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-	orm	33	٠ _.		Ke	turn or O	ganizador	Lycuib	trioni ili	COIII	U IAX			20	10
(Rev J	anuary :	2020)	Under	section 5	501(c), 527, or	4947(a)(1) of the	internal Reve	enue Code (ex	cept pri	vate found	ations)	4		13
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		ient of thi Revenue	e T•easury Service				ov/Form990 for in		•			41	<u>U</u>	Inspe	
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Ľ	₹	ial return				SS LOOP 7					<u>_</u>	<u> </u>			
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-			.		as Ca					}_/	H(b) Are all se			_	Yes No
<u> -</u>		k-exempt		01(c)(3)	501(c) (rt no) 4947(;	a)(1) or 🔲	527	<u>//</u>	1		-	structions)	
Y		ebsite				INC.ORG	٦. ٨				H(c) Group				
- 6				orporation	Trust _	Association	Other ▶		L Year of formation	on 200)6 M S	late of leg	al domici	le MO	
L	Part		Summary												
		i					t significant activit		organize					s in	Boone
	e Ce	9	County to	respon	nd to 1	ındıvıdual	, family an	nd projeg	t needs 11	n the	name of	Chri	.st.		
	an	-		-	.										
	Governance	_						.							
	<u> </u>			_	•		ued its operations	or disposed of	of more than 25	5% of its	net assets	I . E			
١	ಆರ್. ಸ			_			(Part VI, line 1a)			• • • •		3			12
1	2	4 1	Number of inde	pendent v	oting mer	mbers of the go	verning body (Par	rt VI, line 1b)				4			11
	宗	5	Total number of	findividua	ls empioy	ed in calendar	year 2019 (Part V	, line 2a)				5			41
		6 Total number of volunteers (estimate if necessary)									120				
	0	7a -	Total unrelated	business i	revenue f	rom Part VIII, c	olumn (C), line 12	2				7a			00
_	07.2.0 N	b I	Net unrelated b	usiness ta	exable inc	ome from Forn	n 990-T, line 39				· · · · · ·	7b			0
	K						Rec	maxey Intra	na penice		Pnor Year			Current Y	ear
	L	8 (Contributions a	nd grants	(Part VIII,	, line 1h)		സമമ നിയയ്	ne Service	· L				9	80,602
		9 Program service revenue (Part VIII, line 2g)									3	94,206			
٠	** **********************************												0		
3	起	11 (Other revenue	(Part VIII,	column (A	A), lines 5, 6d,	8c, 9c, 10c, and 1	1e)	enen	٠ 🗀					0
5	X.	12	Total revenue -	add lines	8 through	11 (must equa	I Part VIII, column	(A), line 12)						1,3	74,808
Z	S	13 (Grants and sim	ılar amour	nts paid (f	Part IX, column	(<u>A</u>), lines 1-3)	Ogden, t	· Pir					1	50,604
5		14 1	Benefits paid to	or for me	mbers (P	art !X, column	(A), line 4)								0
7		15 3	Salaries, other	compensa	ation, emp	oloyee benefits	(Part IX, column ((A), lines 5-10)					7	23,487
7	Expenses	16a I	Professional fui	ndraising f	fees (Part	IX, column (A)	, line 11e) · ·				,	ŀ			7,000
, ,)eu	b.	Total fundraisin	g expense	es (Part IX	(, column (D), l	ne 25) ►		107,903	Ţ	1				
ろろろり	Ä	17 (Other expenses	s (Part IX,	column (A), lines 11a-11	d, 11f-24e)					i		2	73,249
		18	Total expenses	Add line:	s 13-17 (r	nust equal Par	t IX, column (A), li	re 25) ·		. [54,340
V			•			•	e 12		<u></u>	. [20,468
Š	es									Begii	ning of Curre	nt Year		End of Ye	
V	t Assets or nd Balances	20	Total assets (Pa	art X, line	16)					\cdot	624	,206			31,814
042521	Ass 1 Ba		Total liabilities (276	,034			71,670
	Punc	22	Net assets or fu	und baland	ces Subt	ract line 21 from	n line 20 · · ·					,172			60,144
. [Pari	H	Signature	Block					· · · · · · · · · · · · · · · · · · ·			-			
X,							accompanying schedul			f my knowl	edge and belief	, it is			
-	true co	orrect an	d complete Declar	ation of preparation			on all information of w	vnich preparer has	s any knowledge				. 1		
ı		h	Á	lose	/17 a	rie (1/	Mains						11/1.	5/2a	20
	Sign		Signature of	of officer							· ·	Dat	e		
۱,	Here	: li	Rose V	Villiaπ	s. Boa	ard Treasu	ırer								
}				nt name and t											
-			Print/Type prepa	er's name		Preparer's	signature		Date		Check		PTIN		
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7	 ∕lav th	ne IRS	discuss this ret	urn with th	ne prepare	er shown above	? (see instruction	ns) · · ·						Yes	No

For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2019) LOVE INC OF COLUMBIA 20-8801850 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Rinefly 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 \$ 366,653 including grants of \$) (Revenue \$ 394,206)
40	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 HELTER FOR THE ABUSED. THE LOV
	SEAT ALSO OPERATES A RESALE STORE THAT PROVIDES EMPLOYMENT FOR DISADVANTAGED INDIVIDUALS AS WELL
	AS GENERATING INCOME FOR OTHER LOVE INC PROGRAMS
4b	(Code) (Expenses \$ 232,136 including grants of \$) (Revenue \$ 42,227)
75	CLEARING HOUSE: EVERY REFERRAL OR CONTACT FROM THE COMMUNITY COMES THROUGH OUR CLEARING HOUSE.
	THE CLEARING HOUSE PROVIDES INFORMATION AND REFERRAL SERVICES AND ASSESSES ALL REQUESTS FOR LOVE
	INC ASSISTANCE FROM INDIVIDUALS, CHURCHES AND LOCAL ORANIZATIONS AND CONNECTS THOSE NEEDING HELP
	WITH APPROPRIATE LOVE INC OR COMMUNITY PROGRAMS.
4c	(Code) (Expenses \$ 140,982 including grants of \$) (Revenue \$ 56,145)
	THE PATH FORWARD PROGRAM PROVIDES INDIVIDUALIZED, COMPREHENSIVE ASSESSMENT AIMED AT FINDING
	UNDERLYING ISSUES CONTRIBUTING TO THE CLIENT'S PERCEIVED NEEDS. COACHES PROVIDE GOAL-SETTING,
	ACTION-PLANNING AND FOLLOW-UP FOCUSING OF MANAGEABLE STEPS TOWARD LONG TERM SOLUTIONS. THIS MAY
	INVOLVE STRATEGIC FINANCIAL ASSISTANCE TO BRIDGE A GAP, REFERRAL TO OTHER LOVE INC PROGRAMS,
	MOBILIZATION OF VOLUNTEERS TO ADDRESS A PRACTICL NEED, REFERRAL TO EXTERNAL PROGRAMS AND
	COMMUNITY RESOURCES OR A NUMBER OF OTHER STRATEGIES TO EMPOWER CLIENTS TO MOVE FORWARD IN LIFE.
4d	Other program services (Describe on Schedule O)
-	(Expenses \$ 121,844 including grants of \$) (Revenue \$ 102,924)
4e	Total program service expenses ▶ 861,615

