GIFTS OF LOVE INC.

Returns of Organization Exempt From Income Tax

Year Ended December 31, 2020



Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMR	No	1545	-0047

	For calendar year 2020, or fiscal year beginning, 2020, and ending	, 20	0000
Department of the Treasury	▶ Do not send to the IRS. Keep for your records.		20 20
Internal Revenue Service	► Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization			ification number
GIFTS OF LOV		06-130	9318
Name and title of officer or p	-		
	ILL, EXECUTIVE DIRECTOR		
	Return and Return Information (Whole Dollars Only)		
check the box on line blank, then leave line return, then enter -0- of the blank, then leave line return, then enter -0- of the blank, then enter -0- of the blank line leave line blank line line blank line bla	b Total revenue, if any (Form 990-EZ, line 9) b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part Value of the line of the li	return being filed er -0-). But, if you 2) 1b 2b 3b /I, line 5) 4b 5b 6b 7b person subject to and that I have knowledge and be	tax with respect to ve examined a copy elief, they are
rue, correct, and com consent to allow my i o receive from the IRS	plete. I further declare that the amount in Part I above is the amount shown of intermediate service provider, transmitter, or electronic return originator (ERG) (a) an acknowledgement of receipt or reason for rejection of the transmission refund, and (c) the date of any refund. If applicable, I authorize the U.S. Transmission refund, and (c) the date of any refund.	O) to send the retu on, (b) the reason t	for any delay in
true, correct, and come consent to allow my into receive from the IRS processing the return a Agent to initiate an element of the Agent to initiate an element of the Agent to initiate and the software for payment of a payment, I must confidential information dentification number (intermediate service provider, transmitter, or electronic return originator (ERG (a) an acknowledgement of receipt or reason for rejection of the transmission refund, and (c) the date of any refund. If applicable, I authorize the U.S. Transmission of the federal taxes owed on this return, and the financial institution account of the federal taxes owed on this return, and the financial institution to debit to tact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 but so authorize the financial institutions involved in the processing of the electronic necessary to answer inquiries and resolve issues related to the payment. It PIN) as my signature for the electronic return and, if applicable, the consent	O) to send the return, (b) the reason to easury and its design in the the entry to this actioners days prior to nic payment of tax have selected a pe	for any delay in gnated Financial tax preparation ecount. To revoke the payment les to receive
true, correct, and com I consent to allow my into receive from the IRS processing the return of Agent to initiate an ele software for payment of a payment, I must con (settlement) date. I als confidential information identification number (intermediate service provider, transmitter, or electronic return originator (ERG (a) an acknowledgement of receipt or reason for rejection of the transmission refund, and (c) the date of any refund. If applicable, I authorize the U.S. Transmission of the federal taxes owed on this return, and the financial institution account of the federal taxes owed on this return, and the financial institution to debit to tact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 but so authorize the financial institutions involved in the processing of the electronic necessary to answer inquiries and resolve issues related to the payment. It PIN) as my signature for the electronic return and, if applicable, the consent	O) to send the return, (b) the reason to easury and its design in the the entry to this actioners days prior to nic payment of tax have selected a pe	for any delay in gnated Financial tax preparation ecount. To revoke the payment les to receive
true, correct, and com I consent to allow my it to receive from the IRS processing the return Agent to initiate an elesoftware for payment a payment, I must con (settlement) date. I als confidential informatio identification number (PIN: check one box or	intermediate service provider, transmitter, or electronic return originator (ERGS (a) an acknowledgement of receipt or reason for rejection of the transmission or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Transmission of the federal taxes owed on this return, and the financial institution account of the federal taxes owed on this return, and the financial institution to debit to tract the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 but so authorize the financial institutions involved in the processing of the electron necessary to answer inquiries and resolve issues related to the payment. If PIN) as my signature for the electronic return and, if applicable, the consent only EROSITIM NAME & LASARACINA to enter my PIN EROSITIM name	O) to send the return, (b) the reason to easury and its design in the the entry to this actioners days prior to nic payment of tax have selected a pe	for any delay in gnated Financial tax preparation ecount. To revoke to the payment es to receive ersonal is withdrawal.
true, correct, and com I consent to allow my i to receive from the IRS processing the return of Agent to initiate an ele software for payment a payment, I must con (settlement) date. I als confidential informatio identification number (PIN: check one box or X I authorize F on the tax yea state agency(i	intermediate service provider, transmitter, or electronic return originator (ERGS (a) an acknowledgement of receipt or reason for rejection of the transmission or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Transmission of the federal taxes owed on this return, and the financial institution account of the federal taxes owed on this return, and the financial institution to debit to tract the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 but so authorize the financial institutions involved in the processing of the electron necessary to answer inquiries and resolve issues related to the payment. If PIN) as my signature for the electronic return and, if applicable, the consent only EROSITIM NAME & LASARACINA to enter my PIN EROSITIM name	O) to send the return, (b) the reason seasury and its design indicated in the the entry to this action is a siness days prior to nic payment of tax have selected a perior to electronic fund 0 9 3 1 8 inter five numbers, but to not enter all zeros opy of the return i	for any delay in gnated Financial tax preparation ecount. To revoke to the payment test to receive ersonal is withdrawal. as my signature to seeing filed with a
true, correct, and comic consent to allow my it to receive from the IRS processing the return of Agent to initiate an elegant payment, I must confidential information dentification number (IRS) I authorize F on the tax years state agency(in the pill of the	intermediate service provider, transmitter, or electronic return originator (ERGS (a) an acknowledgement of receipt or reason for rejection of the transmission or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Transmitter (direct debit) entry to the financial institution account of the federal taxes owed on this return, and the financial institution to debit to tract the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 but in authorize the financial institutions involved in the processing of the electron necessary to answer inquiries and resolve issues related to the payment. If PIN) as my signature for the electronic return and, if applicable, the consent only IONDELLA, MILONE & LASARACINA to enter my PIN ERO firm name To the process of the last and the pro	O) to send the return, (b) the reason reasury and its design the indicated in the the entry to this act is iness days prior to resiness days prior to have selected a perior to electronic fund. O 9 3 1 8 Enter five numbers, but to not enter all zeros opy of the return is the aforementioned as my signature one eing filed with a starting and its design of the return is the aforementioned.	for any delay in gnated Financial tax preparation count. To revoke to the payment test to receive ersonal is withdrawal. as my signature to the tax year 2020 atte agency(ies)
crue, correct, and come consent to allow my incorreceive from the IRS processing the return of Agent to initiate an elegan payment, I must consettlement) date. I also confidential information dentification number (IRS) I authorize For the consettlement of the confidential information o	intermediate service provider, transmitter, or electronic return originator (ERGS) (a) an acknowledgement of receipt or reason for rejection of the transmission or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Transmitter (direct debit) entry to the financial institution account of the federal taxes owed on this return, and the financial institution to debit to tract the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 but so authorize the financial institutions involved in the processing of the electron in necessary to answer inquiries and resolve issues related to the payment. If PIN) as my signature for the electronic return and, if applicable, the consent of the INSTANCINA in the entermy PIN ERO firm name in 2020 electronically filed return. If I have indicated within this return that a cases) regulating charities as part of the IRS Fed/State program, I also authorize turn's disclosure consent screen. The person subject to tax with respect to the organization, I will enter my PIN a filed return. If I have indicated within this return that a copy of the return is be rities as part of the IRS Fed/State program, I will enter my PIN on the return's a subject to tax.	O) to send the return, (b) the reason reasury and its design the indicated in the the entry to this act is iness days prior to resiness days prior to have selected a perior to electronic fund. O 9 3 1 8 Enter five numbers, but to not enter all zeros opy of the return is the aforementioned as my signature one eing filed with a starting and its design of the return is the aforementioned.	for any delay in gnated Financial tax preparation ecount. To revoke to the payment test to receive ersonal is withdrawal. as my signature to the tax year 2020 atte agency(ies) and screen.
crue, correct, and come consent to allow my into receive from the IRS processing the return of Agent to initiate an electronic apayment, I must consettlement) date. I also confidential information dentification number (IRS) I authorize For the confidence on the tax years at a gency (IRS) an officer of electronically fregulating chassing and the confidence of officer or person to receive the confidence of the confi	intermediate service provider, transmitter, or electronic return originator (ERGS (a) an acknowledgement of receipt or reason for rejection of the transmission or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Transmitter (ERGS (a) an acknowledgement of receipt or reason for rejection of the transmission or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Transmitter (direct debit) entry to the financial institution account of the federal taxes owed on this return, and the financial institution to debit to tract the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 but so authorize the financial institutions involved in the processing of the electron necessary to answer inquiries and resolve issues related to the payment. If PIN) as my signature for the electronic return and, if applicable, the consent of the INS Fed firm name and the electronic return and to enter my PIN ERO firm name are 2020 electronically filed return. If I have indicated within this return that a case) regulating charities as part of the IRS Fed/State program, I also authorize the person subject to tax with respect to the organization, I will enter my PIN a filed return. If I have indicated within this return that a copy of the return is be rities as part of the IRS Fed/State program, I will enter my PIN on the return.	O) to send the return, (b) the reason reasury and its designation indicated in the the entry to this action is a siness days prior to nic payment of tax have selected a perior to electronic fund. O 9 3 1 8 Enter five numbers, but to not enter all zeros opy of the return is the aforementioned as my signature one in the filled with a start of the start o	for any delay in gnated Financial tax preparation ecount. To revoke to the payment test to receive ersonal is withdrawal. as my signature to the tax year 2020 atte agency(ies) and screen.
crue, correct, and come consent to allow my incorreceive from the IRS processing the return of Agent to initiate an elegant to initiate a	intermediate service provider, transmitter, or electronic return originator (ERG (a) an acknowledgement of receipt or reason for rejection of the transmission or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Transmitter, or electronic funds withdrawal (direct debit) entry to the financial institution account of the federal taxes owed on this return, and the financial institution to debit the federal taxes owed on this return, and the financial institution to debit the federal taxes owed on this return, and the financial institution to debit the financial institutions involved in the processing of the electron necessary to answer inquiries and resolve issues related to the payment. If PIN) as my signature for the electronic return and, if applicable, the consent of the INS firm name and the financial filed return. If I have indicated within this return that a crees) regulating charities as part of the IRS Fed/State program, I also authorize the filed return. If I have indicated within this return that a copy of the return is being filed return. If I have indicated within this return that a copy of the return is being filed return. If I have indicated within this return that a copy of the return is being the filed return. If I have indicated within this return that a copy of the return is being the filed return. If I have indicated within this return that a copy of the return is being the filed return. If I have indicated within this return that a copy of the return is being the filed return. If I have indicated within this return that a copy of the return is being the filed return. If I have indicated within this return that a copy of the return is being the filed return. If I have indicated within this return that a copy of the return is being the filed return. If I have indicated within this return that a copy of the return is being the filed return. If I have indicated within this return that a copy of the return is being the filed return. If I have indicated within this return t	O) to send the return, (b) the reason reasury and its design indicated in the the entry to this act is iness days prior to nic payment of tax have selected a perior to electronic fund. O 9 3 1 8 Enter five numbers, but to not enter all zeros opy of the return is the aforementioned as my signature on the enter filed with a start of the signature on the enter in the enter in the aforementions as my signature on the enter in the enter in the aforementions as my signature on the enter in the ente	for any delay in gnated Financial tax preparation count. To revoke to the payment test to receive ersonal is withdrawal. as my signature to the tax year 2020 atte agency(ies) and screen.
true, correct, and com I consent to allow my i to receive from the IRS processing the return Agent to initiate an ele software for payment of a payment, I must con (settlement) date. I als confidential information identification number (PIN: check one box or X I authorize F on the tax year state agency(in PIN on the return As an officer or electronically in regulating cha Signature of officer or persor Part III Certificat ERO's EFIN/PIN. Ente number (EFIN) follower I certify that the above	intermediate service provider, transmitter, or electronic return originator (ERIS (a) an acknowledgement of receipt or reason for rejection of the transmission or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Trectronic funds withdrawal (direct debit) entry to the financial institution account of the federal taxes owed on this return, and the financial institution to debit to taxe the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 but the so authorize the financial institutions involved in the processing of the electronic necessary to answer inquiries and resolve issues related to the payment. If PIN) as my signature for the electronic return and, if applicable, the consent on the processing of the electronic return and, if applicable, the consent of the IRIS Fed/State program, I also authorize the process of the IRIS Fed/State program, I also authorize the process of the IRIS Fed/State program, I also authorize the process of the IRIS Fed/State program, I will enter my PIN at a consent of the IRIS Fed/State program, I will enter my PIN at a consent to the IRIS Fed/State program, I will enter my PIN on the return of the IRIS Fed/State program, I will enter my PIN on the return of the IRIS Fed/State program, I will enter my PIN on the return of the process of the IRIS Fed/State program, I will enter my PIN on the return of the process of the IRIS Fed/State program, I will enter my PIN on the return of the process of the p	O) to send the return on, (b) the reason reasury and its design indicated in the che entry to this acts in the entry to the electronic fund in the electronic fund in the entry in the electronic entry in the electronic entry in the entry in the electronic entry in	for any delay in gnated Financial tax preparation count. To revoke to the payment test to receive ersonal is withdrawal. as my signature to the tax year 2020 at a agency(ies) and screen.
true, correct, and com I consent to allow my i to receive from the IRS processing the return Agent to initiate an ele software for payment a payment, I must con (settlement) date. I als confidential informatio identification number (PIN: check one box or X I authorize F on the tax yea state agency(i PIN on the ret As an officer or electronically regulating cha Signature of officer or persor Part III Certificat ERO's EFIN/PIN. Ente number (EFIN) followed I certify that the above that I am submitting the	intermediate service provider, transmitter, or electronic return originator (ERC (a) an acknowledgement of receipt or reason for rejection of the transmission or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Trectronic funds withdrawal (direct debit) entry to the financial institution accound the federal taxes owed on this return, and the financial institution to debit to tact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 but so authorize the financial institutions involved in the processing of the electronic necessary to answer inquiries and resolve issues related to the payment. If PIN) as my signature for the electronic return and, if applicable, the consent on the processing of the electronic return and, if applicable, the consent of the IRS firm name. INDICATE ANTIONE & LASARACINA to enter my PIN ERO firm name are 2020 electronically filed return. If I have indicated within this return that a celes) regulating charities as part of the IRS Fed/State program, I also authorize turn's disclosure consent screen. To person subject to tax with respect to the organization, I will enter my PIN a filed return. If I have indicated within this return that a copy of the return is be rities as part of the IRS Fed/State program, I will enter my PIN on the return of subject to tax. In subject to tax.	O) to send the return on, (b) the reason reasury and its design indicated in the che entry to this acts in the entry to the electronic fund in the electronic fund in the entry in the electronic entry in the electronic entry in the entry in the electronic entry in	for any delay in gnated Financial tax preparation count. To revoke to the payment test to receive ersonal is withdrawal. as my signature to the tax year 2020 at a agency(ies) and screen.

