, Part II	Pa	rt VI : Sec All : 50 a	ction 501 section 50 and 51.	<b>I(c)(3) org</b> 01(c)(3) orga	j <b>aniz</b> a anizat	ations on lions must	ly answe	er questions 47			-	tables for	lines			
the organization as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  ### As I was the related organization a section of program of the organization as extend to an exempt non-chantable related organization?    If "Yes," was the related organization a section 527 organization?	47	•	_	-	_		e a se	ction 501(h) elec	tion in ef	ffect dunng the t	ax				Yes	_
49a Diff the organization make any transfers to an exempt non-chantable related organization?  49b If 'Yes,' was the related organization a section 527 organization?  50 Complete this table for the organization is five highest compensated employees (other than officers, directors, trustess and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter the compensation of the position of t	AR.	•	-				(b)(1)(	Δ\/u\? If "Yes " co	mnlete	Schedule F						
All Total number of other employees pard over \$100.000		•							•							-
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 (Forms W-2/1998-MISC)  (Forms address of each memployees paid over \$100,000  (Forms w-2/1998-MISC)  (Forms address of each memployees paid over \$100,000  (Forms w-2/1998-MISC)  (Forms address of each memployees paid over \$100,000  (Forms w-2/1998-MISC)  (Forms address of each memployees paid over \$100,000  (Forms w-2/1998-MISC)  (Forms address of each memployees paid over \$100,000  (Forms w-2/1998-MISC)  (Forms address of each memployees paid over \$100,000  (Forms w-2/1998-MISC)  (Forms address of w-2/1998-MISC)  (Forms w-2/19	b	•		-		•			•					49b		
(a) Name and tulle of each employee   (b) Average hours per week devoted to position (Forms W-2/1999-MISC)   (b) Estimated amount of other compensation of complete plans, and deferred compensation of complete plans, and deferred compensation of the compensation of	50	Complete this	table for th	e organizatio	on's fiv	e highest co	mpens	sated employees	(other tl	han officers, dire	ectors, trust	ees and key	•			
A   Name and title of each employee   South   Compensation   Com		employees) w	ho each re	ceived more	than \$	100,000 of c	compe	nsation from the	organiza	ation If there is r	none, enter	"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 business address of each independent contractor  (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 \$01(c)(3) organizations and 4847(a)(1)  nonexempt chanitable trusts must attach a completed Schedule A  Under penalties of penyll, I clear 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 and belief, it is struct, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is struct, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is struct.  Sign  Price Superior Supratural Character Check of the propagation of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is superior trust of the propagation of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is superior trust of the propagation of the propagation of the preparer trust of the propagation of th		(a)	Name and to	tle of each em	ployee		d	hours per week	co	mpensation	contribution benefit	s to employed	oth			
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 business address of each independent contractor  (b) Type of service  (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note. All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A nonexempt chantable trusts must attach a completed Schedule A nonexempt chantable trusts must attach a completed Schedule A Note. All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note. All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note. All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note Penalter to Pate Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts and 4947(a)(1)	NC	ONE								-						
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 business address of each independent contractor  (b) Type of service  (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note. All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A nonexempt chantable trusts must attach a completed Schedule A nonexempt chantable trusts must attach a completed Schedule A Note. All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note. All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note. All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note Penalter to Pate Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts and 4947(a)(1)															<del>-</del>	
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 business address of each independent contractor  (b) Type of service  (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note. All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A nonexempt chantable trusts must attach a completed Schedule A nonexempt chantable trusts must attach a completed Schedule A Note. All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note. All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note. All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note Penalter to Pate Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts and 4947(a)(1)					<u>-</u>											
