# Form 990

## **Return of Organization Exempt From Income Tax**

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

Department of the Treasury

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

2017

OMB No 1545-0047

**Open to Public** 

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ള	<u>A  </u>	or the	2017 calendar year,	, or tax year begin	ning			, 2017, and er	nding			, 20
รูร	В	Check of a	pplicable C Name	e of organization LOVE	INC OF CO	LUMBIA					D	Employer identification no.
Statute Issue		Address c	hange Doing	business as							7 2	0-8801850
Ž		Name cha	nge Numb	ber and street (or PO box	r if mail is not deliver	ed to street address)		· · · · · · · · · · · · · · · · · · ·	Room/s	uite		Telephone number
ğ	$\overline{}$	nitial retu	· .	09 E WALNUT		,					1	Torophono Harrada
2	$\overline{}$			or town, state or province,	country and ZID and				<u> </u>		1	
Z	ᇹ		1 1			oreign postar code					ľ	Gross receipts
	$\overline{}$	Amended		LUMBIA, MO 6					<del></del>			\$ 1,060,585
5	U /	Applicatio	· ·	e and address of principal		DELINE			H(a)	Is this a group re	etum for si	ubordinates? Yes X No
22				ME AS C ABOVI	<u> </u>				Н(ь)	Are all suborc	linates ır	ncluded? Yes No
ပ	<u></u>	ax-exem	ot status 🔀 501(c)(3)	) 501(c) (	) 🖣 (insert no )	4947(a)(1) or	52	7		If "No," at	tach a lis	st (see instructions)
يت	<u> </u>	Nebsite:	▶ WWW.LOVE	ECOLUMBIAMO.C	RG				H(c)	Group exem	ption nu	mber 🕨
. 🗀	K F	orm of o	rganization 🛛 Corporati	tion 🔲 Trust 🗌 Ass	ocietion 🔲 Other	<b>•</b>	L	Year of formation 2	006	M State o	f legal d	omale MO
$\widetilde{\omega}$	Pa	rt I	Summary									<del></del>
25		1	Briefly describe the o	organization's missi	on or most signif	cant activities	LOVE	INC COORDIA	TES	BOONE C	OUNT	Y RESOURCES
5	•		AND VOLUNTEER		•							
3	O							IIII ONDERGI	1110	CORCES	OF I	MCH CHIERI S
5	ш		POVERTY AND G	OIDE HIM/HEN	INTO SELE	-SOFFICIENC:	<u> </u>			···		·
9	ě		Charlethia have N	7.645	4			th 250/				
3	Governa	2	Check this box ▶ [_	- <del>-</del>		•	osea or	more than 25% o	r its net	assets	- 1	
4	රේ	3	Number of voting me	=		•			• • • •	۱۰۰۰۰	3	9
	ies	4	Number of independent		-		•		• • • •	۱۲	4	9
	Ξ	5	Total number of indiv	· ·	calendar year 2	017 (Part V, line 2a	3) ·	TITT LIKET		۱	5	24
	Activities	6	Total number of volu						• • • •	• • • •	6	80
		7a	Total unrelated busin	ness revenue from I	Part VIII, column	(C), line 12 · ·	RE(	アドハニバー	• • • •	• • • • •	7a	0
		b	Net unrelated busine	ess taxable income	from Form 990-1	r, line 34 · · ·		<u> </u>			7b	0
							ULL	08 2021	ı	Prior Year		Current Year
~		8	Contributions and gra	ants (Part VIII, line	1h)		<u></u> .	in 1000 1		385,	601	761,543
9	ne	9	Program service reve	enue (Part VIII, line	2g)		TPK.	BRANCH		256,	000	289,393
60	Revenue	10	Investment income (	(Part VIII, column (A	), lines 3, 4, and	7d)	<u>.</u> Q	Gheir L		(1,	639	9,649
0 3 2022	å	11	Other revenue (Part	VIII, column (A), lin	es 5, 6d, 8c, 9c,	10c, and 11e) .						0
		12	Total revenue - add l	lines 8 through 11 (i	nust equal Part	VIII, column (A), Iir	ne 12)			639,	962	1,060,585
JAN		13	Grants and similar ar								300	109,692
	•	14	Benefits paid to or fo	or members (Part IX	. column (A), line	≘4)		[				0
$\sim$		15	Salaries, other comp	•		•	s 5-10)			372,	634	534,740
CANNED	Expenses		Professional fundrais		•		· · · · ·				160	334,740
Z	Ë	i	Total fundraising exp	• ,				<del></del>		<i></i>	100	U
Z	a X	17	Other expenses (Par	# IX column (A) Ir	os 112-11d 1f	" <del>RECEN</del>	/ED	-		1.61	050	017 070
7	5 <sup>™</sup>	18	Total expenses Add					78	·	161,		217,270
Č	U				100	· · DEC <b>0.3</b>	2024 2024			592,		861,702
			Revenue less expens	ises Subtract line		· · BEC 10.3	7071	0		47,		198,883
	Net Assets or Fund Ralances		T-1-11- (D-4.V	L = - 40\	j '			J <u>E</u>	Jeginnin	g of Current Y		End of Year
	98	20	Total assets (Part X,	•		OGDEN	, UT			438,		642,454
	£2	21	Total liabilities (Part >	,				<del></del> 1		222,		227,273
			Net assets or fund ba		ine 21 from line	20	• • • •	····		216,	298	415,181
		rt II	Signature Blo	<del></del>		· · · · · · · · · · · · · · · · · · ·		<del> </del>	ι.			
			es of perjury, I declare that I I and complete Declaration of						egbelwc	ind belief, it is		
		1	40	110	12 111			,			T 77	7 / -
	٥٠		Kose	1 110, U	ULUM	M)					<u></u>	114/2021
	Sig	n	Signature of officer	f							Date	•
	Her	e	ROSE M WI	LLIAMS, TREA	SURER			·				
			Type or print name									
			Print/Type preparer's nai	ime	Preparer's signature	)		Date		Check	if PTI	IN
	Paid	t			_					self-employed		
	Рге	parer	Firm's name	· · · · · · · · · · · · · · · · · · ·		A			Firm's E			1
		Only		CIEI E	PREP	A A F.		<del>-</del> , ,,,	Phone r			
		•		2541	rkkp	11 E KU						
	May	the IRS	discuss this return w	with the preparer she	own above? (see	instructions) .			• • • •			□ Yes '□ No