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2020)

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMR	No	1545-0047	

	Ioi all Exempt Organization	ŀ	
	For calendar year 2020, or fiscal year beginning, 2020, and ending	, 20	0000
Department of the Treasury	▶ Do not send to the IRS. Keep for your records.		ZW ZU
Name of exempt organization	Go to www.irs.gov/Form8879EO for the latest information.	Taynayar idanti	fication number
, ,		06-130	
GIFTS OF LOV		1 00-130	9310
	•		
	ILL, EXECUTIVE DIRECTOR Return and Return Information (Whole Dollars Only)		
	return for which you are using this Form 8879-EO and enter the applicable a		an the coturn of your
blank, then leave line	1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the rough, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter in the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12	r -0-). But, if you	entered -0- on the
2a Form 990-EZ che		_	
3a Form 1120-POL 0			
5a Form 8868 check			n
6a Form 990-T check			
7a Form 4720 check Part II Declarati	here ► b Total tax (Form 4720, Part III, line 1)	/ D	
Under penalties of per			A
to receive from the IRS processing the return of Agent to initiate an elector of payment of a payment, I must confidential information identification number (PIN: check one box or on the tax years state agency (in the return of the process of t	IONDELLA, MILONE & LASARACINA to enter my PIN ERO firm name Ero	(b) the reason fasury and its design indicated in the ne entry to this actiness days prior to ic payment of tax ave selected a perior electronic fundament of tax ave selected a perior electronic fundament of tax averages and the five numbers, but on the enter all zeros perior of the return is	or any delay in gnated Financial tax preparation count. To revoke the payment es to receive rsonal s withdrawal. as my signature is being filed with a
electronically f	or person subject to tax with respect to the organization, I will enter my PIN as filed return. If I have indicated within this return that a copy of the return is being rities as part of the IRS Fed State program, I will enter my PIN on the return's pate.	ng filed with a sta	nt screen.
	tion and Authentication	0.7207000	
	r your six-digit electronic filing identification		
number (EFIN) followe	ed by your five-digit self-selected PIN.	Do not enter a	II zeros
	numeric entry is my PIN, which is my signature on the 2020 electronically file is return in accordance with the requirements of Pub. 4163, Modernized e-F Business Returns.		
ERO's signature		9/21/21	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To D		

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2020)

