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10-18-2009

26-2450109
THE PREEMPTIVE LOVE COALITION

INSTRUCTIONS FOR FILING 2008 FEDERAL FORM 990-EZ

.THE TRUSTEE/OFFICER REPRESENTING THE ORGANIZATION MUST SIGN THE RETURN.

.MAIL YOUR RETURN ON OR BEFORE 11-15-2009 TO:

INTERNAL REVENUE SERVICE CENTER
OGDEN UT 84201-0027

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only ▶

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization THE PREEMPTIVE LOVE COALITION	Employer identification number 26-2450109
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 212 MONTERREY DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HEWITT TX 76643	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **SEE ATTACHMENT #8**

Telephone No. ▶ _____ FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15**, 20 **09**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20__ or
- ▶ tax year beginning **APRIL 01**, 20 **08**, and ending **MARCH 31**, 20 **09**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For 2008 calendar year, or tax year beginning APRIL 01, 2008, and ending MARCH 31, 20 09

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: THE PREEMPTIVE LOVE COALITION. D Employer identification number: 26-2450109. E Telephone number: (254) 756-2529. F Group Exemption Number.

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

G Accounting method: [X] Cash [] Accrual Other (specify)

I Website: HTTP://PREEMPTIVELOVE.ORG

H Check [] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) -- [X] 501(c)(3) (insert no.) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts: if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 221,905

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

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received (182,158); 2 Program service revenue; 3 Membership dues and assessments; 4 Investment income (276); 5a Gross amount from sale of assets; 5b Less: cost or other basis; 5c Gain or (loss) from sale; 6 Special events and activities (gaming checked); 6a Gross revenue; 6b Less: direct expenses; 6c Net income; 7a Gross sales of inventory (36,698); 7b Less: cost of goods sold (16,458); 7c Gross profit (20,240); 8 Other revenue (2,773); 9 Total revenue (205,447); 10 Grants and similar amounts paid (142,124); 11 Benefits paid; 12 Salaries; 13 Professional fees (990); 14 Occupancy (147); 15 Printing (2,601); 16 Other expenses (7,258); 17 Total expenses (153,120); 18 Excess or (deficit) (52,327); 19 Net assets at beginning (5,770); 20 Other changes; 21 Net assets at end (58,097).

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

(See instructions for Part II.)

Table with columns (A) Beginning of year and (B) End of year. Rows include: 22 Cash, savings, and investments (15,553 to 46,555); 23 Land and buildings; 24 Other assets (7,921 to 16,657); 25 Total assets (23,474 to 63,212); 26 Total liabilities (17,704 to 5,332); 27 Net assets or fund balances (5,770 to 57,880).

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Form 990-EZ (2008)

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed.	TX	
42a	The books are in care of	SEE ATTACHMENT #8	Telephone no.
	Located at		ZIP + 4
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country:		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

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

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization(s) a section 527 organization?		X

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

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

Signature of officer _____ Date _____

CODY FISHER _____ **DIRECTOR**

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's Identifying No. (See instr.) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 **R SCOTT SCHIEFFER CPA** EIN _____
1146 W PANOLA Phone no. _____
CARTHAGE, TX 75633- **903- 693-7837**

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization THE PREEMPTIVE LOVE COALITION	Employer identification number 26-2450109
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Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

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

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				2,923	183,445	186,368
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3				2,923	183,445	186,368
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						186,368

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4				2,923	183,445	186,368
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 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 IV.)						
11 Total support. Add lines 7 through 10						186,368
12 Gross receipts from related activities, etc. (see instructions)					12	39,471

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	100.00 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	100.00 %

16a **33 1/3 % support test -- 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3 % support test -- 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test -- 2008.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test -- 2007.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008**Name of the organization**

THE PREEMPTIVE LOVE COALITION

Employer identification number

26-2450109

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h, or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 7

Keep for Your Records

KEEP FOR
YOUR RECORDS

For calendar year 2008 or tax period beginning 04-01-2008 , and ending 03-31-2009.