	rt III 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:
	LOVE INC COORDIATES BOONE COUNTY RESOURCES AND VOLUNTEERS TO CREATE RELATIONSHIPS THAT
	ADDRESS THE UNDERLYING SOURCES OF EACH CLIENT'S POVERTY AND GUIDE HIM/HER INTO
	SELF-SUFFICIENCY
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?
4	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	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.
	the total experience, and revenue, it dry, tot out any program out to species.
4a	(Code ) (Expenses \$ 252,816 including grants of \$ ) (Revenue \$ 292,139)
	THE LOVE SEAT PROVIDES USED FURNITURE, CLOTHING AND HOUSEHOLD ITEMS FREE OF CHARGETO NEEDY
	CLIENTS, MANYOF WHOM ARE COMING FROM INCARCERATION, EVICTION, OR A SHELTER FOR THE ABUSED.
	THE LOVE SEAT ALSO OFRATES A RESALE STORE THAT PROVIDES INCOME TO FURTHER THE ORGANIZATIONS
	EXEMPT PURPOSES.
4b	(Code: ) (Expenses \$ 199,627 including grants of \$ ) (Revenue \$ 104,547)
	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 POVETY
4c	(Code ) (Expenses \$ 88,818 including grants of \$ 88,546 ) (Revenue \$ 73,862 )
	PATH FORWARD PROVIDES EMERGENCY MONETARY ASSISTANCE TO THIRD PARTIES FOR MEDICAL BILLS,
	DAYCARE, RENT, TRANSPORTATION AND UTILITIES FOR CLIENTS PAST DUE EXPENSESN
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 126,727 including grants of \$ 19,705 ) (Revenue \$ 91,450 )
40	Total program service expenses ► 667, 988

Part IV

20-8801850

7) LOVE INC OF COLUMBIA
Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	Х	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
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			1
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	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		Х
10	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	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	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	Х
d	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X.
15	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		X
16	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		X
17	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		Х
18	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
19	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		Х

Part IV

7) LOVE INC OF COLUMBIA

Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	ĺ
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		1	ĺ
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$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		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		ĺ
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			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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?			ĺ
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	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,			$\overline{}$
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	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,			$\overline{}$
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			ĺ
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
b		28b		Х
_	Schedule L, Part IV	200		<u> </u>
С		28c		v
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		v
0.4	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		<u> </u>
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		<u>X</u>
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			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	ı

	990 (2017) LOVE INC OF COLUMBIA 20-88018	350	F	age
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a C			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	<b></b>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			l
_	Statements, filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<b></b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		v
_	account)?	4a		X
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			1
				l
En	(FBAR)  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<del>"</del>		<b> </b>
ou	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<del>"</del>		
_	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		l
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Χ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			l
	sponsoning organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			ĺ
а	Initiation fees and capital contributions included on Part VIII, line 12	4		l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		l
11	Section 501(c)(12) organizations. Enter			1
a	Gross income from members or shareholders	-	'	l
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			1
40-	against amounts due or received from them)	42-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del>                                     </del>
b 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	$\vdash$	
h	Note. See the instructions for additional information the organization must report on Schedule O			
b	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			
С	the organization is licensed to issue qualified health plans	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del> </del>	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	100, had a hind a form the defectations paymented in 140, provide an explanation in deficience of 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	ַ ידי		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Section 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 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 Enter the number of voting members included in line 1a, above, who are independent 1b b 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? Х Did the organization delegate control over management duties customanly performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Rа Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . Х 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 .......... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο 10a 10a Did the organization have local chapters, branches, or affiliates? 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 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written whistleblower policy? . . . . . . . . . . . . . . . . . . . 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 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 Х 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 organization's exempt status with respect to such arrangements? Section 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 (or 1024 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 X 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 AARON HARRIS (573)256-7663, 1209 E WALNUT, COLUMBIA, MO 65201

