294933481 p 3 1 3 5 5 5 5 5 6 5 7

Return of Organization Exempt From Income Tax

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

2018

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

- (1	nternai	Reven	ne Service		to www.irs.gov/Forms90 for ins	tructions	and the latest into	rmatio	п.		Inspection		
	\ F	or the	2018 calend	dar year, or tax year b	eginning		, 2018, and e	ending	_		, 20		
E	3 CH	eck if a	applicable	C Name of organization L	ove INC of Columbia						Employer identification no		
	Ad	dress	change	Doing business as						7	20-8801850		
Ī	T Na	ıme ch	ange	Number and street (or P	O box if mail is not delivered to street addri	əss)	•	Room	n/suite		Telephone number		
Ī	╕	tial retu	-	1516 Busine						(573) 443-7015			
ř	₹		irn/terminated							1	Gross receipts		
F	<u> </u>		of return/terminated City or town, state or province, country, and ZIP or foreign postal code columbia, MO 65203							1	•		
<u> </u>	₹							1.			\$ 1,060,306		
Ĺ	_j Ap	plication	on pending	F Name and address of pr	•			- 1	a) Is this a group r				
_				Same as C al			· · · · · · · · · · · · · · · · · · ·	H(I	b) Are all subor	dinates	included? Yes No		
<u>_</u>	Ta.	x-exem	npt status X	501(c)(3) 501(c)() (insert no) 4947(a)(1) or	527		If "No," a	ttach a	list (see instructions)		
ī	W	bsite		lumbialoveinc.	org			H(e	c) Group exer	nption r	number 🕨		
K			organization 🛚 🗵	Corporation Trust	Association Other	$\overline{}$	L Year of formation	2006	M State	of legal	domicile MO		
L	Par	t I	Summai	ry		/							
		1	Briefly descr	nbe the organization's r	nission or most significant activitie	s To	organize and	coo	rdinate	chu	rches in Boone		
	a		County t	co respond to 1	ndividual, family and								
	č												
	E .				-								
	Š	2	Check this h	ox > 1 if the organiz	ation discontinued its operations o	r dienneer	of more than 25%	of ite no	at accete				
		3			governing body (Part VI, line 1a)	•			1		۱		
	∘ಶ	4		-					}	3	12		
	Activities & Governance	*			nbers of the governing body (Part	•)	• • • •		4	12		
	₹ .	5		· •	ed in calendar year 2018 (Part V, li	•	• • • • • • • •	• • •		5	46		
	Ş	6	Total numbe	er of volunteers (estima	te if necessary) · · · · · · ·					6			
	`	7a	Total unrelat	ed business revenue fr	rom Part VIII, column (C), line 12				[7a	0		
_		b	Net unrelate	d business taxable inco	ome from Form 990-T, line 38					7b	0		
					1)1	519			Prior Year		Current Year		
		8	Contributions	s and grants (Part VIII,	line 1h)	Y! [.	[665,	833	720,063		
	ne	9	Program ser	rvice revenue (Part VIII	, line 2g)	<u></u>			289,		340,243		
	Revenue	10	Investment i	ncome (Part VIII. colur	nn (A), lines 3, 4, and 7d)	REC	EIVED			649	0.072.5		
	Š	11		•	A), lines 5, 6d, 8c, 9c, 10c, and 11e	1120	EIVED			043	0		
		12			11 (must equal Part VIII, column (18 S		964,	075	1 060 306		
_	-	13				NOV 1					1,060,306		
		14			art IX, column (A), line 4)		101		109,	921	166,572		
S					loyee benefits (Part IX, column (A)	CDE	<u> </u>				0		
SCANNED	es	15				Mines 341	MA' 0.1 !		492,	960	641,246		
Z	Expenses				IX, column (A), line 11e)						33,443		
K	сре	b		• •	, column (D), line 25)		74,157				* x %,143		
H	ũ	17	Other expen	ises (Part IX, column (A	A), lines 11a-11d, 11f-24e)				213,	295	263,440		
_		18	Total expens	ses Add lines 13-17 (n	nust equal Part IX, column (A), line	25) .	[816,	182	1,104,701		
H		19	Revenue les	s expenses Subtract	line 18 from line 12 · · · · ·	<u></u>			148,	693	(44,395)		
$\boldsymbol{\omega}$	or Ses							Beginni	ng of Current	/ear	End of Year		
<u> </u>	ets or lances	20	Total assets	(Part X, line 16) · ·			<i></i> [640,		624,206		
8	အမှု	21		es (Part X, line 26)			<i>.</i>		225,		276,034		
$\overline{\sim}$	Net A	22	Net assets o	or fund balances. Subtr	act line 21 from line 20 · · · ·				414,				
020 020	Pari			re Block	Total and Ed				*14,	334	348,172		
					is return, including accompanying schedules	and statems	ents, and to the hest of my	knowled	loe and belief i	16			
	true co	orrect,	and comple	claration of preparer (other th	ian officer) is based on all information of whi	ch preparer t	nas any knowledge	KIIOWIGO	ige and belief, i	13			
_			(4)) 100 M	11),11,					1	1/15/10		
<	Sign			, our // cours	- a mens					Ţ.,	713/17		
			Signatur	re of officer						Date			
H	lere	İ		Williams, tre	asurer								
_			Type or	pnnt name and title									
			Print/Type pre	eparer's name	Preparer's signature		Date		Check	ıf P	TIN		
F	Paid		٠.						self-employer	,			
F	rep	arer	Firm's name	>	4			Firm's	EIN ▶				
	Jse (is > 4/6:/	PAID PREPARTI			Phone					
				IVON	pho pro	_		THORE					
_	lav th	a IDC	discuss this		er shown above? (see instructions)			_1			· · · Yes No		
_								• • •	• • • • • •	• •			
r	or Pa	ihetw	voik Reductio	On ACLINOLICE, SEE THE	e separate instructions.						Form 990 (2018)		