Name of Organization

THE PREEMPTIVE LOVE COALITION

Employer Identification Number

26-2450109

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
SHOES	19,130	11,862	7,268
KIDS KLASH	913	283	630
SHIRTS	4,357	1,003	3,354
WRISTBANDS	667	45	622
SPECIAL EVENT	7,975	1,960	6,015
CATALOG	783		783
BAYLOR SHIRT DRIVE	2,873	1,305	1,568
Total	36,698	16,458	20,240

SCHEDULE OF OTHER REVENUE

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 8

OPEN TO PUBLIC
INSPECTION

For calendar year 2008 or tax period beginning 04-01-2008, and ending 03-31-2009.

Name of Organization

THE PREEMPTIVE LOVE COALITION

Employer Identification Number

26-2450109

Description of Other Revenue	Amount
SHIPPING INCOME	2,773
Total	2,773

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC
INSPECTION

For calendar year 2008 or tax period beginning 04-01-2008, and ending 03-31-2009.

Name of Organization

THE PREEMPTIVE LOVE COALITION

Employer Identification Number

26-2450109

Description of Other Expenses	Amount
MARKETING EXPENSES	2
SALES EXPENSES	1,308
TRANSPORTATION	991
SUPPLIES	361
FUNDRAISING EXPENSES	3,539
RESEARCH AND DEVELOPMENT	99
MEETING EXPENSE	85
DUES	113
MISCELLANEOUS EXPENSE	10
STATE TAXES	750
Total	7,258

SCHEDULE OF OTHER ASSETS

ATTACHMENT 5: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 24

OPEN TO PUBLIC
INSPECTION

For calendar year 2008 or tax period beginning 04-01-2008, and ending 03-31-2009.

Name of Organization

THE PREEMPTIVE LOVE COALITION

Employer Identification Number

26-2450109

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
RECEIVABLES	407	1,000	
INVENTORY	7,514	15,657	
Totals	7,921	16,657	

SCHEDULE OF OTHER LIABILITIES

ATTACHMENT 6: PAGE 1 - 990-EZ PAGE 1, PART II, LINE 26

OPEN TO PUBLIC
INSPECTION

For calendar year 2008 or tax period beginning 04-01-2008, and ending 03-31-2009.

Name of Organization

THE PREEMPTIVE LOVE COALITION

Employer Identification Number

26-2450109

Description of Liability	Beginning of Year	End of Year
CURRENT LIABILITIES	17,704	5,332
Totals	17,704	5,332

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 7: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 04-01-2008, and ending 03-31-2009.
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Name of Organization THE PREEMPTIVE LOVE COALITION	Employer Identification Number 26-2450109
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(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
JEREMY COURTNEY 1705 DEEPWOODS TRAIL LEANDER, TX 78641	PRESIDENT, DIRECTOR	0	0	0
DAVID CARPENTER 8800 FOX HOLLOW DRIVE WACO, TX 76712	DIRECTOR	0	0	0
DR. JAMES KING 5019 SPEEGLEVILLE ROAD MC GREGOR, TX 76657	DIRECTOR	0	0	0
CODY FISHER 373 FREEAR DRIVE BUELLTON, CA 93427	DIRECTOR	0	0	0
PRESTON FISCHER 5041 MONROE DRIVE MIDLOTHIAN, TX 76065	DIRECTOR	0	0	0
MICHELLE FISHER 373 FREEAR DRIVE BUELLTON, CA 93427	DIRECTOR OF FINANCE	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 8 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION For calendar year 2008 or tax period beginning 04-01, and ending 03-31-2009.

Name of Organization THE PREEMPTIVE LOVE COALITION Employer Identification Number 26-2450109

Part V - Line 42a

Individual Name MICHELLE FISHER
or
Business Name:

Street Address 373 FREEAR DRIVE

U.S. Address:

Zip code 93427 City BUELLTON State CA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (805)245-4666

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