9) LOVE INC OF COLUMBIA
Checklist of Required Schedules Part IV

			Yes	No
4	is the arganization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		ies	NO
٠,	complete Schedule A · · · · · · · · · · · · · · · · · ·	4		
	,	1	X	
2	'Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Х	
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		_X_
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		<u> </u>
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		<u> </u>
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			
	"Yes," complete Schedule D, Part I	6		_ X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_ <u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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 secunties 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		x
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	x	
b	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		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
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		х
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	x	
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		¥
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	bit the diguination of the strategic transfer and the strategic transfer an	20b		
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		
21		21		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	41		<u> </u>

<u>. </u>	oncorrect of required constants (continues)			τ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Γ	Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
_	organization's current and former officers, directors, trustees, key employees, and highest compensated			ļ
	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			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	ĺ		
	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		
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		
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			
	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?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	}		1
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27	ļ	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	20-]	
h	·	28a 28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		X
С	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part i	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			<u> </u>
	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	ľ	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	х	İ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	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-charitable		ŀ	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and]	j
_	19? Note: All Form 990 filers are required to complete Schedule O	38	х	l
Par	t 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			
		r	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
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			
	reportable gaming (gambling) winnings to prize winners?	1C	Х	l

Form 990 (2019) Page 5 LOVE INC OF COLUMBIA 20-8801850 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 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? 2b х 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 Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3ь h At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X 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) 5a x Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b b Х If "Yes" to line 5a or 5b, did the organization file Form 8886-T? c 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 X If "Yes," did the organization include with every solicitation an express statement that such contributions or b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Х If "Yes," indicate the number of Forms 8282 filed during the year 7d d 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • 7h X 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Х 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Х Did the sponsoring organization make a distribution to a donor-donor advisor, or related person? 9b b X 10 Section 501(c)(7) organizations. Enter Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter b Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? 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 b the organization is licensed to issue qualified health plans C 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

X

X

15

16

16

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O

If "Yes." see instructions and file Form 4720, Schedule N

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 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 on Schedule O 1b Enter the number of voting members included in line 1a, above, who are independent 11 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? 2 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? x Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Х 6 Did the organization have members or stockholders? 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a 7a one or more members of the governing body? 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X a The governing body? 8b b Each committee with authority to act on behalf of the governing body? X 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? x b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b х b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c х describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? Х Did the organization have a written document retention and destruction policy? 14 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization Х 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 16a with a taxable entity during the year? 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 organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 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 X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 AARON HARRIS (573)256-7662, 1516 BUSINESS LOOP 70 WEST, COLUMBIA, MO 65202

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-orm	990	(2019)	

LOVE INC OF COLUMBIA

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Page 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

See instructions for the order in which to list the persons above

Check this box in feither the organization not any relate					C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					nan one s both ar	,	Reportable	Reportable	Estimated amount
	hours		officer and a director/trustee)					compensation	compensation	of other
	per week (list any			, , , , , , , , , , , , , , , , , , , ,			from the organization	from related organizations	compensation from the	
	hours for	Individual trustee or director	Inst	Office	ē,	em H	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	vidua	Institutional trustee	er	Key employee	Highest compensated employee	ner	•		related organizations
	organizations	or ta	nal t		oloye	e 8				
	below dotted line)	stee	uste		rō.	pens				
	dotted inter		œ.			ated				
	ļ									
(1) Jane Williams	40.00									
Founding Director		Х						38,450	0	0
(2) Rose Williams	5.00							•		
Board Treasurer	-	Х		Х				0	0	0
(3) Greg_Deline	4 .00									
Director		X		_				0	0	0
(4) Dave Cover	1.00									
President		X		Х				0	0	0
(5) Brent Beshore	1 .00									
Director		Х	$\vdash \vdash$	i				0	0	0
(6) Patrick Concannon	2.00									
Board Vice President		X	-	Х				0	0	0
(7) Verna Harris Laboy	1.00	1						:		_
Director		Х	\vdash					0_	0	0_
(8) Dan Hlavak	1 .00	1								
Director		Х	\dashv	-				0	0	00
(9) Tony_Mayfield	1.00							_	_	
Director		Х			_			0	<u> </u>	0
(10)Chuck Crews	1 .00							_	_	
Director	 	Х						0	0	0
(11)Carson Coffman	1.00	1						_		
Director		Х	\dashv					0	0	0
(12)Robert Schaal	1.00									
Director		Х						00_	0	0
<u>(13)</u>										
(14)	<u> </u>									
			}							