	rtillal Statement of Program Sarvice Accomplishments
ı r a	rtillia Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
,	To organize and coordinate churches in Boone County to respond to individual, family and
	project needs in the name of Christ
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$313,359 including grants of \$) (Revenue \$ 341,923)
	THE LOVE SEAT PROVIDES USED FURNITURE, CLOTHING AND HOUSEHOLD ITEMS FREE OF CHARGE TO NEEDY
	CLIENTS MANY OF WHOM ARE COMING FROM INCARCERATION, EVICTION, OR A SHELTER FOR THE ABUSED.
	THE LOVE SEAT ALSO OPERATES A RESALE STORE THAT PROVIDES EMPLOYMENT FOR DISADVANTAGED
	INDIVIDUALS.
4b	(Code) (Expenses \$251,672 including grants of \$) (Revenue \$76,479)
	Clearing House: A trained professional interviews potential clients to determine perceived
	and underlying needs as a first step to establishing an on-going relationship that will
	assist the person in climbing out of poverty.
40	/Code \//Funescent (Code and Annual A
4c	(Code) (Expenses \$143,956 including grants of \$) (Revenue \$64,030)
	Emergency monetary assistance to clients for medical expenses, daycare, rent, transportation
	and utilities.
4d	Other program services (Describe in Schedule O)
74	
40	
→ 世	Total program service expenses 848,572

8) Love INC of Columbia Checklist of Required Schedules Part IV

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	<u> </u>	Yes	No
•	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			١,,
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			١,,
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١,
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		٦,
9	Complete Schedule D, Part III	°		X
,	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X
)	Did the organization, directly or through a related organization, hold assets in temporarily restricted	+		
,	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V · · · · · · · · · · · · · · · · · ·	10		>
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			H
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			-
-	complete Schedule D, Part VI	11a	Х	ŀ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more		- 21	╁╴
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		2
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			 '
Ĭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		>
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	ť
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		2
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Ť
	Schedule D. Parts XI and XII	12a		>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			Ť
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional · · · · · · · · ·	12b		>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		3
la	Did the organization maintain an office, employees, or agents outside of the United States?		_	>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			<u> </u>
	fundraising, business, investment, and program service activities outside the United States, or aggregate			l
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		>
;	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16)
,	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Χ	
3	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
)	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		2
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		}
a	Did the diganization operate one of more hospital facilities? If Test, complete schedule if			
		20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

1 0	Title Checkist of Required Schedules (continued)		,	
22	, . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	ŀ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		-^-	├
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · ·	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	- <u>-</u> -		 ^
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			1
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
D	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				\Box
	Check if Schedule O contains a response or note to any line in this Part V	• • •		لليلم
4-	Enter the number consisted in Day 2 of Form 1000. Fixed 2 of fixed and table		Yes	No
1a 	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			1
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	.	,	1
	reportable gaming (gambling) winnings to prize winners?	1c	X	L

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Νo Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Χ **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 4" 8 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 、 b Section 501(c)(12) organizations. Enter 11 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand С 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a '	No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🛛
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 '1		٠,١
	If there are material differences in voting rights among members of the governing body, or			·
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O	٠.		'
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			- "j
	the year by the following	,,		
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		 -	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • •	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	v	
42	describe in Schedule O how this was done	12c	X	
13	Did the digunization have a triken initiation policy	13		X
14 15	Did the organization have a written document retention and destruction policy?	14		
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i i		
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		- -
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		`,	1
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Rose Williams (573)443-7015, 4315 Zoe Lane, Columbia, MO 65201			

orm.	aan	(2018)	

Love INC of Columbia

20-8801850

age 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - · List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any hours for							(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Jane Williams Founding Director	40.00	Х						30,224	0	0
(2) Rose Williams	5.00	11	_					30,224		
treasurer	- 2.00-	Х		X				o	o	o
(3) Verna Harris-Laboy	1.00							•		
Director		Χ						0	о	0
(4) Terry Dykes Secretary	1.00	Х		Χ				0	0	0
(5) Patrick Concannon Director		Х		Х				0	0	0
(6) Greg Deline Board President	4.00	Х		Х				0	0	0
(7) Dave Cover	1.00	Х						0	0	0
(8) Dan Hlavac Director	1.00_	Х						0	0	0
(9) Mark Evans Director		Х						0	0	0
(10)Melody Perry Director		Х						0	0	0
(11)Carson Coffman Director		Х						0	0	0
(12)Robert Scchaal Director		Х						0	0	. 0
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, aı	nd H	lighe	st C	Comp	ensa	ted Employees (a	ontinued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, ı	ınless	pers	tion ore th on is	an obstruction on the true of		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com I orç ar	(F) stimated mount of other npensaliform the ganization of relate sanization	f on on ed
<u>(15)</u>													
(16)													_
<u>(17)</u>													-
<u>(18)</u>								,					
<u>(19)</u>	••••												
(20)				-									
(21)													
(22)			•										
(23)										-			
(24)													
(25)													
1b	Sub-total							▶			<u> </u>		
С	Total from continuation sheets to Part VII, Section	on A · ·						•					_
d	Total (add lines 1b and 1c)								30,224	0			0
2	Total number of individuals (including but not limited	to those liste	d abov	e) w	vho r	ece	ved m	ore	than \$100,000 of				
	reportable compensation from the organization								 	0			
_												Yes	No
3	Did the organization list any former officer, director, employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J</i>								ensated 		3		X
4	For any individual listed on line 1a, is the sum of rep										-		Δ.
•	organization and related organizations greater than S												
	ındıvıdual										4		X
5	Did any person listed on line 1a receive or accrue co	mpensation	from a	ny u	nrela	ated	organ	ızatı	on or individual				
	for services rendered to the organization? If "Yes," c	omplete Sch	edule .	l for	sucl	n pei	rson				5		X
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensate	-											
	compensation from the organization Report comper year	isation for the	e caler	idar	year	enc	ling w	ith oi	within the organiz	ation's tax			
	(A)								(B)			(C)	
	Name and business address								Description of	services		ensatio	n
									ļ		_		
									 				