om 990 (201				20-8801850	Page
Part VII	Compensation of Officers,	, Directors, Trustees,	Key Employees, Highest	Compensated Employ	ees, 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

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

		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)								
(A) Náme ánd Title	(B) Avérágé hours per week (list any							(D) Réportable compensation from	(E) Réportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Key employee Officer Institutional trustee Individual trustee or director		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) PAT MCMURRY FOUNDING DIRECTOR	10.00	х						45,000	0	0
(2) JANE WILLIAMS VICE PRESIDENT	40.00	Х		Χ				28,600	0	0
(3) ROSE M WILLIAMS TREASURER	4.00	Х				_		0		0
(4) TERRY DYKES SECRETARY	1.00	Х		Х				0	0	0
(5) CALEB ROWDEN DIRECTOR	1.00	Х						0	0	0
(6) GREG DELINE PRESIDENT	2.00	х		Х				0	0	o
(7) DAVE COVER DIRETOR	1.00	Х						0	0	0
(8) ANNE_WEYLER DIRECTOR	1.00	Х						0	0	0
(9)										
(10)										
(11)						١				
(12)		·								
(13)										
(14)										

Page 8

Part	VII Section A. Officers, Directors, Trustees,	Key Employ	/ees, a	nd	Higt	est	Comp	pens	ated Employees	(continued)	
	(A) Name and title		(B) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	•	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
(16)											
(17)											
<u>(18)</u>											
<u>(19)</u>											
(20)											
(21)										-	
(22)									•		
(23)											
(24)											
(25)											
1b c	Sub-total	n A · ·						<b>A A</b>	73,600	0	0
2	Total number of individuals (including but not limited							_			J 0
	reportable compensation from the organization				<del></del>					0	Yes No
3 4	Did the organization list any <b>former</b> officer, director employee on line 1a? <i>If "Yes," complete Schedule .</i> For any individual listed on line 1a, is the sum of representations.	J for such inc ortable comp	<i>lividua</i> ensatid	i on a	 nd o	 ther	comp	 ensa	tion from the		3 X
5	organization and related organizations greater than individual	mpensation	from a	 ny u	 nrela	 ated	organ	 ızatıc	on or individual		4 X
Section	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete Sci	nedule	J to	or su	ch p	erson				5 X
1	Complete this table for your five highest compensate compensation from the organization. Report compensation year										
	(A)				-		•		(8)		(C)
	Name and business address								Description of s	services	Compensation
2	Total number of independent contractors (including b				sted	abo	ove) wl	ho			

Form 990 (2017) 20-8801850 Page 9 LOVE INC OF COLUMBIA Part VIII **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII

						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
9 v	1a	Federated campaigns · · · ·		1a	124,400				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues · · · · ·		1b	-	•			
S, G	С	Fundraising events · · · ·		1c					
Sift lar,	d	Related organizations		1d					
8, <u>E</u>	е	Government grants (contribution	ns) · ·	1e					
er S	f	All other contributions, gifts, gra	ints,						
들은		and similar amounts not include	ed above	1f	637,143				
in di	g	Noncash contributions included							
0.40	h	Total. Add lines 1a-1f · · ·				761,543			
•				}_	Business Code				
Program Service Revenue	2a	LOVE SEAT RESALE STO	RE		453310	289,393	289,393		
\$	b			}	*-*-				
více	C		•						
Ser	d			}					
Fran	e								
Prog	1	All other program service revenu		_					ļ
	<del> </del>	Total. Add lines 2a-2f · · · ·			• • • • • • •	289,393	<del></del>		
	3	Investment income (including di	vidends, int	erest,	_				
		and other similar amounts)					•		
	4	Income from investment of tax-e Royalties							
	5	Royalties							
	60	Gross rents · · · · · ·	(ı) Rea	21	(ii) Personal				
		Less rental expenses · · · ·							
	1	Rental income or (loss)							
	1	Net rental income or (loss)				<del>,</del>			<del></del>
		Gross amount from sales of	(ı) Secunt	T	(II) Other				
	10	assets other than inventory	(// =		9,649				1
	·	Less cost or other basis							
	~	and sales expenses · · · ·							i
	С	Gain or (loss)		•	9,649	l			
	d	Net gain or (loss) · · · · ·				9,649	9,649		
ne	8a	Gross income from fundraising				,			
venue		events (not including \$							
8		of contributions reported on line							
Other R		See Part IV, line 18 · · · · ·							
ŏ	1	Less direct expenses · · ·		_					<del></del>
	1	Net income or (loss) from fundra	-	ts · ·					
	9a	Gross income from gaming active		ĺ					
	١.	See Part IV, line 19 · · · · ·							
		Less. direct expenses · · · ·		-	' '			- <del></del>	·
		Net income or (loss) from gamin	ig activities						
	10a	Gross sales of inventory, less returns and allowances		. а					
	h	Less cost of goods sold · · ·							
	1	Net income or (loss) from sales		•				<del></del>	
	<u> </u>	Miscellaneous Revenue	0, 11, 0, 1, 0, 1	<u>,                                     </u>	Business Code		<del></del>		į
	11a	Wilderia redus incercinae							
	b			<del></del>					
	C	***************************************		<u> </u>	<del>, , ,</del>				
	d	All other revenue · · · · ·		•••					
		Total. Add lines 11a-11d							
	12	Total revenue. See instructions	s			1,060,585	299,042	0	(

# Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Sect	on 501(c)(3) and 501(c)(4) organizations must complete all concerns the complete all contains a response or note to a			column (A)	
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b), and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments See Part IV, line 21 · · ·				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	109,692	109,692		
3	Grants and other assistance to foreign	103,032	103,032		
Ū	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16 · · · · · ·				
4	Benefits paid to or for members			<del>-</del>	
5	Compensation of current officers, directors,				
•	trustees, and key employees	73,600		73,600	
6	Compensation not included above, to disqualified	73,000		73,000	
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·		ļ		
7	Other salaries and wages	422,183	372,008	50,175	
8	Pension plan accruals and contributions (include	422,103	372,008	30,173	
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	78	630	(552)	
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	38,879	30,563	8,316	
11	Fees for services (non-employees)	30,019	30,303	0,310	<del> </del>
''	Management		ł		
b	Legal · · · · · · · · · · · · · · · · · · ·	1,925		1,925	
c	Accounting	3,740		3,740	
d	Lobbying	3,740		3,740	
e	Professional fundraising services See Part IV, line 17			•	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	1,735	528	907	300
12	Advertising and promotion	3,879	3,519	307	360
13	Office expenses · · · · · · · · · · · · · · · · · ·	22,200	13,962	3,515	4,723
14	Information technology	4,926	1,194	419	3,313
15	Royalties	4,520	-/		9,025
16	Occupancy	73,005	71,211	1,794	·
17	Travel	73,003	71,211		· · · · · ·
18	Payments of travel or entertainment expenses				<del></del>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·	424	424		
20	Interest	9,435	6,884	2,551	
21	Payments to affiliates	5,455	0,004		
22	Depreciation, depletion, and amortization	17,210	16,579	581	50
23	Insurance · · · · · · · · · · · · · · · · · · ·	18,635	14,402	4,233	
24	Other expenses Itemize expenses not covered			-,	****
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O )				
а	SCHOLARSHIP AWARDED	5,000		5,000	
ь	BANK CHARGES	4,725	3,506	1,189	30
C	SUPPLIES	8,970	7,358	552	1,060
d	OTHER DEVELOPMENT EXPENSE	26,488	3,773	234	22,481
е	All other expenses	14,973	11,755	2,418	800
25	Total functional expenses. Add lines 1 through 24e ·	861,702	667,988	160,597	33,117
26	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 Following SOP 98-2 (ASC 958-720)				
		<del> </del>			F 000 (2047)

Part X **Balance Sheet** 

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 86,422 190,536 2 2 3 3 Pledges and grants receivable, net ........... 62,200 62,200 4 4 23,067 6,996 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L . . . . . . . . . . . . . . . . . . 7 7 Notes and loans receivable, net .............. 8 Inventories for sale or use . . . . . . . 442 1,481 9 Prepaid expenses and deferred charges 9 2,461 1,985 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 479,350 Less accumulated depreciation . . . . . . . . . . . . 10b 10c b 263,387 378,746 11 11 Investments - other securities See Part IV, line 11 ...... 12 12 13 13 14 14 Intangible assets .................. 15 15 510 510 16 16 Total assets, Add lines 1 through 15 (must equal line 34) . . . . . . . . . . . . . . . 438,489 642,454 17 Accounts payable and accrued expenses ......... 17 16,423 15,300 18 18 19 19 Deferred revenue 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 205,768 186,973 24 24 Unsecured notes and loans payable to unrelated third parties 25,000 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 26 222,191 227,273 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 102,098 205,271 28 28 114,200 209,910 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here > 1 and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 216,298 33 415,181 34 34 438,489 642,454

