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CLIENT'S COPY



EXTENDED TO NOVEMBER 15, 2024

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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number X Address change LOVE BLDG INCORPORATED Name change 86-2120563 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ (313) 645-27654731 GRAND RIVER AVE 400 termin-ated 268,289. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended DETROIT, MI 48208 H(a) Is this a group return Applica-F Name and address of principal officer: TONI MOCERI Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)(4947(a)(1) or 527 (insert no.) If "No," attach a list. See instructions WWW.ALLIEDMEDIA.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 2020 M State of legal domicile: MI Part I Summary Briefly describe the organization's mission or most significant activities: PUBLIC SUPPORTING ORGANIZATION Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 871,605. 216,250. Contributions and grants (Part VIII, line 1h) Revenue 525. 0. Program service revenue (Part VIII, line 2g) 47,914. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 10 3,600. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 871,605. 268,289. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 300,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 248,742. 85,172. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 109. 250. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 265,905. 145,755. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 514,897. 531,036. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 340,569. <u>-246,608.</u> Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 7,932,119. 8,812,168. 20 Total assets (Part X, line 16) 36,760. 8,718,207. 21 Total liabilities (Part X, line 26) 7,895,359**.** 93,961. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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 anv knowledge. Signature of officer Date Sign CO-EXECUTIVE DIRECTOR TONI MOCERI, Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature Paid MICHAEL B BOISVENU, CPA P01355707 BOISVENU & COMPANY, P.C. Firm's EIN 38-2857129 Preparer Firm's name Use Only Firm's address 30600 TELEGRAPH ROAD, SUITE 1300

X Yes

Phone no. (248)647-7200

May the IRS discuss this return with the preparer shown above? See instructions

BINGHAM FARMS, MI 48025

Form	990 (2023) LOVE BLDG IN	CORPORATED		86-2120563 Page 2
Pa	t III Statement of Program Service Ac	complishments		<u> </u>
	Check if Schedule O contains a response or	note to any line in this Par	: III	
1	Briefly describe the organization's mission: PUBLIC SUPPORTING ORGANIZA			
2	Did the organization undertake any significant prog	ram services during the ve	ear which were not listed on the	
_	prior Form 990 or 990-EZ?			Yes X No
_	If "Yes," describe these new services on Schedule			Yes X No
3	Did the organization cease conducting, or make significant the conducting of the state of the st	inificant changes in how it	conducts, any program services?	Yes A No
4	If "Yes," describe these changes on Schedule O.	unlinkunnuka fau anak afika	thus a lawarat was aware as wises as	
4	Describe the organization's program service accoms Section 501(c)(3) and 501(c)(4) organizations are re-			
		quired to report the amou	it of grants and allocations to other	rs, the total expenses, and
4-	revenue, if any, for each program service reported.	95 • including grants of \$) (-	525.)
4a	(Code:) (Expenses \$ 482,65 THE LOVE BLDG INCORPORATE	Including grants of \$) (Revenue	F DDOCDAMC OF
	ALLIED MEDIA PROJECTS, INC			
	OF MEDIA-BASED ORGANIZING		ZATION THAT SUFFOR	TIS THE GROWTH
	OF MEDIA-BASED ORGANIZING	MODELS.		
			<u> </u>	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue	e\$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	e\$)
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including gra	nts of \$) (Revenue \$)
4e	Total program service expenses	482,695.	, (
	, -3			Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- <i>''</i> -		 -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Dort IV	Checklist of Required Schedules (continue	-11
Fail IV	Checking of Dequired Schedules (continue)	J)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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 employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			٠,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0	38	21	<u> </u>
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Officery in Sofficialis of Contrains a response of flote to any line in this Part V		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	INO
	Enter the number reported in box 3 of Form 1090. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
	Garming withings to prize withers:	_ IC	000	<u></u>