	Total number of independent contractors (including t	out not limited	to the	se li	sted	abo	ve) w	ho	1				•
•	received more than \$100,000 of compensation from			>			,						j

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenue uded from tax Total revenue Related or Unrelated business exempt function under sections 512-514 revenue 1a Federated campaigns Membership dues 1b 1c Fundraising events 116,058 1d tributions, G 1e Government grants (contributions) · · All other contributions, gifts, grants, and similar amounts not included above 1f 604,005 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 720,063 **Business Code** 2a Retail Sales 453310 340,243 340,243 f All other program service revenue Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds (ı) Real (II) Personal 6a Gross rents **b** Less rental expenses · · · c Rental income or (loss) · · · (i) Securities 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses . . . c Gain or (loss) d Net gain or (loss) . . . 8a Gross income from fundraising events (not including \$ -116,058 of contributions reported on line 1c) See Part IV, line;18 **b** Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV. line 19 a **b** Less direct expenses b c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances · · · **b** Less cost of goods sold c Net income or (loss) from sales of inventory · · · · · · · ▶ Miscellaneous Revenue **Business Code** 11a ROUNDING d All other revenue . . . e Total. Add lines 11a-11d Total revenue. See instructions 1,060,306

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV. line 22 166,572 166,572 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 80,656 30.224 50,432 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 501,641 423,028 78,613 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 8,875 6,870 2,005 10 50,074 39,133 10,941 11 Fees for services (non-employees) а b Lobbying d Professional fundraising services See Part IV, line 17 . 33,443 33,443 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 9,026 5,183 3,843 12 Advertising and promotion 5,215 4,588 627 13 Office expenses 28,096 17,042 4,851 6,203 14 Information technology 15 16 77.487 75,621 1,866 17 748 748 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 575 575 20 10,715 6,548 4,167 21 14,746 14,746 22 Depreciation, depletion, and amortization 19,697 18,938 659 100 23 20,533 16,467 4,066 24 Other expenses literaize expenses not covered We reproduce the second of the And the company above (List miscellaneous expenses in line 24e. If Company of the part of the par The Cartier of the , joh line 24e amount exceeds 10% of line 25, column 2 1196 - 1396 102.2 11.14 990" A# 110)/5" Yant as as V //N . , Julia Johan Kan (A) amount, list line 24e expenses on Schedule O) 30CY" <u>5,3</u>39 BANK CHARGES 6,732 564 829 b MEALS AND ENTERTAINMENT 3,809 291 3,347 171 REPAIR AND MAINTENANCE 5,043 3,802 1,241 đ SUPPLIES (NON OFFICE) 10,462 11,629 1,310 (143)All other expenses 49,389 14,085 1,750 33,554 Total functional expenses. Add lines 1 through 24e 25 1,104,701 848,572 181,972 74,157 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here

If

following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

		- One of the orientation of the		this ratex			
					(A)		(B)
•					Beginning of year	<u> </u>	End of year
	1	Cash - non-interest-bearing · · · · · · · · ·		L.	190,536	1	140,228
	2	Savings and temporary cash investments · · · · · ·				2	66,630
	3	Pledges and grants receivable, net			62,200	3	
	4	Accounts receivable, net			6,996	4	29,270
	5	Loans and other receivables from current and former off		·		1	,
		trustees, key employees, and highest compensated emp	loyees		· · · · · · · · · · · · · · · · · · ·		
		Complete Part II of Schedule L		<i></i> <u>.</u>		5	
	6	Loans and other receivables from other disqualified persons (as	define	d under section	_		•
		4958(f)(1)), persons described in section 4958(c)(3)(B), and cor	itributin	g employers and		١.,	'
		sponsoring organizations of section 501(c)(9) voluntary employe	ees' ber	eficiary			+ ·
\$		organizations (see instructions) Complete Part II of Schedule L		<u> </u>		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,481	8	1,862
As	9	Prepaid expenses and deferred charges · · · · · ·	· · · .	. <i>. </i> [(629)	9	6,375
	10a	Land, buildings, and equipment cost or				•	· 1
		other basis Complete Part VI of Schedule D · · · ·	10a	479,665			
	b	Less accumulated depreciation · · · · · · · · · · · · · · · · · · ·	10b	100,334	379,331	10c	379,331
	11	Investments - publicly traded securities · · · · · · ·		<i></i> [11	
	12	Investments - other securities See Part IV, line 11 .		<i></i>	_	12	
	13	Investments - program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		[510	15	510
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		640,425	16	624,206
	17	Accounts payable and accrued expenses			5,701	17	19,486
	18	Grants payable		[18	
	19	Deferred revenue	[19		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability Complete Part IV of	ule D · · · · · ·		21		
es	22	Loans and other payables to current and former officers,	directo	ors,	•		1
Lıabilities		trustees, key employees, highest compensated employe	es, and	i	·		
lab		disqualified persons Complete Part II of Schedule L		[22	
	23	Secured mortgages and notes payable to unrelated third	partie	s [212,417	23	247,657
	24	Unsecured notes and loans payable to unrelated third pa	irties	[24	1,670
	25	Other liabilities (including federal income tax, payables to	relate	d third			
•		parties, and other liabilities not included on lines 17-24)	Compl	ete Part X			
		of Schedule D · · · · · · · · · · · · · · · · · ·			7,313	25	7,221
	26	Total liabilities. Add lines 17 through 25		· · · · · · · · · · · · · · · · · · ·	225,431	26	276,034
		Organizations that follow SFAS 117 (ASC 958), check	here	▶ 🛚 and			
ces		complete lines 27 through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets			171,083	27	169,450
Ва	28	Temporarily restricted net assets		<i></i> [243,911	28	178,722
Pu	29	Permanently restricted net assets		[29	
F		Organizations that do not follow SFAS 117 (ASC 958)), chec	k here ▶ 🗌 and	3		
0.5		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds	[30		
Ass	31	Paid-in or capital surplus, or land, building, or equipment	fund	[31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or	other	funds \cdots		32	
Z	33	Total net assets or fund balances	<i></i> [414,994	33	348,172	
	34	Total liabilities and net assets/fund balances			640,425	34	624,206