		01850		Pa	ige 12
Par	Reconciliation of Net Assets			_	_
	Check if Schedule O contains a response or note to any line in this Part XI	· · · ·			<u>. П</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	ļ	1,0	60,5	85
2	Total expenses (must equal Part IX, column (A), line 25)		8	61,7	702
3	Revenue less expenses. Subtract line 2 from line 1	<u> </u>	1	98,8	883
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		2	16,2	98
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Pnor penod adjustments · · · · · · · · · · · · · · · · · · ·				
9	Other changes in net assets or fund balances (explain in Schedule O)				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	1.	4	15,1	.81
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔀 Accrual 🔲 Other				
	if the organization changed its method of accounting from a prior year or checked "Other," explain in	1	- 1		
	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	Γ			
	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	Х	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	Г			
	separate basis, consolidated basis, or both	ļ	ļ		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	,			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O	ĺ	i		
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?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		$\dashv$		
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
	, , , , , , , , , , , , , , , , , , , ,		orm		2047

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### **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 2017

**Open to Public** 

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Inspection

Name	ame of the organization Employer identification number											
LOV	E I	NC OF COLUMBIA					20-88018	50				
Pa	rt I	Reason for Public Charit	y Status (All or	ganizations must c	omplete	this par	t.) See instructio	ns.				
The	orgar	nization is not a private foundation beca	ause it is: (For lines	1 through 12, check only	y one box.)							
1		A church, convention of churches, or	association of chu	rches described in <b>secti</b>	on 170(b)	(1)(A)(i).						
2		A school described in section 170(b	)(1)(A)(ii). (Attach S	Schedule E (Form 990 o	r 990-EZ) )	ı						
3		A hospital or a cooperative hospital s	ervice organization	described in section 1	70(b)(1)(A)	(iii).						
4		A medical research organization ope	rated in conjunction	n with a hospital describe	ed ın <b>secti</b>	on 170(b)(	1)(A)(iii). Enter the					
		hospital's name, city, and state										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (Complete	Part II )									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that normally receives	s a substantial part	of its support from a gove	emmental (	unit or from	the general public					
		described in section 170(b)(1)(A)(vi)										
8	П	A community trust described in secti										
9	ñ	An agricultural research organization		•	rated in coi	njunction w	nth a land-grant colle	ege				
		or university or a non-land-grant colle				•	_	•				
		university		,								
10	X	An organization that normally receives	s (1) more than 33	1/3% of its support from	contribution	ns, membe	rship fees, and gross					
		receipts from activities related to its e	` .	• •		•	, ,					
		support from gross investment incom-	·									
		acquired by the organization after Ju		•		•						
11	П	An organization organized and opera				•						
12	П	An organization organized and operat	•	•			carry out the purpose	es.				
	_	of one or more publicly supported org		· •								
		Check the box in lines 12a through 12					٠,					
	a	Type I. A supporting organization		• • • • •		•	•	•				
	_	the supported organization(s) the		•		•		9				
		supporting organization You mu		· · · · · · · · · · · · · · · · · · ·	,							
	b	Type II. A supporting organization	•	•	th its suppr	nded omar	nization(s) by having	1				
	~	control or management of the sur	•			_						
		organization(s) You must comp		•	00110 11101 0		anage the supported	•				
	С	Type III functionally integrated	·		nection wit	h and fund	rtionally integrated w	ath				
	•	its supported organization(s) (see		·				,				
	d	Type III non-functionally integr	•	•	•			nn(s)				
	•	that is not functionally integrated	•	•				• •				
		requirement (see instructions) Y	•	•		•	una un uttoritivenes	•				
	_	Check this box if the organization	•	·-	•		vne II Tvne III					
	•	functionally integrated, or Type III				a Type I, I	ype ii, type iii					
	f	Enter the number of supported organi	•									
	g	Provide the following information about		ianization(s)				<u> </u>				
-		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the o	roanization	(v) Amount of monetary	(vi) Amount of				
	٧,	, mano or supported organization	(,	(described on lines 1-10	listed in you	-	support (see	other support (see				
				above (see instructions))	docum	ent?	instructions)	instructions)				
					Yes	No						
(A)			[									
(B)						:						
			<u> </u>									
(C)												
··					ĺ							
(D)												
						_						
(E)						:		•				
Tota	t				<u> </u>			<del></del>				

20-8801850 LOVE INC OF COLUMBIA Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (d) 2016 (e) 2017 (f) Total (b) 2014 (c) 2015 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge .... Total. Add lines 1 through 3 ..... 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) Public support. Subtract line 5 from line 4 . . Section B. Total Support (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 Amounts from line 4 · · · · · · · Gross income from interest, dividends payments received on securities loans, rents, royalties and income from Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . . 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . . . . . . . . . Total support. Add lines 7 through 10 . 11 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) % Public support percentage from 2016 Schedule A, Part II, line 14 15 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