Form 990

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	For th	ie 2020	calendar year, or tax year beginning	, 2020	0, and ending				, 20	
_			C Name of organization				D Employer iden	tificat	tion number	
Во	Check if	applicable:	GIFTS OF LOVE INC.				06-1309	318		
	Addi		Doing business as							
	_	e change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite		E Telephone nur	nber		
	Initia	al return	P.O. BOX 463			- 1	(860) 676	5-23	323	
	Fina	l return/	City or town, state or province, country,	and ZIP or foreign postal code		_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		nated Inded	AVON, CT 06001			- 1	G Gross receipts	\$	1.1	54,685.
-	retur Appl	rn Ilcation	F Name and address of principal officer:	RYAN PETTENGILL		_	H(a) Is this a grou		_	es X No
_	pend	ding	P.O. BOX 463, AVON, C			- 1	subordinates?		\vdash	
_	-			IN THE RESERVE AND A STREET AND	S T T-		H(b) Are all subordi			res No
		xempt st) (insert no.) 4947(a)(1) or 52		WARE LODGE		ist. See instruc	tions
			GIFTSOFLOVECT.ORG		- 1.		H(c) Group exemp			- CIT
			nization: X Corporation Trust	Association Other	L Year of	f formati	on: 1989 M s	tate o	of legal domic	cile: CT
Pa	art I		immary				-			
	1		y describe the organization's mission of					FOR	R WORKI	NG
9		IND	IVIDUALS & FAMILIES IN :	THE GREATER HARTFORD F	AREA BY O	FFER:	ING SHORT			
Jan		TER	M PROGRAMS AND EDUCATION	N THAT SUPPORT & IMPRO	OVE SUSTA	INAB	LLITY.			
Ver	2	Check	k this box 🕨 🔲 if the organization of	liscontinued its operations or dispos	sed of more tha	an 25%	of its net assets			
Activities & Governance	3	Numb	er of voting members of the governing	body (Part VI, line 1a)				3		11.
~8	4		er of independent voting members of					4		11.
tie	5		number of individuals employed in cale					5		15.
ţ	6		number of volunteers (estimate if neces					6		400.
Ac	7a		unrelated business revenue from Part V				AND RESIDENCE OF THE PARTY OF T	7a	12/	25,775.
	1 1000		nrelated business taxable income from					7b		0.
-							Prior Year	-	Currer	nt Year
	8	Contri	ibutions and grants (Part VIII, line 1h)				1,861,26	1.		92,345.
Σũ	9		am service revenue (Part VIII, line 2g)			_	198,83	_		44,532.
Revenue	10		tment income (Part VIII, column (A), line				77	_		1,185.
å							94	100	_	23,552.
	11		revenue (Part VIII, column (A), lines 5,			-	2,061,81			14,510.
_	12		revenue - add lines 8 through 11 (mus					0.	1,1	0.
	ı		s and similar amounts paid (Part IX, col					0.		0.
	14		its paid to or for members (Part IX, colu				497,45	-	3	65,670.
Expenses	15		es, other compensation, employee ben					0.		0.
en	16a		ssional fundraising fees (Part IX, column	00 50				0.		0.
Ĕ	4-0		fundraising expenses (Part IX, column (1,041,14	1	6	64,214.
	17		expenses (Part IX, column (A), lines 11				1,538,59			
	18		expenses. Add lines 13-17 (must equal					_		29,884.
Lo	19	Rever	nue less expenses. Subtract line 18 from	n line 12			523,21	_		84,626.
ts o			assets (Part X, line 16)			Beginn	ing of Current Y		End of	
sse	20	Total	assets (Part X, line 16)				1,606,13	_		10,645.
nd E	21 22						200,05	_		19,937.
			ssets or fund balances. Subtract line 21	from line 20			1,406,082	۷٠,	⊥,4	90,708.
	ırt II		gnature Block							
Und	der pe	nalties o	of perjury, I declare that I have examined the complete, Declaration of preparer (other than	is return, including accompanying sche	dules and statem	nents, ar s anv kn	nd to the best of	my kr	nowledge an	d belief, it is
	•		1. 0.11. 11							
Sig	_	.	Man Polling !!				07/13	3/20	021	
Hei			Signature of officer				Date			
He		_	RYAN PETTENGILL	EXECU	TIVE DIRE	CTOR				
		140	Type or print name and title							
Paid		1	Type preparer's name	Preparer's signature	Date 0/21	/2021	Check	if P1	ΠN	
		AMBER	D TUCKER DIRECTOR	Climacione	9/21	/2021	Con Company		P01593	3305
	parer Only		name FIONDELLA, MILONE				Firm's EIN D	6-16	648707	
Jae	Unity	Firm's	address ▶300 WINDING BROOK	DRIVE GLASTONBURY, C	T 06033				657-365	1
May	y the	IRS d	iscuss this return with the prepare	r shown above? (see instructions	3)				X Yes	No
_			Peduction Act Notice see the senaral							290 (2020)

GIFTS OF LOVE INC. 06-1309318

Form 990 (2020) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: GIFTS OF LOVE REDUCES FINANCIAL CRISES FOR WORKING INDIVIDUALS AND FAMILIES IN THE GREATER HARTFORD AREA BY OFFERING SHORT-TERM PROGRAMS AND EDUCATION THAT SUPPORT AND IMPROVE SUSTAINABILITY. 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 X No Yes 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 \$ 524,155. including grants of \$) (Revenue \$ BASIC NEEDS SERVICES - CLIENTS PERSONALLY CHOOSE FROM A SELECTION OF MEAT, FRESH SEASONAL PRODUCE, BAKED GOODS, NON-PERISHABLE FOODS, PAPER GOODS AND PERSONAL HYGIENE ITEMS ONCE PER MONTH. PROVISION OF FOOD ALSO INCLUDES EDUCATION ABOUT FOOD NUTRITION BY GENTLY GUIDING CLIENTS TOWARDS THE 'BETTER FOR YOU' OPTIONS TO IMPROVE OVERALL HEALTH AND WELL BEING. CLIENTS CAN ALSO CHOOSE IN-SEASON CLOTHING FOR THEIR ENTIRE FAMILY, AS WELL AS BED LINENS, TOWELS, CURTAINS, POTS, PANS, DISHES AND SMALL APPLIANCES. 4b (Code:) (Expenses \$ 127,241. including grants of \$ FARM PROGRAM - THE GIFTS OF LOVE FARM, THROUGH A PARTNERSHIP WITH THE TOWN OF SIMSBURY, IS RESPONSIBLE TO STEWARD THE AGRICULTURAL LAND AND DIRECT A PORTION OF ITS OUTPUTS TOWARD THE SIMSBURY FOOD PANTRY. THE REMAINING AGRICULTURAL OUTPUT IS DIRECTED TO THE ORGANIZATION'S FOOD PANTRY'S AS WELL AS OTHER FOOD INSECURITY FOCUSED OPPORTUNITIES. IN ADDITION, THE FARM SERVES AS AN OPPORTUNITY TO ENGAGE IN EDUCATIONAL PROGRAMS ABOUT FOOD, AND AGRICULTURE SUCH AS HOSTING INCUBATOR FARMERS. THE FARM PRODUCES OVER TWO TONS OF FOOD PER YEAR, MUCH OF WHICH IS DONATED TO FAMILIES IN NEED.) (Expenses \$) (Revenue \$ **4c** (Code: including grants of \$ 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ► 651,396.

JSA
0E1020 1.000

Form 990 (2020)
Part IV Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
,	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
;	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		Σ
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Σ
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	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		2
	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.			
	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	
	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		2
	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		2
	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		2
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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	X	
ı	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
o	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		2
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		2
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		2
	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		2
	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		2
	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		Σ
	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		2
	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		2
	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		Σ
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		2
3		20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
b		21		Х

Form 990 (2020) Page 4

Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
24 2	employees? If "Yes," complete Schedule J	23		X
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
23 a	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	200		
	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 of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
а	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	_ A	
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		v
34	sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III,</i>	33		X
34	or IV, and Part V, line 1	34		Х
35 a	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 related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
•	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			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(2000)
0E1030	1.000 2888PG O47X V 20-6.7F	⊢orm		(2020) AGE (
	• • • • • • • • • • • • • • • • • • • •		- 1	\

Form 990 (2020) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	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. 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	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
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020) GIFTS OF LOVE INC. 06-1309318 Page 6

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
Ia	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	X	_
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	426	Х	
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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?	16b		
Secti	ion C. Disclosure	וויי		
	List the states with which a copy of this Form 990 is required to be filed ▶			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(800	tion 5	(01/0)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	(360	uon o	101(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record accounting resources, inc. 100 western blvd glastonbury, ct 06033 860-659-3955	ls ▶		

Form 990 (2020) GIFTS OF LOVE INC. 06-1309318 Page **7**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	e than or is both or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)SUSAN PRIBYSON	40.00									
EXECUTIVE DIRECTOR-END 2020	0.			Х				38,121.	0.	0.
(2)RYAN C PETTENGILL	40.00									
EXECUTIVE DIRECTOR	0.			Х				18,900.	0.	0.
(3) RICHARD FORTIER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(4) ROB WALZ	2.00									
TREASURER	0.	X		Х				0.	0.	0.
(5) MAURA FITZGERALD	1.00									
PRESIDENT	0.	Х		Х				0.	0.	0.
(6) MICHAEL DOYLE	1.00									
DIRECTOR-END 8/2020	0.	X						0.	0.	0.
(7) ASHLEY BORN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(8) GEORGE PALMS	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9) LYDIA TEDONE	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10) FREDA TURNER	1.00									
DIRECTOR-END 4/2021	0.	X						0.	0.	0.
(11) CURTIS WILLIAMS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(12) STEPHANIE RISI	1.00									
DIRECTOR-END 4/2021	0.	X						0.	0.	0.
(13) GARY PALMER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14)										_