		<u> 20-8801</u>	350	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🛛
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,0	060,3	306
2.	Total expenses (must equal Part IX, column (A), line 25)	. 2		04,7	
3	Revenue less expenses Subtract line 2 from line 1	. 3		(44,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		14,9	
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9	((22,4	127)
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	3	348,1	172
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<i>.</i>			. 🔲
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other		1 4		-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ĺ	, ,
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				٠,٠
	reviewed on a separate basis, consolidated basis, or both				-1
	Separate basis Consolidated basis Both consolidated and separate basis			·	
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				4 - 1
	separate basis, consolidated basis, or both		*		1
	Separate basis Consolidated basis Both consolidated and separate basis		٠		' '
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				أستا
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	<i>.</i>	· 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			**	
	Schedule O			احصدا	1.4.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	-			
	the Single Audit Act and OMB Circular A-133?	'	. За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	. 3b		L
EEA			Form	990 (2	2018)

SCHEDULE A

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.

OMB No 1545-0047

2018

Open to Public

(Form 990 or 990-EZ)

▶ Attach to Form 990 or Form 990-EZ. Department of the Treasury Inspection Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

		NC of Columbia					20-88018							
Pa	rt I	Reason for Public Charity	y Status (All or	<u>ganizations must c</u>	omplete	this part) See instruction	<u> </u>						
he o	orgar	nization is not a private foundation beca	ause it is (For lines	s 1 through 12, check onl	ly one box)		-						
1		A church, convention of churches, or	association of chur	ches described in sectio	n 170(b)(1)(A)(i).	$\triangle O$							
2		A school described in section 170(b)	(1)(A)(ıi). (Attach S	chedule E (Form 990 or	990-EZ))		$ \mathcal{M} $							
3		A hospital or a cooperative hospital se	ervice organization	described in section 170	0(b)(1)(A)(iir).	\cup (
4		A medical research organization oper-	ated in conjunction	with a hospital described	d in section	n 170(b)(1)	(A)(iii). Enter the							
		hospital's name, city, and state	-	·										
5	П	An organization operated for the bene	fit of a college or u	niversity owned or opera	ted by a go	overnmenta	al unit described in							
		section 170(b)(1)(A)(iv). (Complete F	•	,	,									
6	П	A federal, state, or local government of	•	it described in section 1	70(h)(1)(A	1/v1								
7	Ħ	An organization that normally receives	•				n the general nublic							
•	ш	described in section 170(b)(1)(A)(vi).	•		Cimicino	OTTO TO	ir the general public							
8	П	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
9	H													
3	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or													
		•	ge or agriculture (s	ee instructions) Enter th	e name, ci	iy, anu siai	e of the college of							
0	X	An organization that normally receives	. (1) mara than 22	1/20/ of its support from			orabin food, and area							
0	ΚŊ	receipts from activities related to its ex		• •				5						
		· .	•	•	•	•								
		support from gross investment income		_ `.		•	om businesses							
4	П	acquired by the organization after Jun				•								
1 2	H	An organization organized and operat		·			corn, and the arms							
2	ш	An organization organized and operat	•	•										
		of one or more publicly supported orga		, ., .										
	_	Check the box in lines 12a through 12				•		J						
	а	Type I. A supporting organization		_		-								
		the supported organization(s) the		•	ty of the di	rectors or t	rustees of the							
	L	supporting organization You mus	•											
	b	Type II. A supporting organization						,						
		control or management of the sup		•	rsons that	control or r	nanage the supported	1						
		organization(s) You must compl												
	C	Type III functionally integrated.		·			· •	l,						
	۰	its supported organization(s) (see		•										
	d	Type III non-functionally integra						•						
		that is not functionally integrated		•		•	t and an attentivenes	S						
	_	requirement (see instructions) You	· · · · · · · · · · · · · · · ·		-		r . u = .u							
	е	Check this box if the organization				гатурет,	туре п, туре ш							
		functionally integrated, or Type III	-	egrated supporting orga	nization			[
	f	Enter the number of supported organi												
	g	Provide the following information abou		· · · · · · · · · · · · · · · · · · ·	T		T							
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		rganization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see						
				above (see instructions))	docum	•	instructions)	instructions)						
					Yes	No								
A)														
		•												
B)						1								
														
C)														
					 									
D)														
					 									