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 business address of each independent contractor  (b) Type of service  (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note. All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A nonexempt chantable trusts must attach a completed Schedule A nonexempt chantable trusts must attach a completed Schedule A Note. All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note. All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note. All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note Penalter to Pate Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Note All section \$501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts and 4947(a)(1)																
(a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  (e) Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)  nonexempt chantable trusts must attach a completed Schedule A  Under penalties of penjury, 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  Propager's signalure of officer  MICHAEL CLARK  DIRECTOR  Signature of officer  MICHAEL CLARK  DIRECTOR  Propager's signalure of officer  MICHAEL CLARK  DIRECTOR  Date  Office of the dependent contractors  Date  Office of the organization of preparer (other than officer) is based on all information of which preparer has any knowledge  Propager's signalure of officer  MICHAEL CLARK  DIRECTOR  Date  Office of the organization of preparer (other than officer) is based on all information of which preparer has any knowledge  Propager's signalure of officer  MICHAEL CLARK  DIRECTOR  Date  Office of the organization of preparer of the organization of preparer signalure of the organization of preparer signalure of officer  MICHAEL CLARK  DIRECTOR  Date  Office of the organization of preparer of the organization of preparer signalure of the organization of preparer of the organization of the organization of preparer of the organization of the organization of preparer of the organization of preparer of the organization of the o	f	Total number	of other em	iployees paid	dover	\$100,000				<b>&gt;</b>						
(a) Name and business address of each independent contractor  (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 chantable trusts must attach a completed Schedule A  Under penalties of penjuy. 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  Printype preparer's name  Preparer's signalum Dator Oble  Type or print name Differ  Date  Date  Printype preparer's name  Preparer's signalum Dator Oble  Type or print name Differ  Date  Date  Date  Check If PTIN  self-employed P00185797  Prints name Differ  Date  Type or print name Differ  NMS , INC.  Firm's name Differ  TAMPA , FL 33606  Phone no 813-251-5094  May the IRS discuss this return with the preparer shown above? See instructions	51									ctors who each	received m	ore than				
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 chantable 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  Sign  Here  MICHAEL CLARK  DIRECTOR  Type or print name and title  Promytype preparer's name  Preparer's signature Diamond, CPA  ANY LEIGH DIAMOND, CPA  ANY LEIGH DIAMOND, CPA  ANY LEIGH DIAMOND, CPA  Firm's address \ 35 DAVIS BLVD.  TAMPA, FL 33606  Phone no 813-251-5094  May the IRS discuss this return with the preparer shown above? See instructions								•		(h) Turn	o of con upo		(a) (	`		
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 chantable trusts must attach a completed Schedule A  Ves 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  Wignature of officer  MICHAEL CLARK  DIRECTOR  Type or pint name and title  Prepager's signalum  Date  MY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  TAMPA, FL 33606  May the IRS discuss this return with the preparer shown above? See instructions  A Yes No		- :-	ame and bus	iness address	or eaci	n independen	it contra	ictor		( <b>b</b> ) Typ	e of service		(c)	ompen	sation	
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)  nonexempt chantable 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  Sign  Here  MICHAEL CLARK  DIRECTOR  Print/Type or print name and title  Preparer's name  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  Firm's name NMS, INC.  Firm's elin N 34 - 1909930  May the IRS discuss this return with the preparer shown above? See instructions  No  No	NO	NE								ĺ						
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)  nonexempt chantable 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  Sign  Here  MICHAEL CLARK  DIRECTOR  Print/Type or print name and title  Preparer's name  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  Firm's name NMS, INC.  Firm's elin N 34 - 1909930  May the IRS discuss this return with the preparer shown above? See instructions  No  No																<del> </del>
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)  nonexempt chantable 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  Sign  Here  MICHAEL CLARK  DIRECTOR  Print/Type or print name and title  Preparer's name  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  Firm's name NMS, INC.  Firm's elin N 34 - 1909930  May the IRS discuss this return with the preparer shown above? See instructions  No  No																