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Description of services Compensation (B) (C) Name and business address Description of services Compensation	Part	VII Section A. Officers, Directors, Trustees,	, Key Employ	yees, a	nd F			Compe	ensa	ted Employees (c	ontinued)				
Complete the above concentration in the comparisation in the organization is greater than \$150,000 of the organization in the day and an another compensation from the organization is greater than \$150,000 of the organization of the organization of the organization is greater than \$150,000 of the organization of the organi	,		Average hours per week	box, offic	unles er and	Pos eck m ss per	sition iore th	both ar	1	Reportable compensation from the	Reportat compensa from relat	tion led	con	ated am of other npensate	r
(19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29			hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	•	_		orgai	nızatıon	
(17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	<u>(15)</u>														
(18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	<u>(16)</u>														
(29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (27) (28) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (28) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (28) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (28) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (28) (29) (20) (20) (21) (21) (22) (23) (24) (25) (27) (27) (28) (28) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (27) (24) (25) (27) (28) (28) (29) (20) (20) (21) (21) (22) (23) (24) (25) (27) (24) (25) (27) (28) (28) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (26) (27) (27) (28) (28) (29) (20) (20) (21) (21) (22) (21) (22) (22) (23) (24) (25) (26) (26) (27) (27) (28) (28) (29) (20) (20) (21) (21) (22) (22) (22) (23) (24) (25) (26) (26) (27) (27) (28) (28) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (27) (27) (28) (28) (29) (20)	<u>(17)</u>														
(20) (21) (22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on hine 12 if "Yes," complete Schedule J for such individual is ted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is any former officer, director, trustee, key employee, or highest compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is any former officer, director, trustee, key employee, or highest compensation from the organization or individual is any former officer, director, trustee, key employee, or highest compensation from the organization size of the organization size of the organization or individual is any former officer, director, trustee, key employee, or highest compensation from the organization or individual is an	(18)_														
(21) (22) (23) (23) (24) (25)	<u>(19)</u>														
(22) (23) (24) (25)	(20)														
(23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a" If "Yes," complete Schedule J for such individual organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual organization or individual organization? If "Yes," complete Schedule J for such individual organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation	(21)_										-				
1b Subtotal	(22)														
1b Subtotal	(23)_												,		
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No	(24)														
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	(25)_														.,
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation Total number of individual is any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Total number of individual is any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Total number of individual	С	Total from continuation sheets to Part VII, Sect	ion A .						•	38 450					0
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Description of services Compensation (B) (C) Name and business address Description of services Compensation		Total number of individuals (including but not limite	d to those lis												
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3			employ	ee,	or hi	ghes	st com	pens	ated				Yes	r .
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than	eportable com \$150,000? <i>li</i>	npensa f "Yes,"	com	and plet	othe e Sc	r comp	pens J fo	ation from the					
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation		Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes,"	compensatio	n from	any	unre	late	d orga		ion or individual		· · · ·			
(A) (B) (C) Name and business address Description of services Compensation		The state of the s	ated independ	dent co	ntrad	ctors	that	recei	ved r	more than \$100,00	D of				
Name and business address Description of services Compensation		compensation from the organization Report comp								or within the organi		year			
2. Total number of independent contractors (including but not limited to those listed shows) who			ss								es			ation	
2. Tatal number of independent contractors (including but not limited to those listed chose) who									ļ						
2. Tatal number of independent contractors (including but not limited to those listed chara) who															
2 Total number of independent contractors (including but not limited to those listed above) who	2	Total number of independent contractors (including	but not limit	ed to th	nose	liste	d ab	ove) v	Lvho	· · · · · · · · · · · · · · · · · · ·					<u> </u>

Form 990 (2019) LOVE INC OF COLUMBIA

Statement of Revenue

	,	. Check if Schedule O contains a response o	r not	te to any line in this	Part VIII	<u> </u>		<u> </u>
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a	1.			7#!!\%\?\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#	
	ь	· • . –	1b	-				
Gifts, Gran's ilar Amounts	٠, -		1c	66,403				
קם מיס	٦	_	1d					
ξξ. A	d	· -	1e	•				
ıbutıons, Gıft ther Simılar /	е .		16					
Sim	T	All other contributions, gifts, grants,						
utio er :	:		1f	914,199				
	g	Noncash contributions included in		,				and the second
Conf	,		1g	\$				
	h	Total. Add lines 1a-1f	• •		- 980,602	3-4-3-4-1-60 (S.	的现在分词的	CONTRACTOR CONTRACTOR
,		•		Businoss Code	<i>Minister</i>			
·Θ.	2a´	Love Seat Resale Store		453310	394,206	394,206	1	
رة ك	b		_				,	
Sei	,C	•		ŧ		,		
E Š	- d			4			Č	
Program Servicè Revenue,	e			,		•		
Pro	f	All other program service revenue	- .				•	
	g	Total. Add lines 2a-2f	. `.		394,206		HORINANIAN,	
		Investment income (including dividends, interestother similar amounts) Income from investment of tax-exempt bond pr	roce	eds ▶ .		-	,	T.
	5	Royalties	• •		m knekka roch Zung Umaigeren.	AND A SECURE AND	etitidade est establicatione	PART ARRESTS OF BURNEY S. 100
		Gross rents		(II) Personal	այլ ուսայությունու վայրուկամ հայանի Արայուրությունում արտանայան անական Արայությունում անական անական	innur figur.	inchampathata shawan nijihan sa wa gari ngipadhad da karan nijihan sa ka	ngrowen amminiatum dalahin anginu angini dalah sandin dalah dalah sandin antin dalah sandin dalah sandin sandin antin dalah sandin dalah sandin sandi
		Rental income or (loss) 6c				A TO THE STATE OF	の表現の自然の	Bellin Comment
	d	Net rental income or (loss) _ · · · · · · · ·	• •				+1	·
,	7a	Gross amount from (i) Securities		(II) Other		hyannolde deeld godd Llyfe yn rechannyn. Llyfe yn rhei i Santar godd yn i bell i 1571 y s	none apopopolomber magazina Professional	Approprietation of the first first country to the
		sales of assets		٠ ,			ga (au gironaleanainn) (angal)	
,	h	other than inventory Less cost or other basis						
e .		and sales expenses . 7b .		•				
Revenue	С	Gain or (loss) · · · · · 7c				SECULIAR SECULIAR SECURITY OF SECURITY	基本的	也解於那些正常相
Ϋ́Θ	d	Net gain or (loss)				- <u>-</u> , , , , , , , , , , , , , , , , , , ,		
ē	.8a	Gross income from fundraising		•			建筑设建设建筑	
· Oth		events (not including \$ 66,403	,	4				
_		of contributions reported on line						
•		1c) See Part IV, line 18	8a	~ ,				
	ь	Less direct expenses	8b	· · · · · · · · · · · · · · · · · · ·				
		Net income or (loss) from fundraising events	٠		Linder Linguig ageographic dir uttata tage o	DESCRIPTION OF THE	1 to the contract to the section of	Swaller and water a sufficient of 64
		Gross income from gaming .	Ė		New Action of	Burgar Service	PAGE PROPER	######################################
, ,	9a	,	94			inalisanjingahinaniisisisisisisisisisisisisisisisisisi		
		activities, See Part IV, line 19	9b	1				
	,	Less direct expenses			CONTRACTOR OF THE PROPERTY OF	CLANTED OF PROPERTY	(2) 10 10 10 10 10 10 10 10 10 10 10 10 10	8 645 34 X 36 4 78 5 1
		Net income or (loss) from gaming activities			Ture Carrest of Sc	tertimente trafiklisak	Designation	PERSONAL PROPERTY OF THE PROPE
	10a.	Gross sales of inventory, less	ا م					
•"			10a					
			10b		医温馨器	TETALITY TOUGH	語はなれない。	PROPERTY AND A STATE OF THE STA
	С	Net income or (loss) from sales of inventory	• •		abor section on turning within	had a statement and a statement of the s	W. O. C. ordination of The age of the Contraction o	Bushing mikin 2000 and 475 45
				Business Codo		METERIAL STATE	A Carle Digitalion Control	
Miscellanous Revenue	11a	· ·		· · · · · · · · · · · · · · · · · · ·	ļ	<u> </u>		
an	ь		_			<u>-</u>		
eve	С							
J. Z.	ď	All other revenue	•					<u>'</u>
	е	Total Add lines 11a-11d			·	原金公司的制度	经等的	15年18年6月
	12	Total revenue. See instructions			1,374,808	394,206	0	Ö