Form 990 (2020) Page **8**

	n 990 (2020) Int VII Section A. Officers, Directors, Tru	ustees Ke	v Fn	nle)Ve	<u></u>	and F	lia	hest Compensat	ed Employ	IRRS (C	continued		ge o
1 6	(A)	(B)	y – 11	ipic		C)	ana i	···g	(D)	(E)			/ F)	
	Name and title	Average				sition			Reportable	Reporta	hle		nated	
	Name and the	hours per	(do ı	not c			e than o	ne	compensation	compensation from related			unt of	
		week (list any	1				is both		from			ot	her	
		hours for			_	_	tor/trust		the	organizat			ensation	1
		related organizations	ndiv di	nsti	Officer	(ey	mp digh	Former	organization	(W-2/1099-MISC)			n the iization	
		below dotted	rect	tutic	ĕ	emp	est	er	(W-2/1099-MISC)			•	elated	
		line)	or tr	mal		Key employee	e com					organ	izations	;
			Individual trustee or director	Institutional truste		e	Highest compensated employee							
			Ф	tee			sate							
							8							
		ļ												
		L												
		L												
		T												
		t	1											
		†	1											
		 												
		 												
		 												
			-											
								<u> </u>	57,021.		0.			0.
	Sub-total							•						
	Total from continuation sheets to Part VII, S	-						>	0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	57,021.	•	0.			0.
2	Total number of individuals (including but not				ed a	bov	e) who	o re	eceived more than	\$100,000 d	of			
	reportable compensation from the organization	n 🕨	0 .	•								1.	_	
													res	No
3	Did the organization list any former office													
	employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	livid	lual							3		X
4	For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	satio	n a	nd other compens	sation from	the			
	organization and related organizations gro													
	individual											4		X
5	Did any person listed on line 1a receive or	accrue co	mpen	sati	ion	fron	n any	un	related organization	on or indivi	dual			
	for services rendered to the organization? If "Yo											5		Х
Se	ction B. Independent Contractors													
1	Complete this table for your five highest com													
	compensation from the organization. Report of													
	year.													
	(A)								(B)			(C)		
	Name and husiness add	drace							עם) Description of se	rvices	_	compensa	tion	

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

GIFTS OF LOVE INC. 06-1309318 Form 990 (2020) Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	'III		<u>,</u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
irant	b	Membership dues 1b					
ڡۜٙڲ	С	Fundraising events 1c	0.				
ifts	d	Related organizations 1d					
פֿיַּפּ	е	Government grants (contributions) 1e	109,593.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
		and similar amounts not included above . 1f	982,752.				
들된	g	Noncash contributions included in					
d if		lines 1a-1f 1g	\$ 314,433.				
တွဲ မွ	h	Total. Add lines 1a-1f		1,092,345.			
			Business Code				
ဗ္ဗ	2a	EDUCATIONAL PROGRAMS	611710	44,532.	44,532.		
و ڲ	b						
Program Service Revenue	c						
eve	d						
99 R	e						
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		44,532.			
	3	Investment income (including dividends,	1				
		other similar amounts)		1,185.			1,185.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a	14,400.				
	b	Less: rental expenses 6b	40,175.				
	С	Rental income or (loss) 6c	-25,775.				
	d	Net rental income or (loss)		-25,775.		-25,775.	
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ē	b	Less: cost or other basis					
evenue		and sales expenses 7b					
ě	С	Gain or (loss)					
<u> </u>	d	Net gain or (loss)		0.			
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events.	▶	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances10a	0.				
	b	Less: cost of goods sold 10b	0.				
	С	Net income or (loss) from sales of inventory	▶ ↓	0.			
S			Business Code				
eo Te	11a	OTHER INCOME	900099	2,223.			2,223.
lan	b						
ee See	С						
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d		2,223.			
	12	Total revenue. See instructions		1,114,510.	44,532.	-25,775.	3,408.

Form 990 (2020) GIFTS OF LOVE INC. 06-1309318 Page **10**

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 resp	onse or note to any line	in this Part IX	 	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	365,670.	202,421.	96,294.	66,955.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	157,517.		155,897.	1,620.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	0.			
12 Advertising and promotion	6,053.	895.	348.	4,810.
13 Office expenses	28,283.	7,998.	17,922.	2,363.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	24,473.	20,298.	3,282.	893.
17 Travel	0.			
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	65,062.	62,300.	2,762.	
23 Insurance	11,635.		11,635.	
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.)				
aPROGRAM EXPENSES	320,673.	320,673.		
bREPAIRS & MAINTENANCE	11,344.	7,454.	2,848.	1,042.
cUTILITIES	29,978.	22,824.	3,709.	3,445.
d POSTAGE	1,856.	767.	706.	383.
e All other expenses	7,340.	5,766.	523.	1,051.
25 Total functional expenses. Add lines 1 through 24e	1,029,884.	651,396.	295,926.	82,562.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

Form 990 (2020) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in the	is Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	58,557.	1	181,715.
	2	Savings and temporary cash investments	646,919.	2	598,699.
	3	Pledges and grants receivable, net		3	71,362.
	4	Accounts receivable, net		4	59,013.
	5	Loans and other receivables from any current or former officer, direct			
		trustee, key employee, creator or founder, substantial contributor, or 35	5%		
		controlled entity or family member of any of these persons	_	5	0.
	6	Loans and other receivables from other disqualified persons (as defin			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0.
ts	7	Notes and loans receivable, net		7	0.
Assets	8	Inventories for sale or use	10 - 11	8	97,249.
Ą	9	Prepaid expenses and deferred charges		9	19,060.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,347,73	13.		
	b	Less: accumulated depreciation	732,285.	10c	683,547.
	11	Investments - publicly traded securities			0.
	12	Investments - other securities. See Part IV, line 11			0.
	13	Investments - program-related. See Part IV, line 11.			0.
	14	Intangible assets	_	14	0.
	15	Other assets. See Part IV, line 11			0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)			1,710,645.
	17	Accounts payable and accrued expenses		17	42,645.
	18	Grants payable			0.
	19	Deferred revenue		19	34,041.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0.
Ś	22	Loans and other payables to any current or former officer, direct			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35			
ig		controlled entity or family member of any of these persons		22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	141,751.
	24	Unsecured notes and loans payable to unrelated third parties			0.
	25	Other liabilities (including federal income tax, payables to related th			
		parties, and other liabilities not included on lines 17-24). Complete Part	l		
		of Schedule D	1,500.	25	1,500.
	26	Total liabilities. Add lines 17 through 25	200,052.		219,937.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	1,238,448.	27	1,369,000.
Ва	28	Net assets with donor restrictions		28	121,708.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			,
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
× A	32	Total net assets or fund balances		32	1,490,708.
Š	33	Total liabilities and net assets/fund balances		33	1,710,645.
_	- 55	Total maximuo and not accord/rand balances, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		33	5 000 (2222)

Page **12** Form 990 (2020)

					,	gc • -
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,1	14,5	510.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,0	29,8	884.
3	Revenue less expenses. Subtract line 2 from line 1	3			84,6	526.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,4	06,0	82.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,4	90,7	708.
Part						
	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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:		. ~			
	X Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiaht	of			
J	the audit, review, or compilation of its financial statements and selection of an independent accounts	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	Apiuiii	·			
3 2	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t	he			
эd	Single Audit Act and OMB Circular A-133?	1111 III L	116	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	terno t	he			
J	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		3b		

PAGE 14 2888PG 047X V 20-6.7F

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2M2N

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number				
on.	Inspection			
	Open to Public			
empi chamable irusi.				