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)  nonexempt chantable 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  Sign  Here  MICHAEL CLARK  DIRECTOR  Print/Type or print name and title  Preparer's name  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  Firm's name NMS, INC.  Firm's elin N 34 - 1909930  May the IRS discuss this return with the preparer shown above? See instructions  No  No																
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)  nonexempt chantable 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  Sign  Here  MICHAEL CLARK  DIRECTOR  Print/Type or print name and title  Preparer's name  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  Firm's name NMS, INC.  Firm's elin N 34 - 1909930  May the IRS discuss this return with the preparer shown above? See instructions  No  No													<u>.</u>			
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)  nonexempt chantable 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  Sign  Here  MICHAEL CLARK  DIRECTOR  Print/Type or print name and title  Preparer's name  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  Firm's name NMS, INC.  Firm's elin N 34 - 1909930  May the IRS discuss this return with the preparer shown above? See instructions  No  No																
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)  nonexempt chantable 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  Sign  Here  MICHAEL CLARK  DIRECTOR  Print/Type or print name and title  Preparer's name  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  Firm's name NMS, INC.  Firm's elin N 34 - 1909930  May the IRS discuss this return with the preparer shown above? See instructions  No  No																
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)  nonexempt chantable 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  Sign  Here  MICHAEL CLARK  DIRECTOR  Print/Type or print name and title  Preparer's name  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  Firm's name NMS, INC.  Firm's elin N 34 - 1909930  May the IRS discuss this return with the preparer shown above? See instructions  No  No																
nonexempt chantable 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  Sign  Here  MICHAEL CLARK  DIRECTOR  Print/Type or print name and title  Preparer's signature  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND,		Total number	of other inc	dependent cc	ntracto	ors each rec	eiving	over \$100,000	•	•		<u> </u>		_		
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	52	Did the organi	ization com	plete Schedi	ule A?	Note. All se	ection 5	501(c)(3) organiz	ations ar	nd 4947(a)(1)						
true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Columbia   Col		nonexempt ch	nantable tru	sts must atta	ch a c	completed Se	chedul	e A					<b>▶</b> X	Yes		No
MICHAEL CLARK Type or print name and title  Print/Type preparer's name  AMY LEIGH DIAMOND, CPA AMY LEIGH DIAMOND,													rledge ar	id belief	, it is	
MICHAEL CLARK Type or print name and title  Print/Type preparer's name  AMY LEIGH DIAMOND, CPA AMY LEIGH DIAMOND,	<b>C:</b>		~~~	<u></u>	1	•				6	15/14					
Type or print name and title  Print/Type preparer's name  AMY LEIGH DIAMOND, CPA  Firm's name > NMS, INC.  Firm's address > 35 DAVIS BLVD.  TAMPA, FL 33606  May the IRS discuss this return with the preparer shown above? See instructions  X Yes No		k '	-		DK.											_
Paid AMY LEIGH DIAMOND, CPA AMY LEAGH DIAMOND, CPA O6/13/14 Self-employed P00185797  Preparer Firm's name NMS, INC.  Use Only TAMPA, FL 33606  May the IRS discuss this return with the preparer shown above? See instructions  Prepager's signature Company (Check if of o6/13/14 Self-employed P00185797)  PTIN Check if O6/13/14 Self-employed P00185797  Prim's aldress NMS, INC.  Firm's EIN NA 34 - 1909930  Phone no 813 - 251 - 5094	Here	, I <b>d</b>			****	<u>-</u>				DINECTOR						
Paid  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  Preparer  Vise Only  Firm's address  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  AMY LEIGH DIAMOND, CPA  Firm's name > NMS, INC.  Firm's elin > 34-1909930  Phone no 813-251-5094  May the IRS discuss this return with the preparer shown above? See instructions		Print/Typ	oe preparer's na	ame			Prepa	rer's signature		1	Date	01	. 🗆 .	PTIN		
Preparer    Firm's name   NMS   INC   Firm's EIN   34-1909930	Paid	2MV 1.5	EIGH DIAN	OND. CPA			AMT			we com	067	1		P001	8570	7
Use Only Firm's address ▶ 35 DAVIS BLVD.  TAMPA, FL 33606  May the IRS discuss this return with the preparer shown above? See instructions  TAMPA, FL 33606  Phone no 813-251-5094  X Yes No		7071 27			NC.		Jan 22		-, C.A	, <u> </u>	1 00/	1 7 1 1				
May the IRS discuss this return with the preparer shown above? See instructions ► X Yes No	Use	Only Firm's ad	ddress ▶												<u> </u>	
												Phone no				94
	May	the IRS discus	s this retur	n with the pre	eparer	shown abov	ve? Se	e instructions								