E)														
otal														

	ule A (Form 990 or 990-EZ) 2018 Love	INC of Col	umbia			20-8801850	Page 2
Pa	rt II Support Schedule for Org						
	· (Complete only if you check						under
	Part III If the organization f	ailছ to qualify	under the tests	listed below, p	olease complet	e Part III)	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) [*] 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total"
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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 · · · · · ·			<u>. </u>			
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)			\sim		-1	
6	Public support. Subtract line 5 from line 4 · ·		<u> </u>				
	tion B. Total Support				<u> </u>	,	
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	/(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4						
9	similar sources						
	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 VI)				\		
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	eế instructions)				1,2	- -
13	First five years. If the Form 990 is for the organization, check this box and stop here	· · · · · · · ·		•			▶ 🗌
	tion C. Computation of Public Su					1 1 2	
14	Public support percentage for 2018 (line 6, c						%
15	Public support percentage from 2017 Schedi					15 \	%
16a	33 1/3% support test - 2018. If the organiza					tnis \	
	box and stop here. The organization qualifie						· · · · • 📙
b	33 1/3% support test - 2017. If the organiza					cneck	, n
47-	this box and stop here. The organization qua	•					· · · · • 📙
17a	10%-facts-and-circumstances test - 2018.					\	
	10% or more, and if the organization meets the				-	1	
	Part VI how the organization meets the "facts	s-and-circumstan	ces lest the organ	ization qualifies as	a publicly supporte	,u \	▶ □
.	organization	If the organization	n did not check a hor		ich or 17a and line		
b	15 is 10% or more, and if the organization me	•				`\	
	Explain in Part VI how the organization meets					lv l	\
	supported organization	saiç iacis-aliu-c	mounistances test		iounico ao a public	, , , ,	λ ▶ □
18	Private foundation. If the organization did n	ot check a hov o	n line 13 16a 16h 1	7a or 17h check	this hox and see		1.
	instructions						\ • 🗆
	mondona						<u> </u>

20-8801850

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

(Complete only if you checked the box on line 10 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)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	397,486	360,757	383,962	526,385		1,668,590
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose · · · · · · · · Gross receipts from activities that are not an	166,346	191,275	256,000	289,393		903,014
	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	563,832	552,032	639,962	815,778		2,571,604
7a	Arnounts included on lines 1, 2, and 3 received from disqualified persons	19,140	14,675	87,011			120,826
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						
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·	19,140	14,675	87,011			120,826
8	Public support. (Subtract line 7c from	, '					
Sec	ction B. Total Support		`			1	2,450,778
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · · ·	563,832	552,032	639,962	815,778	(6) 2010	2,571,604
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				7		
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 VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	563,832	552,032	639,962	815,778		2,571,604
14	First five years. If the Form 990 is for the org organization, check this box and stop here			•	, , , ,		_
	ction C. Computation of Public Su	 	_ 		· · · · · ·		
	Public support percentage for 2018 (line 8, co					15	95.30 %
16	Public support percentage from 2017 Schedu					16	94.45 %
	ction D. Computation of Investme			······································		47	2.02
	Investment income percentage for 2018 (line Investment income percentage from 2017 Sc					17	0.00 % 0.00 %
	33 1/3% support tests - 2018. If the organization is not more than 33 1/3%, check this box a	ation did not check t	he box on line 14,	and line 15 is more	than 33 1/3%, and	line	
b	33 1/3% support tests - 2017. If the organizatine 18 is not more than 33 1/3%, check this b	ation did not check a	s box on line 14 or	line 19a, and line 1	6 is more than 33 1	/3%, and	_
20	Private foundation. If the organization did no		=				=

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**
 - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		
3a		
- <u>3b</u>		
3c		<u> </u>
4a		<u> </u>
- 4b		
-		
4c		
		A supplied and a supp
5a		
5b		
5c		-
-		
7		
8		
9a		
9b]
9c		
10a		
10b		<u></u>

	ule A (Form 990 or 990-EZ) 2018		F	age
Pa	t IV Supporting Organizations (continued)			,
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		\vdash
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		-
	tion B. Type I Supporting Organizations	110	L	<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		,	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	,		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	.,		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		-	
	or management of the supporting organization was vested in the same persons that controlled or managed			
500	the supported organization(s) tion D. All Type III Supporting Organizations	1		
360	tion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	-		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1.5		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			ĺ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		\vdash
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ŧ
	significant voice in the organization's investment policies and in directing the use of the organization's			ł
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions)
a	The organization satisfied the Activities Test Complete line 2 below			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	/aaa		. 4
c	Activities Test Answer (a) and (b) below.	see II	Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		,	,
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
	neck here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov 20, 1970 (expla	ain in Part VI) See
ins	structions. All other Type III non-functionally integrated supporting organ	zations	s must complete Section	ons A through E
Section A	Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A -	Adjusted Net Income		(A) Phor tear	(optional)
1 Net sh	nort-term capital gain	1		
2 Recov	veries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add lii	nes 1 through 3	4		
5 Depre	ciation and depletion	5		
6 Portio	n of operating expenses paid or incurred for production or			
collection	of gross income or for management, conservation, or	1 1		
maintenai	nce of property held for production of income (see instructions)	6		
7 Other	expenses (see instructions)	7		
8 Adjus	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	gate fair market value of all non-exempt-use assets (see		• • • • • • • • • • • • • • • • • • • •	,
instruction	ns for short tax year or assets held for part of year)		-	, ´,
a Avera	ge monthly value of securities	1a		
b Avera	ge monthly cash balances	1b		
c Fair m	narket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	unt claimed for blockage or other	,		-
factors (e	explain in detail in Part VI)			,
2 Acquis	sition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	act line 2 from line 1d	3		
4 Cash	deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instru	ctions)	4		
5 Net va	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	ly line 5 by 035	6		
7 Recov	veries of prior-year distributions	7		
8 Minim	num Asset Amount (add line 7 to line 6)	8		
Section C -	- Distributable Amount		·	Current Year
1 Adjust	ted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter	85% of line 1	2		
3 Minim	um asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter	greater of line 2 or line 3	4		
5 Incom	e tax imposed in prior year	5	+	
6 Distril	butable Amount. Subtract line 5 from line 4, unless subject to		1	
emergend	cy temporary reduction (see instructions)	6		
7 Ch	eck here if the current year is the organization's first as a non-functionally	ıntegr	ated Type III supportin	g organization (see
	structions)	-	• • •	-