GII	FTS	OF LOVE INC.						06-13093	18
Pa	rt I	Reason for Pu	ıblic Cha	rity Status. (All o	organizations must	complet	te this p	art.) See instruction	S.
The	orga	anization is not a p	rivate four	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	Щ	A school describe	ed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3	Щ	A hospital or a co	operative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research	ch organiz	ation operated in	conjunction with a ho	spital des	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, o	•						
5		J	•		a college or universit	y owned	d or ope	erated by a governme	ental unit described in
_		section 170(b)(1)(
6			-	•	rnmental unit describe				
7		=		-	•	ipport fro	om a go	vernmental unit or fr	om the general public
_		described in secti				D 11 \			
8 9	\vdash				o)(1)(A)(vi). (Complete			l in conjunction with a	land grant college
9		-	_				-	I in conjunction with a name, city, and state o	
		university:	non-ianu-(grant college of ac	griculture (see instruct	.ions). Ei	nter the	name, city, and state o	i the college of
10	Х		nat norma	lly receives (1) mo	ore than 331/3 % of its	sunnart	from cou	ntributions, membersh	in fees and aross
. •		receipts from activ	vities relat	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more that	n 331/3 % of its
		support from gros	ss investm	ent income and u	nrelated business tax 975. See section 509	able inco	me (les	s section 511 tax) from	businesses
11		•	•		usively to test for publi			•	
12	П	•	•	•		-			carry out the purposes
		of one or more pu	ublicly sup	pported organizati	ons described in sec	ion 509	(a)(1) or	section 509(a)(2).	See section 509(a)(3).
		Check the box in li	ines 12a tl	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а		Type I. A suppo	orting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported o	rganizatio	n(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
	_	_ supporting orga	nization. Y	ou must complet	e Part IV, Sections A	and B.			
b		Type II. A support Type III. A support Type IIII. A support Type III. A support	orting orga	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or mana	agement o	f the supporting o	rganization vested in	the sam	e persor	ns that control or mar	age the supported
		¬ · · ·		•	, Sections A and C.				
С								n with, and functiona	lly integrated with,
_			_		s). You must comple				
d			-					ection with its suppor	• ,
			-	-		-		oution requirement and	d an attentiveness
_				•	omplete Part IV, Sect			d Part v. hat it is a Type I, Type	II. Turno III
е			•		a written determination			•••	п, туре ш
f	Fn	ter the number of s				porting c	nyanizai	lion.	
q				_	orted organization(s).				
		ame of supported organi		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					above (see mandelons))	Yes	No	instructions)	matructions
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
									I

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2020

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . . . 12 First 5 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 % Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) % 16a 331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Schedule A (Form 990 or 990-EZ) 2020

2888PG 047X V 20-6.7F PAGE 16

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.)

Sec	tion A. Public Support				•	•	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 20.0	(3) 20	(0) 20 . 0	(4) 20 10	(0) 2020	(1) 10101
•	received. (Do not include any "unusual grants.")	1,693,254.	1,832,157.	1,663,009.	1,917,538.	1,092,345.	8,198,303.
2	Gross receipts from admissions, merchandise	1,055,251.	1,032,137.1	1,000,000	1/31//3301	1,052,5151	0,120,303.
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	102,274.	93,629.	147,885.	198,837.	44,532.	587,157.
3	Gross receipts from activities that are not an	102,271.	33,023.	117,005.	190,037.	11,332.	307,137.
3	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						<u></u>
7	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
ŭ	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	1,795,528.	1,925,786.	1,810,894.	2,116,375.	1,136,877.	8,785,460.
	Amounts included on lines 1, 2, and 3	1,,,5,,520.	1,525,7001	1,010,031.	2/220/3/31	1,130,077	3,703,100.
ı a	received from disqualified persons	18,165.	41,488.		13,810.	12,805.	86,268.
b	Amounts included on lines 2 and 3		/100.				
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			22,962.			22,962.
	Add lines 7a and 7b	18,165.	41,488.	22,962.	13,810.	12,805.	109,230.
8	Public support. (Subtract line 7c from			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , ,	
-	line 6.)						8,676,230.
Sec	tion B. Total Support	l.					
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	1,795,528.	1,925,786.	1,810,894.	2,116,375.	1,136,877.	8,785,460.
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources	303.	181.	77.	774.	1,185.	2,520.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	303.	181.	77.	774.	1,185.	2,520.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.	-969.	208.		-11,745.	-25,775.	-38,281.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) ATCH 1		500.				500.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,794,862.	1,926,675.	1,810,971.	2,105,404.	1,112,287.	8,750,199.
14	First 5 years. If the Form 990 is for	the organization	n's first, second	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	organization, check this box and stop here .						▶
Sec	tion C. Computation of Public Supp	oort Percentag	ge				
15	Public support percentage for 2020 (line 8,					15	99.15%
16	Public support percentage from 2019 Sche					16	90.20%
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2020 (lin					17	.03%
18	Investment income percentage from 2019 S	Schedule A, Part I	II, line 17			18	.02%
19 a	331/3% support tests - 2020. If the org	ganization did n	ot check the box	on line 14, an	nd line 15 is mo	re than 331/3 %,	
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2019. If the orga	anization did not	check a box on	line 14 or line 1	9a, and line 16	is more than 331	/3 %, and
	line 18 is not more than $331/3\%$, check	this box and st	op here. The org	anization qualifie	es as a publicly	supported organiz	ration ►
20	Private foundation. If the organization d	lid not check a	box on line 14	, 19a, or 19b,	check this box	and see instruct	ions 🕨

JSA 0E1221 1.000 2888PG 047X

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)2 If "Yes" explain in **Part VI** how the organization determined that the supported
- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a 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 line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		res	NO
g			
y	1		
S	•		
d			
	2		
er	2-		
d	3a		
u e			
	3b		
3)			
,,	3c		
lf	4a		
n			
n			
	4b		
n d			
3)			
	4c		
," N			
N n;			
n,			
	5a		
у			
	5b 5c		
	30		
0			
d			
r			
r	6		
y			
	7		
?			
۵	8		
e s			
	9a		
h	0.		
it	9b		
ıl	9с		
n			
d	10-		
0	10a		
	10b		

JSA 0E1229 1.010

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, 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 carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
	1	2		
Section	on C. Type II Supporting Organizations		1.0	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
		1		
Section	on D. All Type III Supporting Organizations		\ <u>'</u>	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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 organization's governing documents in effect on the date of notification, to the extent not previously	_		
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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		
3	By reason of the relationship described in line 2, above, 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 supported organizations played in this regard.	_		
2 11		3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e insti	$\overline{}$	
2	Activities Test. Answer lines 2a and 2b below.		Yes	140
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 line 2a, above, 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 activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," 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		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s						
1									
	instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.					
Se	ection 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							
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e							
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 0.015 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 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Se	ection C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional		ited Type III supporting	organization					
-	(see instructions).								

Schedule A (Form 990 or 990-EZ) 2020

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	t ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				

Schedule A (Form 990 or 990-EZ) 2020

5

6

Applied to 2020 distributable amount

Part VI. See instructions.

Breakdown of line 7: Excess from 2016 Excess from 2017 Excess from 2018 Excess from 2019 Excess from 2020

and 4c.

Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

2888PG 047X V 20-6.7F PAGE 21

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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.)

- 	•	<u> </u>		<u>_</u>		
				<u> </u>	ATTACHMENT 1	
SCHEDULE A, PART II	I - OTHER INCOM	ИE		_		
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
OTHER INCOME		500.				500.
TOTALS		500.				500.

SCHEDULE D (Form 990)

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 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GII	TS OF LOVE INC.		06-1309318
Pa	rt I Organizations Maintaining Donor Advis		or Accounts.
	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	d in donor advised
	funds are the organization's property, subject to the	-	
6	Did the organization inform all grantees, donors, as	= =	
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (for example,	recreation or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified h	istoric 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, trans	sferred, released, extinguished, or terr	minated by the organization during the
	tax year 🕨		
4	Number of states where property subject to conser	vation easement is located ▶	
5	Does the organization have a written policy reg-	arding the periodic monitoring, inspec	ction, handling of
	violations, and enforcement of the conservation eas	ements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	g conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		-
	balance sheet, and include, if applicable, the text of		cial statements that describes the
	organization's accounting for conservation easemen		or Circilor Accets
Pa	rt III Organizations Maintaining Collections Complete if the organization answered		er Similar Assets.
_			
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar assets	SB ASC 958, not to report in its reven s held for public exhibition, education	ue statement and balance sheet works
	service, provide in Part XIII the text of the footnote to	o its financial statements that describes	these items.
b	If the organization elected, as permitted under FA		
	art, historical treasures, or other similar assets held provide the following amounts relating to these item	ns:	•
	(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		
	following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		> \$
b	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page **2**