**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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Open to Public Inspection. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

ADVOCATES OF LOVE, INC.

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

Employer identification number 46-1944487

1				ociation of churches described	ın sectior	170(b)(1	I)(A)(i).							
2			cribed in <b>section 170(b)(1)</b> (											
3	Н	-		ce organization described in <b>se</b>			•							
4				d in conjunction with a hospital of	descnbed	ın sectio	n 170(b	)(1)(A)(i	ii). Ente	er the ho	ospital's	s name	· <b>,</b>	
		city, and state	<b>e</b> :											
5		An organizati	on operated for the benefit of	of a college or university owned	or operate	ed by a g	ovemme	ental uni	t descn	bed ın				
	_	section 170(	b)(1)(A)(iv). (Complete Part	II)										
6		A federal, sta	te, or local government or go	ovemmental unit described in <b>s</b>	ection 17	'0(b)(1)(A	)(v).							
7	$\mathbf{X}$	An organizati	on that normally receives a	substantial part of its support fro	om a gove	ernmental	unit or	from the	genera	l public				
		described in s	section 170(b)(1)(A)(vi). (Co	omplete Part II.)										
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	tll)									
9		An organizati	on that normally receives. (1	i) more than 33 1/3% of its supp	port from	contribution	ons, me	mbershi	p fees,	and gro	SS			
		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 ar	nd unrelated business taxable in	ncome (les	ss section	511 tax	c) from b	usines	ses				
		acquired by the	ne organization after June 30	0, 1975 See section 509(a)(2)	. (Comple	te Part III	)							
10		An organizati	on organized and operated o	exclusively to test for public safe	ety. See <b>s</b>	ection 5	09(a)(4).							
11		An organizati	on organized and operated e	exclusively for the benefit of, to	perform tl	ne functio	ns of, o	to carry	out the	9				
	_	purposes of c	ne or more publicly support	ed organizations described in se	ection 509	9(a)(1) or	section	509(a)(2	) See	section	)			
		509(a)(3). Ch	eck the box that describes the	he type of supporting organizati	ion and co	mplete lii	nes 11e	through	11h					
		a Type	b Type II	c Type III–Function	ally integr	ated	d	Тур	e III–No	n-funct	ionally	ıntegra	ted	
е		By checking t	his box, I certify that the org	anization is not controlled direc	tly or indir	ectly by c	ne or m							
		other than for	indation managers and othe	r than one or more publicly sup	ported or	ganizatıor	ns descr	ibed in s	ection	509(a)(	1)			
		or section 509	9(a)(2).											
f		If the organization	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting					
		organization,	check this box											
g		Since August	17, 2006, has the organizat	tion accepted any gift or contrib	ution from	any of th	ne							
•		following per	sons?											
		(i) A persor	who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ıbed ın (	ıı) and					Yes	No
			v, the governing body of the									11g(i)		
		(ii) A family	member of a person describ	ped in (i) above?								11g(ii)		
		(iii) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above?								11g(iii)		
h			ollowing information about ti											
(	i) Nam			he supported organization(s).										
		e of supported	(n) EIN	ne supported organization(s).  (iii) Type of organization	(iv) Is the c	organization	(v) Did y	ou notify	(vi)	s the	(VII)	Amount o	f monet	эгу
	org	e of supported janization		(III) Type of organization (described on lines 1–9	in col (i) la	sted in your	the organ	nization in	organizat	ion in col	(vii)	Amount o		ary
	org			(III) Type of organization (described on lines 1–9 above or IRC section	in col (i) la	•	the organ		organizat (i) organi		(vii)			агу
	org			(III) Type of organization (described on lines 1–9	in col (i) la	sted in your	the organ	nization in of your	organizat (i) organi	on in col zed in the	(VII)			ary
(A)	org			(III) Type of organization (described on lines 1–9 above or IRC section	in col (i) li governing	sted in your document?	the orgar col (i) sup	nization in of your port?	organizat (i) organi U	ion in col zed in the S ?	(vii)			ary
(A)	org			(III) Type of organization (described on lines 1–9 above or IRC section	in col (i) li governing	sted in your document?	the orgar col (i) sup	nization in of your port?	organizat (i) organi U	ion in col zed in the S ?	(vii)			агу
(A) (B)	org			(III) Type of organization (described on lines 1–9 above or IRC section	in col (i) li governing	sted in your document?	the orgar col (i) sup	nization in of your port?	organizat (i) organi U	ion in col zed in the S ?	(vii)			ary
(B)	org			(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li governing	sted in your document?	the orgar col (i) sup	nization in of your port?	organizat (i) organi U	ion in col zed in the S ?	(vii)			ary
	org			(III) Type of organization (described on lines 1–9 above or IRC section	in col (i) li governing	sted in your document?	the orgar col (i) sup	nization in of your port?	organizat (i) organi U	ion in col zed in the S ?	(vii)			ary
(B) (C)	org			(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li governing	sted in your document?	the orgar col (i) sup	nization in of your port?	organizat (i) organi U	ion in col zed in the S ?	(vii)			ary
(B)	org			(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li governing	sted in your document?	the orgar col (i) sup	nization in of your port?	organizat (i) organi U	ion in col zed in the S ?	(vii)			ary