20-8801850

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 Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b. 9b. and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 150,604 150,604 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, trustees, and key employees 38,450 38,450 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 129,879 Other salaries and wages 624,579 434,063 60,637 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 878 4,983 4,105 Payroll taxes 10,559 4,950 55,475 39,966 10 11 Fees for services (nonemployees) b 6,750 6,750 C Professional fundraising services See Part IV, line 17 7,000 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 7.039 3,769 3,270 16,259 13 Office expenses 28,505 5,814 6,432 3,410 14 Information technology 3,410 15 88,775 1,842 10 90,627 16 147 782 17 929 18 Payments of travel or entertainment expenses for any federal, state; or local public officials 19 Conferences, conventions, and meetings 10,868 5,078 5,790 20 21 Payments to affiliates 489 100 22 Depreciation, depletion, and amortization 17,848 17,259 26,305 4,899 648 23 31,852 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 12,000 Lease Buyout 12,000 293 9,950 10,243 Printing & Postage 1,453 8,073 863 10,389 Supplies 7,727 754 Bank Charges 5,848 1,125 All other expenses 35,062 22,914 2,640 9,508 Total functional expenses. Add lines 1 through 24e · · · 184,822 107,903 154,340 861,615 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here 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 (A) (B) Beginning of year End of year Cash - non-interest-bearing 140,228 333,380 66,630 68.413 3 Pledges and grants receivable, net Accounts receivable, net 29,270 62,880 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Assets Inventories for sale or use 1,862 1,054 9 Prepaid expenses and deferred charges 6,375 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 479,879 379,331 11 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 10,861 Other assets See Part IV, line 11 15 510 · 510 16 624,206 831,814 17 17 19,486 24,723 18 18 19 19 Deferred revenue 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 247,657 24 Unsecured notes and loans payable to unrelated third parties 1,670 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 7,221 26 Total liabilities. Add lines 17 through 25 276,034 271,670 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 169,450 381,508 28 Net assets with donor restrictions 178,722 178,636 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33 Capital stock or trust principal, or current funds 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 348,172 560,144

831,814

624,206

Form	n 990 (2019) LOVE INC OF COLUMBIA	20-8801850	0	Pá	age 1
Pa	nrt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)			374,	808
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	L54,	340
3	Revenue less expenses Subtract line 2 from line 1	3	- 2	220,	468
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		348,	172
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)			(8,	496
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	5	560,	144
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🕱 Accrual 🔲 Other				- 5
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		3.		, st.
	Schedule O		التنا		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			7	
	reviewed on a separate basis, consolidated basis, or both		-	,'	
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	1	
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	İ	16	٠ ,	, ,
	separate basis, consolidated basis, or both		7,		,
	Separate basis Consolidated basis Both consolidated and separate basis			 	, ,

2c

3a

3b

Form 990 (2019)

c 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?

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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 on Schedule O and describe any steps taken to undergo such audits

Schedule O

EEA

Single Audit Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Name	of the	e organization					Employer identificat	ion number
LOV	ΕI	NC OF COLUMBIA					20-880185	
Pa	rt I	Reason for Public Charit	y Status (All or	rganizations must c	omplete	this part) See instructions	
The	orga	nization is not a private foundation beca	iuse it is (For lines	1 through 12, check only	one box)			
1		A church, convention of churches, or a	ssociation of church	nes described in section '	170(b)(1)(A	\)(i)		60
2		A school described in section 170(b)(1)(A)(ii) . (Attach Sc	hedule E (Form 990 or 99	90-EZ))			() [
3		A hospital or a cooperative hospital ser	rvice organization d	escribed in section 170(b)(1)(A)(iii)			
4		A medical research organization opera	ited in conjunction v	vith a hospital described in	section 1	70(b)(1)(A)	(iii) Enter the	
		hospital's name, city, and state						
5		An organization operated for the bene	fit of a college or ur	niversity owned or operate	ed by a gov	ernmental ι	unit described in	
		section 170(b)(1)(A)(iv). (Complete P	art II)					
6		A federal, state, or local government of	r governmental unit	described in section 170	(b)(1)(A)(v)).		
7		An organization that normally receives	s a substantial part o	of its support from a gove	rnmental u	nit or from t	he general public	
		described in section 170(b)(1)(A)(vi).	(Complete Part II)					
8		A community trust described in section	n 170(b)(1)(A)(vi). ((Complete Part II)				
9		An agricultural research organization of	lescribed in section	170(b)(1)(A)(ix) operate	d in conjund	ction with a	land-grant college	
		or university or a non-land-grant colleg	ge of agriculture (se	e instructions) Enter the	name, city,	and state of	of the college or	
		university						
10	X	An organization that normally receives	(1) more than 33	1/3% of its support from o	contribution	s, members	ship fees, and gross	
		receipts from activities related to its ex	cempt functions - su	ibject to certain exception	ns, and (2) i	no more tha	in 33 1/3% of its	
		support from gross investment income	e and unrelated bus	iness taxable income (les	ss section 5	311 tax) fron	n businesses	
		acquired by the organization after June	30, 1975 See sec	tion 509(a)(2). (Complete	Part III)			
11		An organization organized and operate	ed exclusively to test	t for public safety. See see	ction 509(a)(4).		
12		An organization organized and operate	ed exclusively for th	e benefit of, to perform th	ne functions	of, or to ca	irry out the purposes	
		of one or more publicly supported orga	nizations described	in section 509(a)(1) or s	ection 509	(a)(2) See :	section 509(a)(3).	
		Check the box in lines 12a through 12	d that describes the	e type of supporting organ	ization and	complete l	ines 12e, 12f, and 12g	
	а	Type I. A supporting organization	operated, supervise	d, or controlled by its supp	oorted orga	nızatıon(s),	typically by giving	
		the supported organization(s) the	power to regularly a	appoint or elect a majority	of the dire	ctors or trus	stees of the	
		supporting organization You mus	t complete Part IV	, Sections A and B.				
	b	Type II. A supporting organization	supervised or contr	olled in connection with its	s supported	organizatio	n(s), by having	
		control or management of the sup	porting organization	n vested in the same pers	sons that co	ontrol or ma	nage the supported	
		organization(s) You must compl	ete Part IV, Section	ns A and C.				
	С	Type III functionally integrated.	A supporting organi	zation operated in connec	tion with, a	nd functiona	illy integrated with,	
		its supported organization(s) (see	instructions) You n	nust complete Part IV, S	ections A,	D, and E.		
	d	Type III non-functionally integra	ited. A supporting of	rganization operated in co	nnection w	ith its suppo	rted organization(s)	
		that is not functionally integrated	The organization ge	enerally must satisfy a dis	tribution re	quirement a	ind an attentiveness	
		requirement (see instructions) Yo	u must complete F	Part IV, Sections A and D), and Part	V.		
	е	Check this box if the organization	received a written of	determination from the IR	S that it is a	Type I, Typ	oe II, Type III	
		functionally integrated, or Type III						
	f	Enter the number of supported organic	zations · · · ·					
	g	Provide the following information about	it the supported org	anization(s)				
	(1	i) Name of supported organization	(ii) EIN	(III) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10	listed in you	٠,	support (see	other support (see
				above (see instructions))	docum	lent /	instructions)	instructions)
					Yes	No		
/A)								
(A)								
(D)								
(B)								
<i>(</i> 0)								
(C)					<u></u>			
/C:						-		
(D)						<u> </u>		
·								
(E)								
Tota	 I		· · · · · · ;	× 7, 7, - , 2	/ *	٠,,,	<u> </u>	