Pa	rt III Organizations Maintaini	ng Collection	s of Art, Histo	orical Tre	asures, o	r Other	Similar Assets (continued)	
3	Using the organization's acquisitio	n, accession,	and other reco	rds, check	any of th	e follow	ing that make sigi	nificant use	of its
	collection items (check all that appl	y):	_	_					
а	Public exhibition		d	Loan	or exchang	e prograr	n		
b	Scholarly research		e	Other					
С	Preservation for future gener	ations							
4	Provide a description of the organ	nization's collec	ctions and expl	ain how t	hey furthe	r the org	ganization's exemp	t purpose ir	Part
	XIII.								
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar								
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No								
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, trust	tee, custodian	or other interr	nediary fo	r contribu	tions or	other assets not		
	included on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement in								
							Amount		
С	Beginning balance				<u>1</u> c	;			
d	Additions during the year					I			
е	Distributions during the year					!			
f	Ending balance							1	
	Did the organization include an am							Yes	_ No
	If "Yes," explain the arrangement in	n Part XIII. Che	eck here if the e	xplanation	has been p	orovided (on Part XIII		
Pa	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.								
	Complete ii the organiza	(a) Current yea			(c) Two year		(d) Three years back	(e) Four years	n hack
_				oi yeai	(c) Two you	ars back	(u) Tillee years back	(e) Four years	- Dack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	- f th		- /l' 4 -:		\			
2 a	Provide the estimated percentage Board designated or quasi-endowm			e (line 1g,	column (a)) neid as:			
	Permanent endowment	%							
		<u></u>							
	The percentages on lines 2a, 2b, a	nd 2c should e	gual 100%.						
3a	Are there endowment funds not in		=	ation that	are held ai	nd admin	istered for the		
	organization by:	•	_					Yes	No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizations	s listed as requir	ed on Sch	edule R?.			3b	
4	Describe in Part XIII the intended u		anization's endo	wment fur	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	ipment.	d "Voc" on Fo	rm 000 l	Part IV/ lin	0 110 9	Soo Form 000 Pa	ort V lino 1/	n
	Description of property		Cost or other basis	1	or other basis			I) Book value	<u>. </u>
			(investment)		ther)		eciation		
1a	Land				.62 524		15 100	640	<u> </u>
b	Buildings			1,0	63,724.	4	15,108.	648,	616.
C	Leasehold improvements				126 121	-	12 170	0.2	264
d	Equipment			4	236,434.		13,170.		$\frac{264.}{667}$
	Other		I Form COO Dom	t V oolum	47,554.		35,887.		667. 547.
iota	ii Auu iiiles ta iiilougii te. (Colullill	(u) must equa	r i onn 990, Pan	. A, COIUITII	ı (D), IIII⊎ I	<i>uu.)</i>	🖊	003,	J I / .

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	on:
(1) Financi	al derivatives			
` '	held equity interests			
(3) Other	. ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	"Voo" on Form 000	Dort IV line 11e Coe Form 000	Dort V. line 12
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) 15 000 B 17 1 (B) 5 10 1			
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) li	'no 15 \		
Part X	Other Liabilities.	ne 15.)		
Part A	Complete if the organization answered line 25.	"Yes" on Form 990), Part IV, line 11e or 11f. See Form	n 990, Part X,
1.		tion of liability		(b) Book value
	ral income taxes			(2) 20011 14.40
	RITY DEPOSITS			1,500.
(3)				<u>·</u>
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			1,500.
	or uncertain tax positions. In Part XIII, provide the			at reports the

Page 4 Schedule D (Form 990) 2020

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,168,285.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	53,775.
3	Subtract line 2e from line 1	3	1,114,510.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
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	1,114,510.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	1,083,659.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	.	
b	Prior year adjustments	.	
С	Other losses	.	
d	Other (Describe in Part XIII.)		50 BB5
е	Add lines 2a through 2d	2e	53,775.
3	Subtract line 2e from line 1	3	1,029,884.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	1 000 004
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,029,884.
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		
-			

Part XIII Supplemental Information (continued)

SCH D, PART XI, LINE 2D

RENTAL EXPENSES \$40,175

SCH D, PART XII, LINE 2D

RENTAL EXPENSES \$ 40,175

SCH D, PART X, LINE 2

GOL HAS RECEIVED AN EXEMPTION FROM THE INTERNAL REVENUE SERVICE (IRS)

FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE. GOL IS REQUIRED TO MAKE THE APPROPRIATE TAX PAYMENTS ON ANY INCOME

CONSIDERED UNRELATED TO ITS EXEMPT PURPOSE.

MANAGEMENT OF THE ORGANIZATION EVALUATES ALL SIGNIFICANT TAX POSITIONS

REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES

OF AMERICA. AT DECEMBER 31, 2020 AND 2019, MANAGEMENT DOES NOT BELIEVE

THAT IT HAS TAKEN ANY TAX POSITION THAT WOULD REQUIRE THE RECORDING OF

ANY ADDITIONAL TAX LIABILITY NOR DOES IT BELIEVE THAT THERE ARE ANY

UNREALIZED TAX BENEFITS THAT WOULD EITHER INCREASE OF DECREASE WITHIN THE

NEXT TWELVE MONTHS.

GOL'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE

TAXING JURISDICTIONS. AS OF DECEMBER 31, 2020 AND 2019, GOL'S FEDERAL AND

STATE TAX RETURNS GENERALLY REMAIN OPEN FOR EXAMINATION FOR YEARS AFTER

DECEMBER 31, 2017.

Schedule D (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Employer identification number

Name of the organization GIFTS OF LOVE INC. 06-1309318 **Types of Property** Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household 292,001. FMV 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 22,432. FMV Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►(26 Other ►(Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required X 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

describe in Part II.

GIFTS OF LOVE INC. 06-1309318

Schedule M (Form 990) (2020) Page **2**

Part II Suppleme

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

JSA Schedule M (Form 990) (2020)

0E1508 1.000

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

GIFTS OF LOVE INC.

Employer identification number

06-1309318

FORM 990, PART VI, LINE 15A

THE BOARD OF DIRECTORS REVIEWS AND DETERMINES THE EXECUTIVE DIRECTORS

SALARY ANNUALLY AND DOCUMENTS IN WRITING.

FORM 990, PART VI, LINE 19 DISTRIBUTED AS REQUESTED.

FORM 990, PART VI, LINE 11

THE FINANCE COMMITTEE REVIEWS THE 990 IN DETAIL WITH THE AUDITORS WHO

PREPARED THE RETURN. THE BOARD OF DIRECTORS ARE PROVIDED A FULL COPY OF

THE RETURN FOR THEIR REVIEW PRIOR TO ISSUING THE RETURN TO THE IRS.

For	m 990-T	Ex	kempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		OMB No	o. 1545-0)047	
		For cale	ndar year 2020 or other tax year beginning , 2020, and ending , 20		9(100	1	
Don	artment of the Treasury	i or oaro	► Go to www.irs.gov/Form990T for instructions and the latest information.	-		7	,	
	rnal Revenue Service	▶ Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Put 501(c)(3) Or	olic Inspe	ction f	for
A	Check box if	, = 0		mpl	oyer identifica			
	address changed.		GIFTS OF LOVE INC.	6-	1309318			
B E	xempt under section	Print	Number, street, and room or suite no. If a P.O. box, see instructions.	rou	p exemption i	number		
Σ	501(C)(3)	or	C/O ACCOUNTING RESOURCES, INC. P.O. BOX 463	see ir	nstructions)			
	408(e) 220(e)	Type	City or town, state or province, country, and ZIP or foreign postal code					
	408A 530(a)		AVON, CT 06001 F		Check box if			
	529(a) 529A		k value of all assets at end of year 1,710,645.		an amended	return.		
G	Check organization t		X 501(c) corporation 501(c) trust 401(a) trust Other trust	\top_{i}	Applicable re	einsura	ance	entity
_	Check if filing only to	, .	Claim credit from Form 8941 Claim a refund shown on Form 2439					
ı	Check if a 501(c)(3)	organiza	ation filing a consolidated return with a 501(c)(2) titleholding corporation					
			Schedules A (Form 990-T)					
_			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?			Yes	Х	No
	•		identifying number of the parent corporation	•	,			
L	The books are in care	e of $ ightharpoonup Z$	ACCOUNTING RESOURCES, INC. Telephone number ▶ 860-6	59	-3955			
P	art I Total Unre	elated E	Business Taxable Income					
1	Total of unrelated	ed busir	ness taxable income computed from all unrelated trades or businesses (see			_		
	instructions)			1			1,1	88.
2	Reserved			2				
3				3			1 ,1	88.
4			see instructions for limitation rules)	4				
5			axable income before net operating losses. Subtract line 4 from line 3	5			1,1	88.
6	Deduction for net	operatin	g loss. See instructions	6				
7	Total of unrelated	ed busir	ness taxable income before specific deduction and section 199A deduction.					
				7			1,1	88.
8	Specific deduction	n (genera	ally \$1,000, but see instructions for exceptions)	8				
9	Trusts. Section 1	99A dedı	uction. See instructions	9				
10	Total deductions	. Add line	s 8 and 9	10				
11	Unrelated busin	ess taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,					
				11				0.
P	art II Tax Com	outatio	1					
1	Organizations ta	xable as	corporations. Multiply Part I, line 11 by 21% (0.21)	1				
2	Trusts taxable	at trus <u>t</u>	rates. See instructions for tax computation. Income tax on the amount on					
	Part I, line 11 fror	n:	Tax rate schedule or Schedule D (Form 1041)	2				
3	Proxy tax. See in	structions	§	3				
4			structions	4				
5	Alternative minim	um tax (t	trusts only)	5				
6	Tax on noncomp	liant faci	lity income. See instructions	6				

JSA 0X2740 1.000 Form **990-T** (2020)

06-1309318 Page **2** GIFTS OF LOVE INC Form 990-T (2020)