Part !! 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.)

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  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  12 Irrist 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  4 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))  5 Public support percentage from 2012 Schedule A, Part II, line 14  16 a 33 13% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this	Sec	tion A. Public Support							_
membership fees received. (Do not include any funusual grants.)  2 Tax revenues leved for the organization's benefit and either paid to or experied on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add ines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  8 Gross income from ine 14  8 Gross income from ine 4  9 Net income from ine 4  9 Net income from inerest, dividends, payments received on securionise loans, rents, royalties and income from similar sources  9 Net income from undude gain or loss from the sale of capital assets (Explain in Part IV)  10 Total support Add lines? through 10  11 Total support Add lines? through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))  13 First few years. If the Form 990 is for the organization of the organization. check this box and stop here. The organization qualifies as a publicly supported organization.  13 173% support excentage for 2013 (line 6, column (f) divided by line 11, column (f))  14 100, or orion, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how	Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 20°	13	(f) Total
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  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Solutace time 5 from line 4  Section B. Total Support  Calendar year (of fiscal year beginning in) P  7 Amounts from line 4  8 Gross mome from interest, dividends, profits of fiscal year beginning in) P  7 Amounts from line 4  8 Gross mome from securities isoans, credit, received on securities isoans, credit, required the profits of the security of the securities isoans, credit, required on 10 Other mome Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  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.  Explain in Part IV)  15 Public support percentage for 2013 (fine 6, column (f) divided by line 11, column (ff)  16 Public support percentage for 2013 (fine 6 column (fine 4 is 13 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization of the organization and not check a box on line 13, and line 15 is 31 1/3% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here.  Explain in Part IV how the o	1	membership fees received. (Do not					8	4,725	84,725
thrmshed by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 84, 725 84. 8 Gross income from interest, dividinds, payments, reviews a securities of the amount shown on line 11, column (included on line 1 that exceeds 2% of the amount shown on line 11, column (included on line 1 that exceeds 2% of the amount shown on line 11, and line 1 the state of capital shown on line 13, 16a, and line 1 to 33 1/3% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization.	2	organization's benefit and either paid			·				
section of total contributions by each person (other than all governmental unit or buildly supported organization) included on line. I that exceeds 2% of the amount shown on line 11, column (f)  8 Public support. Subtract line 5 from line 4  8 Section B. Total Support  Callendar year (of fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Callendar year (of fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Support Callendar year (of fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Section B. Total Support Callendar year (of fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Section B. Total Support Callendar year (of fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Section B. Total Support Callendar year (of fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Section B. Total Support Callendar year (of fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Support Section B. Total Section B. To	3	furnished by a governmental unit to the							
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6	4	Total. Add lines 1 through 3					8	4,725	84,725
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		instructions							▶ [_]

Page 3

Schedule A (Form 990 or 990-EZ) 2013 ADVOCATES OF LOVE, INC.

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.)