Pa	Support Schedule for Organiz			, , ,	,, ,, ,		
	(Complete only if you checked the						iiiry under /
<u> </u>	Part III If the organization fails to	o quality unde	er the tests lis	stea pelow, p	ease comple	te Paπ III)	
	ction A. Public Support	1	T-10, 0040	1 4 4 0047	1	1 () 20/2	· / /
_	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						/
	membership fees received (Do not	1	•				/
	include any "unusual grants ")				ļ 		
2	Tax revenues levied for the						/
	organization's benefit and either paid						
	to or expended on its behalf		-				
3	The value of services or facilities			'			
	furnished by a governmental unit to the						
	organization without charge					/	
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a				學的		
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			THE STATE OF THE S			1
6	Public support. Subtract line 5 from line 4	"是是是是	LONG BURNERS	"是不是这种"	杨子表的图/ 《	高級粉件。但	
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4 · · · · · · · · · · ·						
8	Gross income from interest, dividends,						
	payments received on securities loans,			ļ	V		
	rents, royalties and income from			/	1		
	similar sources				•	t	
9	Net income from unrelated business		-				
	activities, whether or not the business						-
	is regularly carried on	·	ļ				
10						-	
	loss from the sale of capital assets		/	1			
,	(Explain in Part VI)		/				
11	Total support. Add lines 7 through 10	34607257 SA		THE PARTY T		\$68.25.5ac	
	Gross receipts from related activities, etc. (s					12	
	First five years. If the Form 990 is for the or			l. fourth, or fifth	n tax vear as a	section 501(c)(3	3)
	organization, check this box and stop here						
Se	ction C. Computation of Public Suppo			•			
	Public support percentage for 2019 (line 6,			column (f)) · ·		14	%
	Public support percentage from 2018 Sched					15	%
16a	33 1/3% support test - 2019. If the organiza	tion did not che	ck the box on l	line 13, and line	e 14 is 33 1/3%	or more, check	
	box and stop here . The organization qualifie						
	33 1/3% support test - 2018. If the organiza						
•	this box and stop here . The organization qu	/				-	
17:	10%-facts-and-circumstances test - 2019.			-			
. , ,	10% or more, and if the organization meets t	_					
	Part VI how the organization meets the "faci						
	,	is-anu-circuitis		iio organizatio			
	organization	If the ergoniza	tion did not obs			or 17a, and line	
	0 10%-facts-and-circumstances test - 2018.						-
	15 is 10% or more, and if the organization m						lializ
	Explain in Part VI how the organization mee	us the macts-ar	iu-circumstanc	es test ine c	nganization qu	annes as a publ	iici y
4.0	supported organization					hov and see	· · · · · • [·
18	Private foundation. If the organization did n						, –
	instructions /					• • • • • • •	· · · · · • L

Part III 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)

	Stion A. Public Support		· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·			
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	360,757	383,962	526,385	720,063	980,286	2,971,453
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 .	191,275	256,000	289,393	340,243	357,523	1,434,434
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						
	Total. Add lines 1 through 5	552,032	639,962	815,778	1,060,306	1,337,809	4,405,887
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	14,675	87,011		30,000	100,000	231,686
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						
	Add lines 7a and 7b	14,675	87,011		30,000	100,000	231,686
8	Public support. (Subtract line 7c from		ů.	, .			•
	line 6)			{			4,174,201
	ction B. Total Support	T () 0045 T	41.0040	(-) 0047	44) 2040	(-) 2040	(D. Tatal
	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	552,032	639,962	815,778	1,060,306	1,337,809	4,405,887
ıva	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
_	royalties, and income from similar sources						
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	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)	552,032	639,962	815.778	1.060.306	1,337,809	4,405,887
14	First five years. If the Form 990 is for the org	anization's first		fourth, or fifth	tax year as a s	section 501(c)(3	
	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppo	rt Percentage	9				
15	Public support percentage for 2019 (line 8, c	olumn (f), dıvıd	ed by line 13, o	column (f))		15	94.74 %
16	Public support percentage from 2018 Sched	ule A, Part III, II	ne 15 · · ·			16	0.00 %
Se	ction D. Computation of Investment In						
17	Investment income percentage for 2019 (line					17	0.00 %
18	Investment income percentage from 2018 Sc					18	0.00 %
19a	33 1/3% support tests - 2019. If the organization						
	17 is not more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2018. If the organization						
	line 18 is not more than 33 1/3%, check this t						
20	Private foundation. If the organization did no	ot check a box	on line 14, 19a,	or 19b, check	this box and s	ee instructions	▶ 🗍

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	ection	A. All	S	Supporting	0	rganizations

- 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**
- 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
			•
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	10b		
(Foi		or 990-E	Z) 2019
			,

Page 5 Schedule A (Form 990 or 990-EZ) 2019 LOVE INC OF COLUMBIA 20-8801850 Supporting Organizations (continued) Part IV Yes No 11. Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? 11b b A family member of a person described in (a) above? c 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 Section B. Type I Supporting Organizations Yes No 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 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 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, 2 supervised, or controlled the supporting organization Section C. Type II Supporting Organizations Yes 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) Section D. All Type III Supporting Organizations Yes No 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 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 organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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 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 3 supported organizations played in this regard Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

	• · · · · · · · · · · · · · · · · · · ·		.,	
а	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 (so	e insti	ructioi	ns)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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,			
	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	'		
	reasons for the organization's position that its supported organization(s) would have engaged in these	l	,	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	ľ	_	
	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		

20-8801850

LOVE INC OF COLUMBIA

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 tr	ust o	n Nov 20, 1970 (explain	ın Part VI) See
. instructions. All other Type III non-functionally integrated supporting organization	ations	must complete Sections	s A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
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)	ł	1	
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)			
2 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
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	3 (T	
2 Enter 85% of line 1	2	`	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	fan r t	
4 Enter greater of line 2 or line 3	4	1 -	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to]	•	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	ıntegi	rated Type III supporting	organization (see
instructions)			