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

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	306,554	397,486	360,757	383,962	665,833	2,114,592
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	255,631	166,346	191,275	256,000	289,393	1,158,645
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	562,185	563,832	552,032	639,962	955,226	3,273,237
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	7,718	19,140	14,675	87,011	148,437	276,981
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		,				
C	Add lines 7a and 7b	7,718	19,140	14,675	87,011	148,437	276,981
8	Public support. (Subtract line 7c from						
Sec	ction B. Total Support	L		L			2,996,256
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 · · · · · · · · · ·	562,185	563,832	552,032	639,962	955,226	3,273,237
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · · · · ·						<del>,</del>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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)	562,185	563,832	552,032	639,962	955,226	3,273,237
14	First five years. If the Form 990 is for the or organization, check this box and stop here					3)	▶ 🔲
Sec	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2017 (line 8, co	•				15	91.54 %
16	Public support percentage from 2016 Schedu					16	0.00 %
	ction D. Computation of Investmen			Jump (6)	······ I	17	0.00 %
17 18	Investment income percentage for 2017 (line Investment income percentage from 2016 Science)			· · · · · · · · · · · ·		18	0.00 %
	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box	ation did not check	the box on line 14			nd line	▶ 🏻
b	33 1/3% support tests - 2016. If the organiz line 18 is not more than 33 1/3%, check this	ation did not check	a box on line 14 o	r line 19a, and line	16 is more than 3	3 1/3%, and	▶ □
20	Private foundation. If the organization did n	•	•		=		▶ 📋

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.)

Se	ct	ion	A.	All	Supporting Organiza	tion	S

- 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.
- 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
- 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.
- 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.
- 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.
- 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.
- 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).
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)
- Did the organization make a loan to a disgualified 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.
- 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
- 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.
  - 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		
	3b		
İ	3c		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5c		
	-6		
	7		<del></del>
	8		
	9a		
	9b		
	9c		
	10a		
(Fo	10b m 990 d		7) 2017
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Pa	rt IV Supporting Organizations (continued)			-3
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			!
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		<del> </del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	<u></u>		Ь
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			<del>                                     </del>
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			l i
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			}
	controlled the organization's activities of 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		<b> </b> ;
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year	<b>⊢-</b> '		<del> </del> -
2	Did the argenization energic for the honofit of any supported argenization other than the supported	Ì		
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	<u> </u>		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization	2		<u> </u>
<u>Sec</u>	tion C. Type II Supporting Organizations			
	Many a majority of the approximation in discrete and state and design the target and the state of the Post of the Post		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			
	the supported organization(s)	1_		<u> </u>
Sec	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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	<b> </b>		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	i :		
_	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>	ļ		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
				<b></b>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	i		
	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	s).
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see i	nstru	ctions)
2	Activities Test Answer (a) and (b) below.		Yes	No
, a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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,			1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
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			li
	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.	<del></del> -		
	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? <i>Provide details in Part VI.</i>	3a		<i>-</i>
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- <del>-</del>		1
	The second secon	3b	l I	ļ

Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov 20, 1970 (exp	lain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	izatio	nc must complete Secti	ons Λ through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(1)
2 Recoveries of prior-year distributions	2	<del></del>	
3 Other gross income (see instructions)	3	<del></del>	
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5	<del></del>	
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	]		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		,
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	$\prod$		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	integ	rated Type III supportin	g organization (see
instructions).			

	ule A (Form 990 or 990-EZ) 2017 LOVE INC OF COLUMBIA		20-880	01850 Page
Pa	t V Type III Non-Functionally Integrated 509(a)(	<ol><li>Supporting Organi</li></ol>	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
-3	Administrative expenses paid to accomplish exempt purpose	ions	· · · · · · · · · · · · · · · · · · ·	
	Amounts paid to acquire exempt-use assets	110113	· · · · · · · · · · · · · · · · · · ·	
	Qualified set-aside amounts (prior IRS approval required)	·		
			<del></del>	
<u>6</u>	Other distributions (describe in Part VI). See instructions.		·	
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is respons	sive	
	(provide details in Part VI). See instructions.		· · · · · · · · · · · · · · · · · · ·	
_9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
5	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI) See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013			
-	From 2014			<del></del>
	From 2015	<u> </u>		
	From 2016			
	Total of lines 3a through e	<del></del>		
		<del>                                     </del>	<del></del>	
	Applied to underdistributions of prior years	<del></del>		
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from	:		
	Section D, line 7 \$			
*****	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			· · · · · ·
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	`		
7	Excess distributions carryover to 2018. Add lines 3			<del> </del>
•	and 4c.			
8	Breakdown of line 7.			<del> </del>
	Excess from 2013			
	Excess from 2014	· · · · · · · · · · · · · · · · · · ·		

c Excess from 2015 d Excess from 2016

e Excess from 2017

. . . .