FOIIII	990-1 (ZI	J20) G11 15 G1 HGV1	i inc.				<u> </u>	307310		raye Z
Par	t III	Tax and Payments								
1 a	Foreign	tax credit (corporations attach Form 1118; trus	ts attach Form 1116)	1a						
b	Other o	redits (see instructions)		1b						
С	Genera	I business credit. Attach Form 3800 (see instruc	tions)	1c						
d	Credit f	or prior year minimum tax (attach Form 8801 or	8827)	1d						
е	Total c	redits. Add lines 1a through 1d] 1	le			
2	Subtrac	ct line 1e from Part II, line 7				🗆	2			
3	Other ta	xes. Check if from: Form 4255 Form 8611	Form 8697 Form 886	66						
		Other (attach statement)					3			
4	Total ta	x. Add lines 2 and 3 (see instructions).	heck if includes tax previously o	deferr	ed under					
	section	1294. Enter tax amount here		-		L	4			0.
5	2020 n	et 965 tax liability paid from Form 965-A or Fori	m 965-B, Part II, column (k), line	4 .	,	L	5			
6 a	Payme	nts: A 2019 overpayment credited to 2020	<u></u>	6a						
b	2020 e	stimated tax payments. Check if section 643(g)	election applies	6b						
С	Tax dep	posited with Form 8868		6с						
d	Foreign	organizations: Tax paid or withheld at source (s	ee instructions)	6d						
е	Backup	withholding (see instructions)		6e						
f	Credit f	or small employer health insurance premiums (a	attach Form 8941)	6f						
g	Other c	redits, adjustments, and payments: Form 24	139							
	F	orm 4136 Other _	Total ▶	6g						
7	Total p	ayments. Add lines 6a through 6g				. <u></u> L	7			
8	Estimat	ed tax penalty (see instructions). Check if Form	2220 is attached		▶		8			
9	Tax du	e. If line 7 is smaller than the total of lines 4, 5,	and 8, enter amount owed			▶∟	9			
10	Overpa	yment. If line 7 is larger than the total of lines 4	4, 5, and 8, enter amount overpa	id		▶ _1	10			
11		e amount of line 10 you want: Credited to 2021 estim			Refunde	. ,	11			
Par	t IV	Statements Regarding Certain A	ctivities and Other Info	orm	ation (see instru	ictions)				
1		time during the 2020 calendar year, did			_				Yes	No
		financial account (bank, securities, or oth			_					
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes	," en	ter the name of	the fo	reign	country		
	here •									X
2	_	the tax year, did the organization receiv			-					3.7
		trust?								X
_		" see instructions for other forms the organization								
3		ne amount of tax-exempt interest received or ac								
		organization change its method of accounting?	,							
b		is "Yes," has the organization described to								
Do		in Part V					<u> </u>			
Par	ιV	Supplemental Information								
Provi	de the ex	xplanation required by Part IV, line 4b. Also, prov	ide any other additional inform	ation.	See instructions.					
	Ιυ	nder penalties of perjury, I declare that I have examined t	his return, including accompanying sci	hedules	and statements, and to	the best	of my	knowledge	and bel	ief. it is
Sign	tr	ue, correct, and complete. Declaration of preparer (other than ta								
Her		RYAN PETTENGILL	07/13/2021 EXEC	UTI	VE DIRECTOR			RS discuss preparer sh		
1101		ignature of officer	Date Title		,	_	struction	·—		No
		Print/Type preparer's name	Preparer's signatur		Date			PTIN		,
Paid		AMBER D TUCKER DIRECTOR	Clybatuck	es	9/21/2021	Check L self-emp	if	P015	9330)5
	arer	Firm's name ► FIONDELLA, MILONE	& LASARACINA LLP			Firm's El		06-164		
Use	Only	Firm's address > 300 WINDING BROOK		, C7	06033			0-657-3		
JSA 0X274	4 4 000	1						Form 99		
UX274	1 1.000)

2888PG 047X V 20-6.7F PAGE 41

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

B Employer identification number

06-1309318

► Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

GIFTS OF LOVE INC.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only

© Unrelated business activity code (see instructions) ▶ 531120				D Se	quence: 1		of 1
E De	scribe the unrelated trade or business ► PORTION OF DEBTE	D PR	OPERTY- REN	TAL			
Par	Unrelated Trade or Business Income		(A) Income		(B) Expense	es	(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)) (see instructions)	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7	7,92	6.	22,3	114.	-14,188.
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12		7,92	6.	22,3	114.	-14,188.
Par	Deductions Not Taken Elsewhere (See instructions		imitations on d	educti	ons) Dedu	ctions i	must be directly
	connected with the unrelated business income				,		•
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement) (see instructions)					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562) (see instructions)						
8	Less depreciation claimed in Part III and elsewhere on return					8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)					14	
15	Total deductions. Add lines 1 through 14					15	
16	Unrelated business income before net operating loss deduction						
	column (C)					16	-14,188.
17	Deduction for net operating loss (see instructions)					17	
18	Unrelated business taxable income. Subtract line 17 from line					18	-14,188.
	aperwork Reduction Act Notice, see instructions.						(Form 990-T) 2020

Schedule A (Form 990-T) 2020 GIFTS OF LOVE INC. 06-1309318 Page 2

	tile A (Folilli 990-1) 2020 GII IB GI II	eve inc.		00 13	707510 Faye Z
Par	Cost of Goods Sold			<u> </u>	
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Er				
9	Do the rules of section 263A (with respect to prop				Yes No
Par	, , , , , , , , , , , , , , , , , , , ,				
1	Description of property (property street address, ci	ty, state, ZIP code). Chec	k if a dual-use (see instruction	ons)	
	<u>A</u>				
	B				
	<u>c</u>				
	D	<u> </u>	n	•	
	_	Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colun	nns A through D. Enter he	ere and on Part I, line 6, colu	mn (A)	
4	Deductions directly connected with the income				
5	Total deductions. Add line 4 columns A through D	. Enter here and on Part	I, line 6, column (B)	▶_	
Par		,			
1	Description of debt-financed property (street address		Check if a dual-use (see ins	tructions)	
	A PO BOX 463, AVON, CT 060	01			
	В				
	c				
	D				
	_	A	В	С	D
2	Gross income from or allocable to debt-financed	1.4.400			
	property	14,400.			
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)	40,175.			
С	Total deductions (add lines 3a and 3b,				
	columns A through D)	40,175.			
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)	64,861.			
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)	117,834.			
6	Divide line 4 by line 5	55.044%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	7,926.			
8	Total gross income (add line 7, columns A throug	h D). Enter here and on F	Part I, line 7, column (A)	· · · · · · • <u> </u>	7,926.
	_		<u>, </u>		
9	Allocable deductions. Multiply line 3c by line 6	22,114.			
10	Total allocable deductions. Add line 9, columns A	through D. Enter here a	nd on Part I, line 7, column (B)	22,114.
11	Total dividends-received deductions included in li	ne 10			

JSA 0X2751 2.000

Schedule A (Form 990-T) 2020

Schedule A (Form 990-T) 2020 Page **3**

Part VI Interest, An	nuities, Royalt	ies, and Rents	s from Controlled Organ	izations (see instructions)	rage 0
,					
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	•	Nonexe	empt Controlled Organizatio	ons	
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Tetalo				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals Investment			(7), (9), or (17) Organiza	ation (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)			(undom dialomom)		(**************************************
(2)					
(3)					
(4)					
	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals Explained Ex	vomet Activity	, Income Othe	│ er Than Advertising Inco	(and the standard of the stand	
		/ income, Othe	er man Auvertising inco	ine (see instructions)	
1 Description of exploited a	· -	trada ar bugin	one Enter here and an D	lart I line 10 column (A)	
			less. Enter here and on Pa		2
'	•	auction of unr	elated business income. Er	nter nere and on Part I,	
line 10, column (B)			Outstand line O from lin		3
` '		iue oi dusiness.	. Subtract line 3 from lin	ıe ∠. ıı a yaın, complete	
lines 5 through 7		lated business inc			4
5 Gross income from activ					5
6 Expenses attributable to			6 but do not ontor more	than the amount on line	6
···			6, but do not enter more		
4. Enter here and on Part	ii, iine iz	<u> </u>			7