	Schedule A (Form 990 or 990-EZ) 2018 Love INC of Columbia 20-8801850 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
rai	Type iii Non-Functionally integrated 505(a)(5) Supporting Organi	zations (continued)					
Sec	Section D - Distributions							
	Amounts paid to supported organizations to accomplish exer							
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported	1	1				
	organizations, in excess of income from activity							
_3	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions					
. 4	Amounts paid to acquire exempt-use assets	<u>.</u>						
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions	<u> </u>		-				
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the	e organization is respon	sive					
	(provide details in Part VI) See instructions							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount			r				
		(i)	(ii)	(iii)				
S	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable				
		Execus Biodribations	Pre-2018	Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6	就業等其次機構業會	2英語學家 建海绵性					
2	Underdistributions, if any, for years prior to 2018		*					
	(reasonable cause required - explain in Part VI) See							
	instructions							
	Excess distributions carryover, if any, to 2018,							
	From 2013	學學院發展的		海贯成为沙漠等				
	From 2014	李·霍二年2000年至1月1日		Total Marian Control of the Control				
	From 2015	对此是是他们的						
$\overline{}$	From 2016	· 於是這個的	省市的部署中央共產黨	學的學術的學術學				
	From 2017							
	Total of lines 3a through e		可是不是是自己的	文: 11.15.42 (1.15.15.15.15.15.15.15.15.15.15.15.15.15				
	Applied to underdistributions of prior years							
	Applied to 2018 distributable amount		经过的过去分词 经	,				
	Carryover from 2013 not applied (see instructions)							
	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2018 from							
	Section D, line 7.	COMPANIE STATE						
	Applied to underdistributions of prior years	ENGLISH STATE						
	Applied to 2018 distributable amount		於為此的公安的是非代於					
	Remainder Subtract lines 4a and 4b from 4	The second secon		为2000年第3000年第3000年				
5	Remaining underdistributions for years prior to 2018, if							
	any Subtract lines 3g and 4a from line 2 For result							
	greater than zero, explain in Part VI See instructions		and the second second second second second and the second					
6	Remaining underdistributions for 2018 Subtract lines 3h							
•	and 4b from line 1 For result greater than zero, explain in							
	Part VI See instructions	THE SERVICE OF THE SE						
7	Excess distributions carryover to 2019 Add lines 3j							
	and 4c	m toler toler years to take the second to		CHARGE TREATME				
8	Breakdown of line 7							
	Excess from 2014							
	Excess from 2015							
	Excess from 2016							
	Excess from 2017 · · · ·							
е	Excess from 2018							

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name	of the organization	Employer identification number
Lov	ve INC of Columbia	20-8801850
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accou	nts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) ·	
3	Aggregate value of grants from (during year) · ·	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	important land area
	Protection of natural habitat Preservation of a certified his	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	servation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	zation during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
	•	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	()(ı)
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	describes the
	organization's accounting for conservation easements	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur	therance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	s
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ball	lance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	therance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	•
а	Revenue included on Form 990, Part VIII, line 1	> \$
ь	Assets included in Form 990. Part X	· · · · · ▶ \$

Pa	rt III Organizations Maintaining C	ollectio	ns of Ar	t, Histo	rical Tre	easures, e	or Othe	er Similar As	sets	; (con	<u>tınue</u>	ed)
3	Using the organization's acquisition, accession,	and other r	ecords, ch	eck any o	f the follow	ing that are a	a significa	ant use of its				
	collection items (check all that apply)		_									
а	Public exhibition	d	Loar	n or excha	nge progra	ams						
b	b Scholarly research e Other											
С	Preservation for future generations											
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part											
	XIII											
5	During the year, did the organization solicit or re	ceive dona	tions of art	, historica	l treasures	, or other sım	nlar					
	assets to be sold to raise funds rather than to be			of the orga	nızatıon's d	collection?				<u> </u>	es	☐ No
Pa	rt IV Escrow and Custodial Arran											
	Complete if the organization ai 990, Part X, line 21	nswered	"Yes" or	1 Form	990, Par	t IV, line 9	, or rep	orted an amo	ount	on Fo	ırm	
1a	Is the organization an agent, trustee, custodian											
	ıncluded on Form 990, Part X?									□ Y	es	☐ No
b	If "Yes," explain the arrangement in Part XIII and	d complete	the following	ng table								
									moun	ıt		
С	Beginning balance											
d	Additions during the year											
е	Distributions during the year											
f	Ending balance						· · 1f					
2a	Did the organization include an amount on Form	990, Part 2	X, line 21,	for escrov	v or custod	ial account li	ability?			• 🗌 Y	es	☐ No
b	If "Yes," explain the arrangement in Part XIII Ch	eck here if	the explan	ation has	been provi	ded on Part	XIII	· · · · · · · · ·	<u></u>			
Pa	t V Endowment Funds.			_								
	Complete if the organization ar	nswered	"Yes" or	Form !	990, Par	t IV, line 1	0					
		(a) Curre	nt year	(b) Pr	or year	(c) Two year	s back	(d) Three years bac	;k	(e) Four	years b	oack
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and											
	losses $\cdots \cdots											
d	Grants or scholarships											
е	Other expenditures for facilities and				-							
	programs								L			
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the current	year end b	alance (lın	e 1g, colu	mn (a)) he	ld as						
а	Board designated or quasi-endowment		%									
b	Permanent endowment ► %											
С	Temporarily restricted endowment	%	•									
	The percentages on lines 2a, 2b, and 2c should	equal 100%	6									
3a	Are there endowment funds not in the possession	on of the org	ganization	that are h	eld and adi	ministered fo	r the					
	organization by									[Yes	No
	(i) unrelated organizations									3a(i)	-	
	(ii) related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as	required o	n Schedu	le R? • •					3b		
4	Describe in Part XIII the intended uses of the org	ganization's	endowme	ent funds								
Pai	t VI Land, Buildings, and Equipm	ent.										
	Complete if the organization ar	nswered	"Yes" or	Form	990, Parl	t IV, line 1	1a See	e Form 990, F	<u>'art </u>	X, line	: 10	
	Description of property	(a)	Cost or othe			r other basis other)		Accumulated epreciation		(d) Book	value	
1a	Land		6	6,000							66,0	000
b	Buildings			5,208				89,808			05,4	
С	Leasehold improvements			2,548							22,5	
d	Equipment			3,577			-				43,5	
е	Other	e · ·		2,332				10,526			41,8	
Total	. Add lines 1a through 1e (Column (d) must equi	al Form 990			, line 10c)						79,3	
EEA						· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	Sched	lule D (Fo		