Schedule A (Form 990 or 990-EZ) 2019 LOVE INC OF COLUMBIA 20-8801850 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	Current Year						
1	Amounts paid to supported organizations to accomplish exem	npt purposes		,			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	-			
4	Amounts paid to acquire exempt-use assets .			1			
5	Qualified set-aside amounts (prior IRS approval required)		, ,	· ·			
6	Other distributions (describe in Part VI) See instructions		• *				
7	Total annual distributions. Add lines 1 through 6	ì	,				
8	Distributions to attentive supported organizations to which the	organization is respons	sive	•			
,	(provide details in Part VI) See instructions		•				
9	Distributable amount for 2019 from Section C, line 6	· ,	· · · · · · · · · · · · · · · · · · ·				
10	Line 8 amount divided by line 9 amount	•		1			
	, , , , ,	(i)	(ii)	(iii)			
S	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable			
		LACESS DISTINUTIONS	Pre-2019	Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6	新新教育的學科學	污滅器計算發展的				
2	*Underdistributions, if any, for years prior to 2019		1				
	(reasonable cause required - explain in Part VI) See						
•	instructions						
3	Excess distributions carryover, if any, to 2019	建筑的基件附近可能	经的现在分词	SAMPLE SERVICE			
а	From 2014	ur sagingandong ngadhaginangi ngganggangganggan		n die der der der der der der der der der de			
b	From 2015			GE KERKELAN PER BER			
С	From 2016		经的证券的	品类的对象的基础			
d	From 2017		່ນໄດ້ນີ້ ເປັນຕົ້ວໃນໃຫ້ເຂົາເຂົາເປັນ ເຂົ້າໄດ້ກັດໄດ້ ເຂົາໄດ້ ໄດ້ໄດ້ ໄດ້ເຂົາໄດ້ ໄດ້ເຂົາໄດ້ ໄດ້ເຂົາໄດ້ ໄດ້ ໄດ້ເຂົາໄດ້ ອີກ ເປັນເປັນໄດ້ເປັນໄປເປັນໄດ້ເປັນໄປເປັນໄດ້ ໄດ້ເຂົາໄດ້ ເປັນໄດ້ເປັນໄດ້ເປັນໄດ້ ເປັນເປັນໄດ້ເປັນໄດ້ ເປັນເປັນໄດ້ເປັນໄ	້າວກຳລູການການການການການການການການການການການການການກ			
e	From 2018	THE STATE OF THE S	有於我們的認識的認識	法等的人的特殊的			
f	Total of lines 3a through e		学院是被解析的	3程/6938年至1438			
g	Applied to underdistributions of prior years	参加。据该加尔马曼		经验到约定价值的			
	Applied to 2019 distributable amount	对条件和第一个	PARTIE PA	į (
i	Carryover from 2014 not applied (see instructions)	,		以深处的对对对对对对视频			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		江江湖南南南南北江江	和基础的产品的基础			
4	Distributions for 2019 from			vá Modrátum Bho vá jó má é s á m mó úthim j			
•	Section D, line 7 \$						
а	Applied to underdistributions of prior years	新加州的		泛图域《别对外的概念器			
b	Applied to 2019 distributable amount		大学(1) 外联 张 44 25 54 8				
С	Remainder Subtract lines 4a and 4b from 4		《公司》	设在军人发展,			
5	Remaining underdistributions for years prior to 2019, if	学的学习会员		经济的 在外域的			
	any Subtract lines 3g and 4a from line 2 For result						
	greater than zero, explain in Part VI See instructions		,				
6	Remaining underdistributions for 2019 Subtract lines 3h		Z PAR VAR AND AND AND AND AND AND AND AND AND AND				
	and 4b from line 1 For result greater than zero, explain in			•			
	Part VI See instructions						
7	Excess distributions carryover to 2020 Add lines 3j		NEW WINDS	PERSONAL PROPERTY.			
,	and 4c						
8	Breakdown of line 7	AND PROPERTY OF THE PARTY OF TH	APPRINCIPAL TO SP	AT THE PROPERTY OF THE PARTY OF			
а	Excess from 2015	THE WATER TO SHARE	这种种种型均型对	於其於於民間的語彙			
	Excess from 2016	AND THE PARTY OF T					
	Excess from 2017	Made was Property Activities		WAR THE PROPERTY OF THE PROPER			
	Excess from 2018		PARTICIA DE LA COMPANION DE LA	维含约约42的 形态			
	Excess from 2019	BENEFIT OF THE PARTY OF THE	THE STATE OF THE S	COMPANIE CONTRACTOR HAS			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part
"í air.An	Supplemental information. I rovide the explanations required by fact, into 10, 1 art in, into 170, 1 art
•	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section
, ,	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E,
	lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	lines 2, 5, and 6 Also complete this part for any additional information (Gee instructions)
	·
	•
· · · · · · · · · · · · · · · · · · ·	
	··
	
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	•

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

COVI	E INC OF COLUMBIA	20-8801850
Pa		
	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	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferming impermissible private benefit?	
Pai	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)	of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation
	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
c	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	anization 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 conservations	ion easements during the year
		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	easements 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 state	ement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	hat describes the
	organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	rance of public
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items	
þ	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balan	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	nce 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	n, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	· · · · · · > \$