Schedule A (Form 990-T) 2020

GIFTS OF LOVE INC. 06-1309318

Schedule A (Form 990-T) 2020 Page **4**

	me(s) of periodical(s). Check box if	reporting two or more periodicals on a	consolidated basis		
Α					
В					
С					
D					
amo	ounts for each periodical listed above				
_		Α	В	С	D
	oss advertising income				
Add	d columns A through D. Enter here a	and on Part I, line 11, column (A)			<u> </u>
D:-	ant advertising anothe by portadical				
	ect advertising costs by periodical	and on Part I, line 11, column (B)			
Auc	d columns A through D. Enter here a	and on Parti, line 11, column (b)			
Δdv	vertising gain (loss). Subtract line 3 f	rom line			
	For any column in line 4 showing				
	nplete lines 5 through 8. For any co				
	e 4 showing a loss or zero, do not c				
	es 5 through 7, and enter zero on line				
	adership costs				
	culation income				
	ess readership costs. If line 6 is le				
line	e 5, subtract line 6 from line 5. If I	line 5 is			
less	s than line 6, enter zero				
Exc	ess readership costs allowed	as a			
dec	duction. For each column showing a	gain on			
line	e 4, enter the lesser of line 4 or line 7				
	_	Enter the greater of the line 8a,			
					<u> </u>
rt X	Compensation of Officers	, Directors, and Trustees (see	instructions)		
_				2 Doroontogo	
_				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
	1. Name	2. Title		•	
	1. Name	2. Title		of time devoted	attributable to
	1. Name	2. Title		of time devoted to business	attributable to
	1. Name	2. Title		of time devoted to business %	attributable to
	1. Name	2. Title		of time devoted to business %	attributable to
				of time devoted to business % % %	attributable to
	nter here and on Part II, line 1			of time devoted to business % % %	attributable to
				of time devoted to business % % %	attributable to
	nter here and on Part II, line 1			of time devoted to business % % %	attributable to
	nter here and on Part II, line 1			of time devoted to business % % %	attributable to
	nter here and on Part II, line 1			of time devoted to business % % %	attributable to
	nter here and on Part II, line 1			of time devoted to business % % %	attributable to
	nter here and on Part II, line 1			of time devoted to business % % %	attributable to
	nter here and on Part II, line 1			of time devoted to business % % %	attributable to
	nter here and on Part II, line 1			of time devoted to business % % %	attributable to
	nter here and on Part II, line 1			of time devoted to business % % %	attributable to
	nter here and on Part II, line 1			of time devoted to business % % %	attributable to
	nter here and on Part II, line 1			of time devoted to business % % %	attributable to
	nter here and on Part II, line 1			of time devoted to business % % %	attributable to
	nter here and on Part II, line 1			of time devoted to business % % %	attributable to
	nter here and on Part II, line 1			of time devoted to business % % %	attributable to
	nter here and on Part II, line 1			of time devoted to business % % %	attributable to
	nter here and on Part II, line 1			of time devoted to business % % %	attributable to



990T1220V011062



Form CT-990T **Connecticut Unrelated Business Income Tax Return**

2020

(Rev. 12/20)

Enter Income Year, Beginning: ▶ 01012020

and Ending: ▶ 12312020

GIFTS OF LOVE INC.

CT Tax Reg. # ▶

P.O. BOX 463

FEIN ▶ 06-1309318

AVON

CT06001 -

Check All Applicable Boxes:

Organization is annualizing its income

Change of:

Mailing address

Closing month (Attach explanation)

Return status:

Amended return

Initial return

Final return

If final return:

Dissolved

Withdrawn

Merged/reorganized: Enter survivor's CT Tax Reg. #

Type of organization:

Corporation > 401(a) or 408(a) trust

Other trust

Other:

Explain

- Date unrelated trade or business began in Connecticut:
- 2. Nature of unrelated trade or business income activity:
- 3. Corporation only: Enter state of corporation:

Date of organization:

Date qualified in Connecticut if not incorporated in Connecticut:

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature of officer or fiduciary

RYAN PETTENGILL

Email address of officer

FIONDELLA, MILONE & LASARAC 300 WINDING BROOK DRIVE GLASTONBURY, CT 06033

EXECUTIVE DIRE

07132021

Telephone number

(860) 676-2323

Preparer's PTIN 9/21/2021 P01593305

May DRS contact the preparer shown below about this return?

Firm's FEIN

06-1648707 Telephone number

(860)657 - 3651

990T1220V011062





(Rev. 12/20)

- Attach a Complete Copy of Federal Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

Computation of Income

 Federal unrelated business taxable income from 2020 federal Form 990-T Federal net operating loss deduction claimed on 2020 federal Form 990-T Federal deduction for Connecticut tax on unrelated business taxable income Total: Add Lines 1, 2, and 3. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income Unrelated business taxable income: Subtract Line 5 from Line 4. 	1. 2. 3. 4. 5. 6.	•
Computation of Tax		
 Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3. Apportionment fraction from <i>Schedule A</i>, Line 5 on Page 3. Carry to six places. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2. Operating loss carryover from <i>Schedule B</i>, Line 21 on Page 4. Do not exceed 50% of Line 3. Income subject to tax: Subtract Line 4 from Line 3. Tax: Multiply Line 5 by 7.5% (.075). 	1. 2. 3. 4. 5.	>
Computation of Amount Payable		
1. Tax: Include surtax if applicable. 2. Reserved for future use 3. Total Tax: Enter the amount from Line 1.	2. 3.	
 4. Tax credits from Form CT-1120K, Part III, Line 9. Do not exceed amount on Line 1. 5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0." 6a. Paid with application for extension from Form CT-990T EXT 	4. 5. 6a.	•
6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD 6c. Overpayment from prior year	6b. 6c.	>
6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c.7. Balance of tax due (overpaid): Subtract Line 6 from Line 5.8a. Penalty	6. 7. 8a.	•
8b. Interest 8c. Form CT-1120I Interest	8b. 8c.	•
8. Total penalty and interest: Enter the total of Lines 8a, 8b, and Line 8c.9a. Amount to be credited to 2021 estimated tax9b. Amount to be refunded	8. 9a. 9b.	_
9. Total credited and refunded 9c. Acct. type: Ck ▶ Sv ▶ 9d. Rout. # ▶ 9e. Acct. # ▶	90.	•

990T1220V021062

9g. Bank name

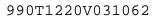
9f. Will this refund go to a bank account outside the U.S.? ▶

10. Balance due with this return: Add Line 7 and Line 8.

.00

10.

(Rev. 12/20)





Schedule A - Unrelated Business Income Apportionment

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

		Column A	Column B	Column C
Factor	Item	Connecticut	Everywhere	Divide Column A by Column B. Carry to six places
Property	1a. Inventories			, ,
(Average value)	1b.Tangible property			
	1c.Real property			
	1d.Capitalized rent			
	1. Total			
Receipts	2a. Sales of tangibles			
	2b.Services			
	2c.Rentals			
	2d.Other			
	2. Total			
Wages, salaries,	3. Total			
and other	4. Total: Add Lines 1, 2, and 3 in Column	C.		
compensation	5. Apportionment fraction: Divide Line 4 <i>Schedule C</i> , Line 4; and on Page 2, <i>Col</i>	•	Enter here; on	





Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2020

1.	2000 Connecticut net operating loss available for use in 2020	1.
2.	2001 Connecticut net operating loss available for use in 2020	2.
3.	2002 Connecticut net operating loss available for use in 2020	3.
4.	2003 Connecticut net operating loss available for use in 2020	4.
5.	2004 Connecticut net operating loss available for use in 2020	5.
6.	2005 Connecticut net operating loss available for use in 2020	6.
7.	2006 Connecticut net operating loss available for use in 2020	7.
8.	2007 Connecticut net operating loss available for use in 2020	8.
9.	2008 Connecticut net operating loss available for use in 2020	9.
10.	2009 Connecticut net operating loss available for use in 2020	10.
11.	2010 Connecticut net operating loss available for use in 2020	11.
12.	2011 Connecticut net operating loss available for use in 2020	12.
13.	2012 Connecticut net operating loss available for use in 2020	13.
14.	2013 Connecticut net operating loss available for use in 2020	14.
15.	2014 Connecticut net operating loss available for use in 2020	15.
16.	2015 Connecticut net operating loss available for use in 2020	16.
17.	2016 Connecticut net operating loss available for use in 2020	17.
18.	2017 Connecticut net operating loss available for use in 2020	18.
19.	2018 Connecticut net operating loss available for use in 2020	19.
20.	2019 Connecticut net operating loss available for use in 2020	20.
21.	Total: Add Lines 1 through 20. Enter here and on Computation of Tax, Line 4.	
	Do not exceed 50% of Computation of Tax, Line 3.	21.

Schedule C - Computation of Net Operating Loss Carryforward

1.	Enter amount from Computation of Income, Line 6, if less than zero.	1.
2.	Add back specific deduction from 2020 federal Form 990-T	2.
3.	Subtotal: Add Line 1 and Line 2.	3.
4.	Apportionment fraction from Schedule A, Line 5	4.
5.	2020 Connecticut net operating loss available for carryforward:	
	Line 3 or Line 3 multiplied by Line 4	5.

990T1220V041062

Checklist for filing your Connecticut Pass-Through Entity Tax Return:

- 1. Be sure that the return is not printed on the back of this sheet.
- 2. Verify that the address lines are correct and proper abbreviations are used.
- 3. Do not attempt to remove or modify the solid boxes that print out. Altering target marks may affect the processing of your return.
- 4. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 5. Do not make manual (hand written or typed) corrections; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 6. Make check payable to: Commissioner of Revenue Services
- 7. To ensure proper posting, write your TID (optional) and "2020 Form CT-990T" on your check.
- File amended returns and returns where an electronic filing waiver has been granted to the corresponding address listed below.

Mail paper return to:
Department of Revenue Services
State of Connecticut
PO Box 5014
Hartford CT 06102-5014

9. Verify that all fields print completely and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.

Do not send this sheet with your return.