Schedule D (Form 990) 2018

Love INC of Columbia

Page 2

20-8801850

Schedule D (Form 9	90) 2018 Love INC	of Columbia	20-8801850	Page
Part VII	Investments - Other Securit	ies.		
	Complete if the organization a	answered "Yes" on Form 990,	Part IV, line 11b See Form 990, Part X, line	e 12
<u> </u>				

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial denvatives		
(2) Closely-held equity interests		-
(3) Other		
(A)		
(B)	• • •	
(C)	•	
(D)	•	
(E)		
(F)		
(G)		
(H)		
Total (Column (b) must equal Form 990, Part X, col (B) line 12)		以其实的实际是是是"特别的"。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Part VIII Investments - Program Related		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)	, .	
(2)	,	
(3)	•	
(4)		
(5)		
(6)		,
(7)		• ,
(8)		
(9)		ľ
Total (Column (b) must equal Form 990, Part X, col. (B) line 13.)	***	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Descrip	ption	(b) Book value
(1)		
(2)		
3) -		
4)	,	
5)		
6)		
7)		1
8)		
9)	•	
tal. (Column (b) must equal Form 990. Part X. col. (B) line 15.)		

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2	ACCRUED VACATION	6,798	
(3) FUNDS HELD FOR OTHERS	276	
(4	UNITED WAY PAYROLL WITHHOLDING PAYA	147	
(5	5)		
(6	5)		
(7	· ·	,	
(8)		
(9)		
Total	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	7.221	

2 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

	ule D (Form 990) 2018 Love INC of Columbia	20-8801850	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
_	. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	1	
2	*Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	6	-
b	Donated services and use of facilities		
С	Recoveries of prior year grants	7 :	
d	Other (Describe in Part XIII)	 	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	,	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	- -	
C	Add lines 4a and 4b ···································	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	por recurring	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities	33	
a	Prior year adjustments	r '	
b		- ´ •	
C			
d	Other (Describe in Part XIII)	<u> </u>	
е 3	Subtract line 2e from line 1		
4		3	
-	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a		 	•
b	Other (Describe in Part XIII)		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
	rt XIII Supplemental Information.] 3	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, F	last V. line	
	int XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	art X, iiric	
_,	nervi, intel 24 and 15, and 1 arrivin, intel 24 and 15 rice complete this part to provide any books had information		
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Schedule D (Form 990) 2018

EEA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

2018

Department of the Treasury Internal Revenue Service

▶Go to www.irs gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number 20-8801850 Love INC of Columbia Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply e X Solicitation of non-government grants a X Mail solicitations Internet and email solicitations Solicitation of government grants c X Phone solicitations g X Special fundraising events d X In-person solicitations 2a 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? ∏ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (IV) Gross receipts (or retained by) custody or control of (II) Activity (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col (I) No 1 GENERIS ANALIZE 6455 E JOHNS XING, S, 30097 POTENTIAL 33,443 (33,443)2 3 4 5 R 9 10 Total 33,443 (33,443)

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 .		
			_
			•
		1	
			-
		•	

20-8801850 Fundraising Events. Complete if the organization answered "Yes" on 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 OVER THE EDG	(b) Event #2	(c) Other events None	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	116,056			116,056
Še	•	Ci OSS reccipio	110,030			110,050
	2	Less Contributions · · · · · ·				
	3	Gross income (line 1 minus				
		line 2)	116,056			116,056
	4	Cash prizes				
	•	odon prizoo				
	5	Noncash prizes · · · · · · ·				
		D. Aff. D. Sala				
Direct Expenses	6	Rent/facility costs · · · · · · ·				
xbei	7	Food and beverages				
벙		, and the second				
ă	8	Entertainment				
	•	Other direct evenesses	22.424			00.401
	9	Other direct expenses	23,431	<u> </u>	I	23,431
	10	Direct expense summary Add lines	4 through 9 in column (d)		▶ [23,431
	11	Net income summary Subtract line				92,625
Pa	rt II			'Yes" on Form 990, Par	t IV, line 19, or reported	more
_		than \$15,000 on Form 990	J-EZ, line 6a			
e e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue						
œ	1	Gross revenue				
Se S	2	Cash prizes · · · · · · · · · · · · · · · · · · ·		,		
Direct Expenses	3	Noncash prizes				
Ē		·				
Jiec	4	Rent/facility costs · · · · · · ·				
اد	_	Other direct synamos				
		Other direct expenses	☐ Yes %	☐ Yes %	Yes %	
	6	Volunteer labor	□ No —		No No	+
		·				
	7	Direct expense summary Add lines	2 through 5 in column (d)			
	8	Net gaming income summary Subtr	ract line 7 from line 1, colun	on (d)		
		The garning moonie summary Subti	act and 7 monthine 1, colum	(3)		
9	Ent	ter the state(s) in which the organizat	ion conducts gaming activit	ties		
а		he organization licensed to conduct g	gaming activities in each of	these states?		···· Yes 🗌 No
b	If "I	No," explain				
	_	<u></u>				
10a	We	ere any of the organization's gaming li	censes revoked, suspende	ed or terminated during the	tax year? · · · · · ·	· · · · 📗 Yes 📗 No
b		Yes," explain				