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·			
	dar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b		}	. 7 /		1	-
8	Public support (Subtract line 7c from line 6)	17 11 11 11 11 11 11 11 11 11 11 11 11 1		 Chi	,		
Sec	tion B. Total Support	<u> </u>	ľ			1	<u> </u>
	dar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(-,	(-,	(=) ==	(-,	(0, =0.10	<del></del>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				- · · · · · · · · · · · · · · · · · · ·		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12 )				<u> </u>	1( )(0)	1
14	First five years. If the Form 990 is for the organization, check this box and stop here	_	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	, n
Sec	tion C. Computation of Public Su		tage				
<u> </u>	Public support percentage for 2013 (line 8			un (fl)		15	%
16	Public support percentage from 2012 Scho	. , ,	•	(1))		16	
	tion D. Computation of Investme						
17	Investment income percentage for 2013 (li			, column (f))		17	%
18	Investment income percentage from 2012		·			18	
19a	33 1/3% support tests—2013. If the orga	nization did not ch	eck the box on line	e 14, and line 15 is	more than 33 1/3	3%, and line	
	17 is not more than 33 1/3%, check this be	=	=				▶ □
b	33 1/3% support tests—2012. If the orga						. —
00	line 18 is not more than 33 1/3%, check the	-	_			_	
20	Private foundation. If the organization did	not check a box	<u>on line 14, 19a, or</u>	19b, check this bo	x and see instruc	tions	<b>_</b>

Schedule A (Form 990 or 990-EZ) 2013 ADVOCATES OF LOVE, INC. 46-1944487 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 O (Form 990 or 990-EZ) 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.

2013

Open to Públic

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization

Employer identification number 46 - 1944487

FORM S	990-EZ,	PART	I,	LINE	16	-	OTHER	EXPENSES
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ADVOCATES OF LOVE, INC.

DESCRIPTION	AMOUNT				
EXPENSES					
OFFICE	\$	1,744			
TRAVEL	\$	13,519			
BANK CHARGES	\$	197			
BUSINESS REGISTRATION	\$	850			
CHILDREN'S HOME #1 FOOD	\$	303			
CHILDREN'S HOME #1 PAREN	\$	126			
CHILDREN'S HOME #1 RENT	\$	500			
CHILDREN'S HOME #1 SCHOOL	\$	5			
CHILDREN'S HOME #1 UTILIT	\$	245			
COMMUNITY OUTREACH - FOOD	\$	202			
COMMUNITY OUTREACH - OFFE	\$	49			
COMMUNITY OUTREACH - SCHO	\$	1,000			
MISSIONARY - FOOD	\$	721			
PAYPAL MERCHANT FEE	\$	49			
REPAIRS & MAINTENANCE	\$	947			
EQUIPMENT RENTAL	\$	223			
NON-INVESTMENT DEPRECIATION	\$	968			
TOTAL	\$	21,648			

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

DESCRIPTION

BEG. OF YEAR END OF YEAR

PREPAID EXPENSES AND DEFERRED CHARGES

0 \$

\$

7,000

Schedule O (Form 990 or 990-EZ) (2013)			Page <b>2</b>
Name of the organization		Employer identification numb	
ADVOCATES OF LOVE, INC.		46-1944487	
CHILDREN'S HOME #1 FURNITURE	\$	0 \$	2,272
LESS ACCUMULATED DEPRECIATION	\$	0 \$	325
FURNITURE	\$	0 \$	4,500
LESS ACCUMULATED DEPRECIATION	\$	0 \$	643
	TOTAL \$	0 \$	12,804

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

THE ORGANIZATION EXISTS TO PROVIDE CARE FOR ORPHANED CHILDREN AND COMMUNITY

BASED CARE TO FAMILIES IN THE SAMANA PROVINCE OF THE DOMINICAN REPUBLIC.

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT OPENING OF CHILDREN'S HOME #1 AND COMMUNITY OUTREACH

Form **4562** 

## **Depreciation and Amortization**

(Including Information on Listed Property)

2013

2013 hment ence No 179

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

Attachment

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

ADVOCATES OF LOVE, INC.

