

# Short Form Return of Organization Exempt From Income Tax

# 2008

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

<b>A</b> For the 2008 calendar year, or tax year beginning _____, and ending _____									
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>C</b> Name of organization <b>LOVE IN THE NAME OF CHRIST OF BENTON COUNTY</b></td> <td style="width: 15%;"><b>D</b> Employer identification number 93-1326307</td> </tr> <tr> <td style="width: 50%;">Number and street (or P O box, if mail is not delivered to street address) <b>PO BOX 270</b></td> <td style="width: 10%;"><b>E</b> Telephone number</td> </tr> <tr> <td style="width: 30%;">City, town, or country <b>CORVALLIS</b></td> <td style="width: 10%;">State <b>OR</b></td> </tr> <tr> <td style="width: 30%;">ZIP + 4 <b>97339</b></td> <td style="width: 10%;"><b>F</b> Group Exemption Number . . . ▶</td> </tr> </table>	<b>C</b> Name of organization <b>LOVE IN THE NAME OF CHRIST OF BENTON COUNTY</b>	<b>D</b> Employer identification number 93-1326307	Number and street (or P O box, if mail is not delivered to street address) <b>PO BOX 270</b>	<b>E</b> Telephone number	City, town, or country <b>CORVALLIS</b>	State <b>OR</b>	ZIP + 4 <b>97339</b>	<b>F</b> Group Exemption Number . . . ▶
<b>C</b> Name of organization <b>LOVE IN THE NAME OF CHRIST OF BENTON COUNTY</b>	<b>D</b> Employer identification number 93-1326307								
Number and street (or P O box, if mail is not delivered to street address) <b>PO BOX 270</b>	<b>E</b> Telephone number								
City, town, or country <b>CORVALLIS</b>	State <b>OR</b>								
ZIP + 4 <b>97339</b>	<b>F</b> Group Exemption Number . . . ▶								

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ N/A

**J** Organization type (check only one)—  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

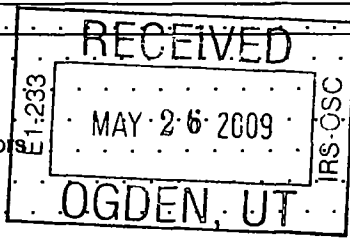
**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **158,651**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

	1 Contributions, gifts, grants, and similar amounts received . . . . .			149,190
	2 Program service revenue including government fees and contracts . . . . .		2	
	3 Membership dues and assessments . . . . .		3	
	4 Investment income . . . . .		4	3
	5a Gross amount from sale of assets other than inventory . . . . .	5a	0	
	b Less: cost or other basis and sales expenses . . . . .	5b	0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	5c		0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ 0 of contributions reported on line 1) . . . . .	6a	0	
	b Less: direct expenses other than fundraising expenses . . . . .	6b	0	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c		0
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	9,458	
	b Less: cost of goods sold . . . . .	7b	6,609	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		2,849
	8 Other revenue (describe ▶ _____ )	8		0
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9		152,042
	10 Grants and similar amounts paid (attach schedule) . . . . .	10		0
	11 Benefits paid to or for members . . . . .	11		
	12 Salaries, other compensation, and employee benefits . . . . .	12		66,171
	13 Professional fees and other payments to independent contractors . . . . .	13		
	14 Occupancy, rent, utilities, and maintenance . . . . .	14		7,724
	15 Printing, publications, postage, and shipping . . . . .	15		5,445
	16 Other expenses (describe ▶ See attached statement)	16		58,468
	17 <b>Total expenses.</b> Add lines 10 through 16 . . . . .	17		137,808
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18		14,234
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19		14,953
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20		0
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21		29,187



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments . . . . .	16,627	22	31,728	
23	Land and buildings . . . . .	2,714	23	1,654	
24	Other assets (describe ▶ _____ )	0	24	0	
25	<b>Total assets</b> . . . . .	19,341	25	33,382	
26	<b>Total liabilities</b> (describe ▶ Payroll Taxes Payable)	4,388	26	4,195	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	14,953	27	29,187	

EXPENSES SCANNED JUL 0 12 2009

9-7 4

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)	
What is the organization's primary exempt purpose? <u>ORGANIZE CHURCH VOLUNTEERS TO AID POOR</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	NEEDS WERE MET BY ORDINARY PEOPLE. NEEDS WERE RECEIVED, VERIFIED AND SENT TO VOLUNTEERS. VOLUNTEERS MOVED PEOPLE, DELIVERED HOT MEALS, DROVE PEOPLE TO APPOINTMENTS, DELIVERED DONATED GOODS (Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	28a	137,808
29	..... ..... (Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	29a	0
30	..... ..... (Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) . . . . . (Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a) . . . . .	32	137,808