Schedule A (Form 990 or 990-EZ) 2017

### **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

2017

Open to Public Inspection

Employer identification number

<u>r</u> O	VE INC OF COLUMBIA		20-8801850
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Fund	s or Accoun	its.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised finds		(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (duning year)		
3	Aggregate value of grants from (duning year)	7	
4	Aggregate value at end of year	1	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor	advised	
			· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds ca	an be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other		
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Pa	irt 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)	f a historically ii	mportant land area
	Protection of natural habitat Preservation o	f a certified hist	tonc structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	form of a conse	ervation
	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
đ	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 organiza	ation 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	-	
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation e	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con-	servation easer	ments during the year
	<b>\$</b>	4700 \ (4) (5)	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section		
	and section 170(h)(4)(B)(ii)?		<u></u>
9	In Part XIII, describe how the organization reports conservation easements in its revenue and ex		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial sta	atements that o	escribes the
Pa	organization's accounting for conservation easements ort III Organizations Maintaining Collections of Art, Historical Treasure	res or Othe	er Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	, 0. 0	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue s	statement and b	balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or re		
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describ		
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state		nce sheet
_	works of art, historical treasures, or other similar assets held for public exhibition, education, or re		
	public service, provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(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 fir		
	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		▶ \$
b	Assets included in Form 990, Part X		<del></del>

	ulê D (Form 990) 2017 LOVE INC OF COL					<u> </u>		20-880			Page 2
Pa	rt III   Organizations Maintaining C	ollec	tions of A	\rt, Hist	orical T	reasures,	or Oth	<u>er Similar As</u>	sets	(contin	ued)
3	Using the organization's acquisition, accession, a	and oth	er records, ch	heck any o	f the follow	ving that are a	significa	int use of its			
	collection items (check all that apply).										
а	Public exhibition		d 🗌 Loa	in or excha	inge progra	ams					
b	Scholarly research		e 🗌 Oth	er							
С	Preservation for future generations										_
4	Provide a description of the organization's collect	tions ai	nd explain ho	w thev furt	her the ora	ianization's ex	empt pu	roose in Part			
	XIII			, , , , , , , , , , , , , , , , , , , ,	<b>3</b>	,					
5	Dunng the year, did the organization solicit or rec	eive di	onations of an	t historica	l treasures	or other simi	ılar				
	assets to be sold to raise funds rather than to be									Yes	□No
Pa	rt IV   Escrow and Custodial Arrang			o o. ge		30110011011					11111
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form										
	990, Part X, line 21										
1a	Is the organization an agent, trustee, custodian o	r other	ıntermediarv	for contrib	utions or o	ther assets no	ot				
										Yes	□No
b	If "Yes," explain the arrangement in Part XIII and								• •	[] 162	☐ 140
b	ii res, explain the arrangement in Part Ain and	Compi	ere the lollowi	nig table				T			
_	Beginning palance						1c	<del></del>	nount		-
C	Beginning palance							<del></del>			
đ	Distributions during the year							<del></del>			
e	Ending balance							<del></del>			
1	<del>-</del>										
23	Did the organization include an amount on Form						-			_	No
Do:	if "Yes," explain the arrangement in Part XIII Chert V Endowment Funds.	eck nei	e if the explai	nation has	been prov	ided on Part X	KIII		• • •		Ц
Pa		04/05	ad "Vaa" a	n Earm	200 Bor	+ IV/ line 10	•				
	Complete if the organization an			T		T			<del></del>	<del></del>	
		(a)	Current year	(b) Pr	or year	(c) Two years	back	(d) Three years back	(e)	Four years	back
1a	Beginning of year balance					ļ			-		
b	Contributions					ļ					
C	Net investment earnings, gains, and										
	losses		····	<u> </u>		<u> </u>					·· · · · · · · · · · · · · · · · · · ·
d	Grants or scholarships			<b></b>							
е	Other expenditures for facilities and			l		{	i		- [		
	programs		·			1					
f	Administrative expenses			<u> </u>		ļ					
g	End of year balance			<u> </u>	<u> </u>	<u>l</u>		<u> </u>	<u>i_</u>		
2	Provide the estimated percentage of the current	-		ne 1g, colu	mn (a)) he	eld as					
а	Board designated or quasi-endowment		%								
b	Permanent endowment > %										
C	Temporarily restricted endowment		_ %								
	The percentages on lines 2a, 2b, and 2c should e	equal 1	100%								
3a	Are there endowment funds not in the possession	n of the	e organization	that are h	eld and ad	ministered for	r the				
	organization by								_	Yes	No
	(i) unrelated organizations								. 3	a(i)	
	(ii) related organizations							<i>.</i>	. 3	a(ii)	
b	If "Yes" on 3a(II), are the related organizations list	ted as	required on S	chedule R	?				. [	3b	1
4	Describe in Part XIII the intended uses of the org	anızatı	on's endowm	ent funds							
Pa	rt VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10										
	Description of property		(a) Cost or oth	er basis	(b) Cost o	or other basis	(c)	Accumulated	(d)	Book value	,
			(investm		1 '''	(other)		epreciation	•		
1a	Land			<del></del>	1		· · · · · · · · · · · · · · · · · · ·				
b	Buildings	۱ أ									
c	Leasehold improvements										<del></del>
d	Equipment	t									
e	Other STMD1E	,	۸-	79,350	<del> </del>			100,604		378,	746
Tota					(P) Imp 10	<u> </u>		100,004		310,	740