Schedi	ule D (Form 990) 2019 LOVE INC OF COLUMB:	T A			20-880	01850	F	age 2
Pai		ections of Art, His	torical Treasures	, or Oth				
3	Using the organization's acquisition, accession, and	other records, check any	of the following that mal	ke signific	ant use of its			
	collection items (check all that apply)							
à	Public exhibition	d	Loan or exchange	programs	5			
p,	Scholarly research	е	Other					
С	Preservation for future generations							_
4	Provide a description of the organization's collections	and explain how they fu	rther the organization's e	exempt pu	urpose in Part			
	XIII	•	Ŭ		•			
5	During the year, did the organization solicit or receive	donations of art, historic	al treasures, or other sir	mılar				
_	assets to be sold to raise funds rather than to be mai					Пү	es [No
Pai	t IV Escrow and Custodial Arrangen						<u> </u>	
	Complete if the organization answ		n 990, Part IV, line	9. or re	ported an an	nount on	Form	1
	990, Part X, line 21							
1a	Is the organization an agent, trustee, custodian or oth	ner intermediary for contr	butions or other assets	not				
						🗆 Y	es F	No
b	If "Yes," explain the arrangement in Part XIII and com					·	٠٠ ـ	
	The Test, explain the arrangement in a devil and con	ipiete the following table			Δ	mount		
С	Beginning balance			. 1c	- †	-		
٨	Additions during the year			1d	+			
e								
f	Ending balance							
2a	Did the organization include an amount on Form 990					Пү	es [No
	If "Yes," explain the arrangement in Part XIII Check I			-		_		֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓֓֡֓֓֡֓֡
	t V Endowment Funds.	nere ii tile explanation na	3 Deen provided on 1 and	7,111			<u> </u>	<u> </u>
	Complete if the organization answ	ered "Yes" on Forn	n 990. Part IV. line	10				
			or year (c) Two year	- 1	(d) Three years bac	k (e) Fo	our years	hack
1a	Beginning of year balance	Current year (b) Pr	(c) Two year	3 Dack	(u) Tillee years bac	. (6) 10	iui years	
b	Contributions					+		
c	Net investment earnings, gains, and						·	
	losses		i 					
d	Grants or scholarships						-	
Α.	Other expenditures for facilities and							
·	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current year	end balance (line 1g. co	lumn (a)) held as					
- а	Board designated or quasi-endowment	%	(4),					
b	Permanent endowment > %							
c	Term endowment > %							
•	The percentages on lines 2a, 2b, and 2c should equa	al 100%						
3a	Are there endowment funds not in the possession of		held and administered for	or the				
	organization by						Yes	No
	(i) Unrelated organizations · · · · · · · · · · · · · · · · · · ·				. .	3a(i)	<u>† </u>
	(ii) Related organizations					3a(i	' 	
b	If "Yes" on line 3a(ii), are the related organizations lis	ted as required on Sched	lule R?			3b	' 	
4	Describe in Part XIII the intended uses of the organiz	•						
	t VI Land, Buildings, and Equipmen			.				
	Complete if the organization answ		n 990, Part IV. line	11a Se	ee Form 990.	Part X.	line 1	0
	Description of property	(a) Cost or other basis	(b) Cost or other basis	l.	Accumulated		ook value	
	2000 pilari di Praparty	(investment)	(other)		epreciation	,-, 0		
1a	Land		66,000	<u> </u>			66	000
b	Buildings		297,189	1			297,	
	Leasehold improvements		30,943		·			943

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land		66,000		66,000	
b	Buildings		297,189		297,189	
С	Leasehold improvements		30,943		30,943	
d	Equipment		85,747		85,747	
е	Other			137,876	(137,876)	
Tota	Total Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) · · · · · · · · · · · · · ▶					

Schedule D (Form	990) 2019 LOVE INC OF COLUM	MBIA		•	20-	-8801850	Page 3
Part VII	Investments - Other Securities.				1		
**************************************	Complete if the organization answered	d "Yes" on For	m 990. Pa	rt IV. lın	e 11b See Form	1 990. Part X. I	line 12
			<u> </u>	1	T .	· · · · · · · · · · · · · · · · · · ·	
. , ,	(a) Description of security or category (including name of security)		(b) Book	value		 c) Method of valuation or end-of-year market va 	
(1) Financial of	· · · · · · · · · · · · · · · · · · ·						•
• •	dd equity interests • • • • • • • • • • • • • • • • • •				• •		
(3) Other	ad equity interests + · · · · · · · · · · · · · · · · · ·	,					
					 , 		
(A)					*	<u> </u>	
(B)	·				1		
(C)			• -				· · · · · · · · · · · · · · · · · · ·
(D)							
(E)			·				-
(F)							
(G) '	r	, • 			1 - 4	• • •	
. (H)	<u> </u>		1		Day on Sulphan Conference Conference	The same handles del language and a	\$ 1 200 mark as 15%.
	(b) must equal Form 990, Part X, col (B) line 12)			_	经特别的	艺术的理论的知识	艺术被
Part VIII	Investments - Program Related.		. •	•	•		
	Complete if the organization answered	d "Yes" on For	m 990, Pa	rt IV, lın	e 11c See Form	ı 990, Part X,·I	ine 13
•	(a) Description of investment		(b) Book	value	,	c) Method of valuation	
(4)					, Cost o	or end-of-year market va	alue
(1)		•		•		•	
(2)		•	-	•	· · · · · · · · · · · · · · · · · · ·		
. (3)		,			1		
(4)			ļ ·				
(5)							
·(6)						<u> </u>	
(7)	, , , , , , , , , , , , , , , , , , ,					<u> </u>	
(8)		·	· ·	•			
(9)					N. T	T	r Ottovislandstation
T	(b) must equal Form 990, Part X, col (B) line 13)	· · · · · · >			《完全工作》,《新兴日本》	with the profession of the	35种学学66
Part IX	Other Assets.	=			44 . 0 . =		, ,
	Complete if the organization answered	d "Yes" on For	m 990, Pa	rt IV, lin	e 11d See Form	1990, Part X; I	ine 15
	(a) De	escription				(b) Boo	ok value
(1BECURIT	TY DEPOSITS						510
(2)	•			,	•		
(3)		<u> </u>			,		
(4)				•		•	•
(5)	• .		•			•	1
(6)					,	•	
(7)	•		•				
(8)							
(9)	,		•	•			•
	(b) must equal Form 990, Part X, col (B) line 15)						510
Part X	Other Liabilities.						
<u> </u>	Complete if the organization answered	d "Yes" on For	m 990, Pa	rt IV, lin	e 11e or 11f Sec	∍ Form 990, P	art X,
	line 25				• •	•	
1.	(a) Description of liability	(b) Book v	value	2000 Marie	AND VINE OF THE	的,我的数据可以	65年,数百体
	ncome taxes ‡	,				外的是是在公司	
		*,	4,696				
	CARDS PAYABLE		372				
	FUNDS HELD IN ESCROW		147				
	WAY PLEDGES PAYABLE		14/	一点数数			
(5)			· ·		HERWARDS		
<u>(6)</u> .	•	•				能够需要的	
(8)			7				
(75)				1.05 * 0.05 (3.3)	DOMESTIC AND STREET, THE GOVERNMENT OF STREET		N. T. T. T. T. L. S. L. 1955

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

5,215

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Sched		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	1,374,808
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
â	Net unrealized gains (losses) on investments	_	
b	Donated services and use of facilities].	
C	Recoveries of prior year grants	_	
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,374,808
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	⊣ 1	
b	Other (Describe in Part XIII)	_	
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,374,808
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	1,154,340
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	_	
þ	Prior 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	1,154,340
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	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	4 4 5 4 6 4 6
5 Do	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,154,340
		at V. Ima	
	ide 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, Pa art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	irt A, iine	
2, ۳۵	III XI, IIIles 20 and 40, and Fart XII, IIIles 20 and 40 Also complete this part to provide any additional information		
			····

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

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury ► Go to www irs gov/Form990 for instructions and the latest information Internal Revenue Service Name of the organization Employer identification number LOVE INC OF COLUMBIA 20-8801850

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990. Part IV. line 17 20-8801850