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name JIM REYNOLDS Str City CORVALLIS ST OR ZIP 97333	Title PRESIDENT Hr/WK 2.00	0	0	0
Name JOHN STONE Str City CORVALLIS ST OR ZIP 97330	Title VICE PESIDENT Hr/WK 2.00	0	0	0
Name BETH LAMBRIGHT Str City CORVALLIS ST OR ZIP 97330	Title DIRECTOR Hr/WK 2.00	0	0	0
Name DAVID COULOMBE Str City CORVALLIS ST OR ZIP 97330	Title DIRECTOR Hr/WK 2.00	0	0	0
Name BETTY FERREN Str City ALBANY ST OR ZIP 97321	Title SECRETARY Hr/WK 3.00	0	0	0
Name MELISSA STEENHO Str City CORVALLIS ST OR ZIP 97330	Title TREASURER Hr/WK 3.00	0	0	0
Name BEKA DORR Str City CORVALLIS ST OR ZIP 97330	Title DIRECTOR Hr/WK 2.00	0	0	0
Name WILMA VAN SCHEL Str City CORVALLIS ST OR ZIP 97333	Title EXEC DIRECTO Hr/WK 40.00	29,848	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved.		0
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9.		
b	Gross receipts, included on line 9, for public use of club facilities.		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u> .		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0
d	Enter amount of tax on line 40c reimbursed by the organization.		0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed.		
42a	The books are in care of Name <u>MELISSA STEENHOEK</u> Telephone no. <u>541-760-4182</u> Located at <u>PO BOX 270</u> City <u>CORVALLIS</u> ST <u>OR</u> ZIP + 4 <u>97339</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. <u>43</u> N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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. . . . .	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . .	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	X
b If "Yes," was the related organization(s) a section 527 organization? . . . . .	49b	

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 . . . . ▶		0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Wilma Van Schelven* Date: *May 15/09*  
 Type or print name and title: *Wilma Van Schelven Executive Director*

**Paid Preparer's Use Only**  
 Preparer's signature: *Ilene Anderton* Date: *5/9/2009* Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP +4: *A & S ACCOUNTING 316 SW WASHINGTON AVE, CORVALLIS, OR 97333* Preparer's Identifying Number (See instructions): *P00032857*  
 EIN: *93-0581719* Phone no: *(541) 757-1945*

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization <b>LOVE IN THE NAME OF CHRIST OF BENTON COUNTY</b>	Employer identification number <b>93-1326307</b>
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**Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)**

The organization is not a private foundation because it is: (Please check only one organization.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col. (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
<b>Total</b>									<b>0</b>

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	71,920	72,646	91,214	102,775	149,193	487,748
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
4 <b>Total</b> Add lines 1-3 . . . . .	71,920	72,646	91,214	102,775	149,193	487,748
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						487,748

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4 . . . . .	71,920	72,646	91,214	102,775	149,193	487,748
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1	9	14	8	3	35
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	6,792	15,531	3,112	678	2,849	28,962
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						516,745

12 Gross receipts from related activities, etc. (see instructions). . . . . **12**

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

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	94.39%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	91.99%
16a <b>33 1/3% support test-2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test-2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances-test-2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test-2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1	Contributions . . . . .	1	149,190
2	NonCash contributions . . . . .	2	
3	Membership dues and assessments (contributions from the public) . . . . .	3	
4	Government contributions (grants) . . . . .	4	
5	Commercial co-venture . . . . .	5	
6	Special events contributions (Line 6 - Special Events) . . . . .	6	0
7	Associated organization contributions . . . . .	7	
8		8	
9		9	
10		10	
11	<b>Total</b> . . . . .	11	149,190

**Part I, Line 4 (990-EZ) - Investment Income**

1	Interest on savings and temporary cash investments . . . . .	1	3
2	Dividends and interest from securities . . . . .	2	
3	Gross rents . . . . .	3	
4	Other investment income . . . . .	4	
5	<b>Total</b> . . . . .	5	3

**Part I, Line 16 (990-EZ) - Other Expenses**

58,468

1	Travel, Meals and Entertainment		
	a Travel . . . . .	1a	
	b Total meals and entertainment . . . . .	1b	
2	Fundraising . . . . .	2	
3	From Form 4562 - Amortization . . . . .	3	
4	Conferences, conventions, and meetings . . . . .	4	1,300
5	Depreciation, depletion, etc. . . . .	5	1,060
6	Equipment rental and maintenance . . . . .	6	6,439
7	Interest . . . . .	7	
8	Supplies . . . . .	8	18,936
9	Telephone . . . . .	9	5,773
10	Unrelated business income taxes . . . . .	10	0
11	Bank Charges . . . . .	11	30
12	Client Assistance/Gifts/Incentives . . . . .	12	11,839
13	Licenses/Memberships/Dues . . . . .	13	1,983
14	Postage/shipping/delivery . . . . .	14	2,323
15	Travel . . . . .	15	1,733
16	Insurance . . . . .	16	535
17	Volunteer Appreciation . . . . .	17	272
18	Dental Vans . . . . .	18	1,200
19	Food . . . . .	19	5,045
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

**Part II, Line 26 (990-EZ) - Liabilities**

4,388                      4,195

Description		Beginning	End
1	Payroll Taxes Payable	4,388	4,195
2			
3			
4			
5			
6			
7			
8			
9			
10			



# Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **67**

Name(s) shown on return <b>LOVE IN THE NAME OF CHRIST OF BENTON</b>	Business or activity to which this form relates <b>990EZ</b>	Identifying number <b>93-1326307</b>
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**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	<b>1</b>	250,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	250,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>6</b>		

7 Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	0
9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	<b>9</b>	0
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562. . . . .	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	<b>12</b>	0
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 . . . . . ▶	<b>13</b>	0

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

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	<b>14</b>	
15 Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
16 Other depreciation (including ACRS) . . . . .	<b>16</b>	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2008 . . . . .	<b>17</b>	1,016
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19 a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 . . . . .	<b>21</b>	44
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. . . . .	<b>22</b>	1,060
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . . ▶	<b>23</b>	

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

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

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

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows for 25, 26 (VIDEO CAMERA), 27, 28, 29.

Section B—Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (do not include commuting miles). 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven. 33 Total miles driven during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)

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

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows for 42, 43, 44.