line 25.

<u>1.                                    </u>	(a) Description of liability		(b) Book value
(1) Federal incom	ne taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must	equal Form 990, Part X, col (B) line 25	<b>.</b>	

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 . . . . . . . .

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<del>, , , , , , , , , , , , , , , , , , , </del>	
1	Total revenue, gains, and other support per audited financial statements	1	1,060,585
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a	1 1	
þ	Donated services and use of facilities	]	
C	Recovenes of prior year grants	]	
	Other (Describe in Part XIII )	Jl	
е	Add lines 2a through 2d	2e	- <del></del>
3	Subtract line 2e from line 1	3	1,060,585
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	] ]	
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)	5	1,060,585
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses	oer Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
í	Total expenses and losses per audited financial statements	1	861,702
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	]	
b	Pnor year adjustments		
C	Other losses	]	
d	Other (Describe in Part XIII )	][	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	861,702
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		•
а	Investment expenses not included on Form 990, Part VIII, line 7b	]	
b	Other (Describe in Part XIII )		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	861,702
Par	t XIII Supplemental Information.		
Provio	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, Part	X, line	
2, Par	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
-			
	•		
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			<del>-</del>
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		<del></del>	

Schedule D (Form 990) 2017

LOVE INC OF COLUMBIA

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20-8801850

Schedule I (Form 990) (2017) (h) Purpose of grant Open to Public or assistance OMB No 1545-0047 Inspection 2017 ⊠ Yes **Employer Identification number** 20-8801850 (g) Description of noncash assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (f) Method of valuation (book, FMV, appraisal, other) 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Grants and Other Assistance to Organizations, 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. (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 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (p) EIN (a) Name and address of organization LOVE INC OF COLUMBIA or government Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE 1 (Form 990) Part Part II (10)  $\epsilon$ 3 3 3 3 9 3 8 <u>6</u>

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. LOVE INC OF COLUMBIA Schedule ! (Form 990) (2017) Part III

Page 2

20-8801850

Schedule I (Form 990) (2017) (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, FMV, appraisal, other) noncash assistance (d) Amount of 114,927 (c) Amount of cash grant Part III can be duplicated if additional space is needed. 100 (b) Number of recipients 1 COMPANIES, ETC. ON BEHALF OF CLIENTS FUNDS PAID TO LANDLORDS, UTILITY (a) Type of grant or assistance Part IV 9 Ë ~ က 9

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization LOVE INC OF COLUMBIA 20-8801850 01. Amended return information RETURN IS AMENDED TO REFLECT ADJUSTMENTS TO AUDITED FINANCIAL STATEMENTS COMPLETED AFTER ORIGINAL RETURN DUE DATE AMENDED DELTA ORIGINAL 969,474 1,060,585 91,111 INCOME EXPENSE 806,851 861,702 54,851 152,623 198,833 46,260 NET INCOME 02. Form 990 governing body review (Part VI, line 11) THE BOARD TREASURER, A CPA, REVIEWS FORM 990 BEFORE IT IS FILED 03. Conflict of interest policy compliance (Part VI, line 12c) BOARD MEMBERS VOLUNTARILY REPORT POTENTIAL CONFLITS OF INTEREST. OUTSIDE AUDITOR SENDS CONFLICT OF INTEREST QUESTIONNAIRES TO ALL BOARD MEMBERS AS PART OF ANNUAL AUDIT 04. Governing documents, etc, available to public (Part VI, line 19) DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN OR VERBAL REQUEST 05. Significant program services not listed on prior year return (Part III, line 2) PATH FORWARD PROVIDES EMERGENCY MONETARY ASSISTANCE TO THIRD PARTIES ON BEHALF OF CLIENTS. ASSISTANCE INCLUDS MEDICAL BILLS, DAYCARE, RENT, UTILITIES, AND TRANSPORTATION

ASSISTANCE WITH JOB APPLICATIONS

OTHER SMALLER SERVICES INCLUDE COACHING TOWARD PERSONAL GOALS, TEMPORARY HOUSING, AND