Form 990-EZ filers are not					J 555, 1 GILLY,	
1 Indicate whether the organization raise				s Check all that appl	v	
a Mail solicitations				non-government gra		
b Internet and email solicitations		_		government grants		
c Phone solicitations				aising events		
d n-person solicitations		3 L	ороски папан	along events		
2a Did the organization have a written or	oral agreement w	th any individ	ual (including	officers, directors, tri	ustees.	
or key employees listed in Form 990, F						es 🗌 No
b If "Yes," list the 10 highest paid individu						
compensated at least \$5,000 by the or		, ,	Ū			
,	J					
		(III) Did fundraiser have		(vv) Cross recounts	(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody or control of contributions?		(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
		Yes	No			
1	,					
2						
			<u> </u>			
3						
		 				
4						
		<u> </u>	1			
5						
			-			
6						
7			 			
<i>'</i>						
8		 	 			
•			İ			
9		 			·	
10		†				
			j			
			<u></u>		* *	
Total			•			
3 List all states in which the organization	s registered or lic	ensed to solic	at contribution	ns or has been notifie	d it is exempt from	
registration or licensing						
						1.100
						

20-8801850

Pa			The second secon		000 E7 lines 4 and 0b	1 4
		than \$15,000 of fundraising gross receipts greater than		a gross income on Form	990-EZ, lines 1 and 6b	List events with
			(a) Event #1 OVER EDGE	(b) Event #2 SMALL EVENTS	(c) Other events None	(d) Total events (add col. (a) through col. (c))
Revenue			(event type)	(event type)	(total number)	
	1	Gross receipts	64,534	1,868		66,402
	2	Less Contributions · · · · ·				
	3	Gross income (line 1 minus line 2)	64,534	1,868		66,402
	4	Cash prizes			-	
	5	Noncash prizes				
nses	6	Rent/facility costs · · · · · · · ·				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses · · · · ·				
	10 11	Direct expense summary Add lines of Net income summary Subtract line	•			66,402
Pa	rt II	Gaming. Complete if the o	rganızatıon answered "	Yes" on Form 990, Part I	V, line 19, or reported m	ore than
		\$15,000 on Form 990-EZ,	ine oa			
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1 2	Gross revenue	(a) Bingo		(c) Other gaming	
xbeuses	7		(a) Bingo		(c) Other gaming	
xbeuses	2	Cash prizes · · · · · · · · · · · · · · · · · · ·	(a) Bingo		(c) Other gaming	
	2	Cash prizes		bingo/progressive bingo		
xbeuses	2 3 4	Cash prizes	(a) Bingo		(c) Other gaming	
xbeuses	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo		
xbeuses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes% ☐ No	
xbeuses	2 3 4 5 6 7 8 Entist	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colum	bingo/progressive bingo Yes % No In (d)	☐ Yes% ☐ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Entries is to lift"	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activiti	bingo/progressive bingo Yes % No n (d)	Yes	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Ent is it if "	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activiti	bingo/progressive bingo Yes % No in (d)	Yes	col (a) through col (c))

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

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

Employer identification number

2019

Open to Public

LOVE INC OF COLUMBIA 20-8801850 01. Form 990 governing body review (Part VI, line 11) The Form 990 is reviewed by the board treasurer, a retired CPA 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 THE ANNUAL AUDIT. 03. Governing documents, etc, available to public (Part VI, line 19) DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN OR VERBAL REQUEST 04. Explanation of other changes in net assets or fund balances (Part XI, line 9) DISTRIBUTION OF TEMPORARILY RESTRICTED ASSETS TO SUPPORTING 501(C)(3) ORGANIZATION

SCHEDULE R (Form 990)

Department of the Treasury Name of the organization

Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

▶ Attach to Form 990.

2019

OMB No 1545-0047

Open to Public Inspection

Employer identification number

(g) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2019 (f) Direct controlling entity Yes No Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had (f)
Direct controlling entity (e) End-of-year assets 20-8801850 X/A Public chanty status (if section 501(c)(3)) 10 (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 <u>e</u> (d) Exempt Code section (C)
Legal domicile (state or foreign country) 501 (C) (3) Legal domacle (state or foreign country) 8 (**b)** Pnmary activity one or more related tax-exempt organizations during the tax year (**b)** Primery activity For Paperwork Reduction Act Notice, see the Instructions for Form 990 (a)
Name, address, and EIN (if applicable) of disregarded entity (1) LOVE MY JOB TRAINING CENTER, 82-4808622 Name, address, and EIN of related organization 17 BUSINESS LOOP 70 EAST LOVE INC OF COLUMBIA Columbia, MO 65203 Partl PartII E 3 ල 3 (2) 18 ල 3 <u>(5</u>

EEA

20-8801850

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, LOVE INC OF COLUMBIA Schedule R (Form 990) 2019 Part III-

Schedule R (Form 990) 2019 Section512(b)(13) controlled ž Percentage ownership 3 entity Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Yes £ managing partner? General or Percentage ownership 9 Yes Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Ξ Share of <u>6</u> Yes No (h) Disprop-ortionate allocations Share of total Income line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year Share of total income Direct controlling entity Ð Predominant income (related, unrelated, exduded from tax under sections 512-514) A/A <u>e</u> (state or foreign country) Legal domicile (d) Direct controlling Primary activity (c)
Legal
domcile
(state or
foreign <u>e</u> Primary activity (1) LOVE MY JOB TRAINING C, 82-4808622 9 Name, address, and EIN of related organization 15 BUSINESS LOOP 70 EAST Columbia, MO 65203 Name, address, and EIN of related organization Part IV EEA ල 3 3 18 | ଫ 3 (2) € 3

Page 3 Schedule R (Form 990) 2019 Method of determining amount involved Yes Ξ -9 4 4 <u>4</u> 4 4 79 <u>4</u> 1g 두 ¥ 1s ÷ = = 20-8801850 Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Fransaction type (a-s) <u>a</u> Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity k Lease of facilities equipment, or other assets from related organization(s) Name of related organization Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) LOVE INC OF COLUMBIA Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Schedule R (Form 990) 2019 Part V **α** σ 7 ε _ 3 ල (4) (2) 9 ε EEA

LOVE INC OF COLUMBIA

Schedule R (Form 990) 2019

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

Page 4

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Schedule R (Form 990) 2019 Percentage ownership 3 General or managing partner? 9 Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) 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 Disproportionat allocations No Ξ Yes Share of end-of-year assets 6 Share of total income € or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships Are all partners section 501(c)(3) organizations Yes No <u>e</u> Predomnant norme (related, unrelated, excluded from tax under sections 512-514) 9 Legal domale (state or foreign country) Primary activity Name, address, and EIN of entity 9 E (12) (2) 6 8 6 Ξ ල € 3 9 EEA