(h) Purpose of grant Open to Public or assistance OMB No 1545-0047 Inspection 2018 ⊠Yes Employer identification number Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. 20-8801850 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 ▶ Attach to Form 990. Grants and Other Assistance to Organizations, (e) Amount of noncash assistance ■ Go to www.irs.gov/Form990 for the latest information. (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant (c) IRC section (if applicable) General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (b) EIN (a) Name and address of organization Love INC of Columbia or government Department of the Treasury Name of the organization Internal Revenue Service SCHEDULE (Form 990) Part Part II Ξ 3 ල €

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Schedule I (Form 990) (2018) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the instructions for Form 990. Enter total number of other organizations listed in the line 1 table 9

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 20-8801850 Love INC of Columbia Schedule I (Form 990) (2018)

Part III | Grants an

Page 2

Schedule I (Form 990) (2018) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, VERIFICATION OF FMV, appraisal, other) LIABILITY (d) Amount of noncash assistance 166,572 (c) Amount of cash grant Part III can be duplicated if additional space is needed 1,100 (b) Number of recipients EMERGENCY CASH TO COVER RENT, 1 UTILITIES, TRANSPORTATION, ET (a) Type of grant or assistance Part IV EEA ~ က 2 9

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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

Love INC of Columbia	20-8801850
01. Form 990 governing body review (Part VI, line 11)	
The board treasurer (A CPA) reviews Form 990 before it is filed.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
Board members voluntarily report potential conflicts of interest. Outside	auditor sends
conflict of interest questionnaire to all board members as part of annual.	audıt.
03. Governing documents, etc, available to public (Part VI, line 19)	
Documents are made available to the public upon written or verbal request.	
<u> </u>	
04. Explanation of other changes in net assets or fund balances (Part XI	, line 9)
DISTRIBUTION OF TEMPORAARILY RESTRICTED FUNDS TO SUPPORTING 501(C)(3) ORGA	NIZATION:
\$22427	
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(g) Sec 512(b)(13) controlled entity? Yes No Schedule R (Form 990) 2018 (f) Direct confrolling entity Open to Public OMB No 1545-0047 Inspection 2018 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Employer identification number Direct controlling entity 20-8801850 (e) End-of-year assets Public chanty status (if section 501(c)(3)) <u>e</u> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Exempt Code section Related Organizations and Unrelated Partnerships ▶ Go to www.irs.gov/Form990 for instructions and the latest information. (C) Legal dom (state or foreign country) ਉ Legal dom (state or foreign country) ▶ Attach to Form 990. (b) Primary activity Primary activity one or more related tax-exempt organizations during the tax year For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded enbty Name, address, and EIN of related organization Love INC of Columbia Department of the Treasury Name of the organization SCHEDULE R (Form 990) Part II Part 4 3 1 lΞ 18 | ଡ lΞ 3 | ଡ (2)

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Love INC of Columbia

Schedule R (Form 990) 2018

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34

Page 2

20-8801850

owner-(h) (i) Percentage | Sec 512(b)(13) Schedule R (Form 990) 2018 ₹ •Å Yes No % controlled entity? res No nanaging Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Gen or partner 9 ownership Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Ξ (g) Share of Disprop-ortionate res No altocations Ξ Share of total (g) Share of end-of-year assets income line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Type of entity (C corp. S corp, Share of total income or trust) C Corp $\boldsymbol{arepsilon}$ because it had one or more related organizations treated as a partnership during the tax year Predominant income (related, sections 512-514) excluded from tax under unrelated, Direct controlling entity ਉ (d) Direct controlling 1 entity A/A domicale (state or foreign (c) ğ Legal domicale (state or foreign country) TRAINING EMPLOYMENT Primary activity INDIVIDUALS CHALLENGED Primary activity Name, address, and EIN of related organization (1) LOVE MY JOB TRAINING CENTER, 1516 BUSINESS LOOP 70 WEST Name, address, and EIN of related organization Columbia, MO 65202 Part IV Æ ල 3 (2) 3 E ন ල |€ <u>(0</u>

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rait IV, line 34, 330, of 30		
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Love INC of Columbia

Schedule R (Form 990) 2018

Part VI | Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

nanaging owner-Schedule R (Form 990) 2018 Yes No partner? Gen or 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets Yes No ortionate Dispropallocations Ξ Share of end-of-year assets **6** Share of total income $\boldsymbol{\varepsilon}$ (e)
Are all partners section 501(c)(3) organizations?
Yes No or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships Predominant income (related, suncelated, excluded from tax under from tax under sections 512-514) ਉ Legal domicale (state or foreign Primary activity Name, address, and EIN of entity (12) 3 8 5 E € (2) (3) 4 (2) 9 6) Æ