			<del></del>							
	ess or activity to which this form relates NDIRECT DEPRECIAT	TON								
	Election To Exper		erty Under Se	ection	179					<del></del>
*	Note: If you have a	•	•			ompl	ete Part	1		
1	Maximum amount (see instruction		, complete r a	it v bc	iore you e	Ompi	oto i ait	··	1	500,000
2	Total cost of section 179 property	•	e instructions)						2	300,000
3	Threshold cost of section 179 proj	•		instructi	inns)				3	2,000,000
4	Reduction in limitation Subtract lii	= -	,		0.13)				4	2,000,000
5	Dollar limitation for tax year Subtract lin		•		n cenarately c	aa ineti	nictions		5	
6	(a) Description		riess, enter-o- irine		t (business use			Elected cost	-	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
<u> </u>	(4)			(4,750		,,	(-)			
										1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
7	Listed property Enter the amount	from line 20		<u> </u>		7			$\neg \neg$	
8	Total elected cost of section 179 p		la in column (a) lir	e .n	d 7		<u> </u>		8	<u></u>
9	Tentative deduction. Enter the sm	* *	• • •	ies o an	u <i>1</i>				<del></del>	<del></del>
10	Carryover of disallowed deduction		-						9	
11	Business income limitation Enter	-				F /		>	10	<del></del>
12	Section 179 expense deduction A				•	o (see	mstruction	15)	11	
	· ·				ine i i	42		4.,	12	<del></del>
13 Note	Carryover of disallowed deduction : Do not use Part II or Part III below					13			i	
	^^^^	<u></u>			(D	. i	المام الماد		<b>-1.</b> . \ /	C
•••••	······						iude iiste	eu prope	:rty.) (	See instructions.)
14	Special depreciation allowance for		ither than listed pr	operty) p	naced in ser	vice			امدا	
4 =	during the tax year (see instruction	,							14	
15	Property subject to section 168(f)(	•							15	
<u>16</u>	Other depreciation (including ACR			t - \ /(		-4			16	<del></del>
F	art III MACRS Depreciat	ion (Do not incit		erty.) (S	see instruc	cuons	5.)			<del> </del>
	MACRO ded et es ferre este etc				40				<del></del>	
17	MACRS deductions for assets pla							<b>,</b> $\Box$	17	0
18	If you are electing to group any assets placed						ral Dans	P	<u></u>	······································
	Section B—A	(b) Month and year	(c) Basis for depre		r	Gen	erai Depre	CIALIONS	ystem	
	(a) Classification of property	placed in	(business/investme	ent use	(d) Recovery period	(e) C	Convention	(f) Meth	od	(g) Depreciation deduction
100	2 year area arts	service	only-see instruct	ions)	pened					
19a	3-year property									
_ <u>b</u>	5-year property	·		,772	7.0		HY	200	DB	0.60
<del>_</del> _	7-year property			, / / 2	7.0		<u> </u>	200	ם ם	968
	10-year property									<del></del>
	15-year property									
	20-year property	,			05		_	0.0		
<u>g</u>	25-year property			-	25 yrs	-		S/L	$\overline{}$	
n	Residential rental property				27 5 yrs	-	MM	S/L	$\overline{}$	
<del></del>	<del></del>	<del> </del>			27 5 yrs		MM	S/L	$\overline{}$	<del></del>
1	Nonresidential real property	<del></del>			39 yrs		MM	S/L		
		sote Placed in Same	ioo Durin - 2042 3	Tay Vac:	lloine the		MM	S/L	<u> </u>	
		sets Placed in Serv	ice During 2013	ax teal	Using the A	AITEIN	ative Dep		Systen	<u> </u>
<u>20a</u>	<del></del>	-						S/L		
	12-year				12 yrs.			S/L		
	40-year	1			40 yrs.	L	MM	S/L		<u> </u>
	art IV Summary (See ins									
21	Listed property. Enter amount from								21	
22	Total. Add amounts from line 12,						iter here			
	and on the appropriate lines of you	-	•		nstructions	<u> </u>			22	968
23	For assets shown above and place		he current year, ei	nter the						,
	portion of the basis attributable to	section 263A costs	<del></del>			23				ww.
E ~ - !	Danaguark Daduction Act Nation		-41							4500