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023) LOVE BLDG INCORPORATED Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
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).			37	
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	
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Х	
	any contributions that were not tax deductible as charitable contributions?	6a			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	- Ch			
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b			
7	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		Х	
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-21	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76			
C	to file Form 8282?	7c		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	70			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8					
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
40	amounts due or received from them.)	40			
	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				
13	Is the organization licensed to issue qualified health plans in more than one state?	13a			
а	Note: See the instructions for additional information the organization must report on Schedule O.	104			
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 13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х	
b	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		Х	
	If "Yes," see the 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		Х	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" 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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
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	Х	
7a				
	more members of the governing body?	7a	Х	
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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
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? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion 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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MI		_	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) avail	able
	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)		_	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SUZANNE ABOUZENNI - (313) 645-2765 4731 GRAND RIVER AVE, 400, DETROIT, MI 48208			
	AIDE GRUND READR WAR' AAA' DRINCEL' NE ACCAC			

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)	Ĭ		(((D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week	_			10010	17 11 03		from	from related	other
	(list any hours for	ndividual trustee or director				p		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,	and related
	below	vidua	nstitutional trustee	Ser	Key employee	nest c	Former			organizations
	line)	ib	Inst	Officer	Key	Hig	For			
(1) MARS MARSHALL	1.00	,,		,,					100 524	4 040
FORMER CO-EXECUTIVE DIRECTOR	36.25	X		X				0.	180,534.	4,248.
(2) RASHID SHABAZZ	0.00					х			165,861.	6,426.
CRITICAL MINDED EXECUTIVE DIRECTOR	1.00					Δ		0.	103,001.	0,420.
(3) TONI MOCERI	36.25	Х		х				0.	160,981.	6,114.
CO-EXECUTIVE DIRECTOR/TREASURER	0.00	Δ		Δ				0.	100,901.	0,114.
(4) SHATONA HOLCOMB	40.00					x		0.	132,164.	6,080.
SR. DIRECTOR OF PEOPLE & CULTURE (5) IRMA BAJAR	0.00					^		0.	132,104.	0,000.
EXECUTIVE DIRECTOR 18 MILLION RISING	40.00		\mathcal{I}			Х		0.	124,847.	11,004.
(6) JEANETTE LEE	36.00								,	
FORMER LBI INTERIM DIRECTOR	0.00			Х				135,125.	382.	0.
(7) JENNIFER GONZALES	0.00									
SR. DIRECTOR OF SPONSORED PROJECTS	40.00					Х		0.	127,418.	6,060.
(8) JD DAVIDS	0.00									
CHIEF STRATEGIC OFFICER	40.00					Х		0.	124,231.	703.
(9) MOYA BAILEY	1.00									
SECRETARY	3.50	Х		Х				0.	0.	0.
(10) NEZZA BANDELE	1.00							_	_	_
DIRECTOR	0.00	Х						0.	0.	0.
(11) CEZANNE CHARLES	1.00								_	
PRESIDENT	2.75	Х		Х				0.	0.	0.
(12) DESSA COSMA	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(13) TIFFANY JONES	1.00								•	•
DIRECTOR	0.00	Х						0.	0.	0.
			_	_	_	_	-			
		-								
								I		

Section A. Officers, D	irectors, Trustees, Key E	mpioy	<u> yees</u>	<u>, and</u>	a Hi	gne	st C	ompensated Employe	es (continuea)				
(A) Name and title	(B) Average hours per week	box	o not cl k, unles	ss per	ition more rson	than	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	am	(F) timate ount o	
	(list any hours for related organizatior below line)	tee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	SC/ from the		e ion ed	
		1								\perp			
		‡											
		‡								\dashv			
		+								\dashv			
		_	H							\dashv			
		_											
		_)					
1b Subtotal c Total from continuation she	pote to Dout VII. Section A							135,125.	1,016,41	18.	4	0,6	35.
d Total (add lines 1b and 1c)			<u></u>					135,125.	1,016,41	18.	4	0,6	
Total number of individuals (i compensation from the organ	•	tnose) liste	ed an	DOV	e) wr	no r	eceived more than \$100	,000 of reportable	.e 		Yes	1 No
3 Did the organization list any the line 1a? If "Yes," complete So								ghest compensated emp			3	163	X
For any individual listed on lir and related organizations gre	ne 1a, is the sum of reporta	able co	ompe	ensa	atior	n and	d ot	her compensation from			4	х	
5 Did any person listed on line rendered to the organization	1a receive or accrue comp	ensat	tion f	from	any	/ unr			dual for services		5		Х
Section B. Independent Contract	tors							that received more than	\$100,000 of oom		•		
Complete this table for your the organization. Report com-	pensation for the calendar							n the organization's tax		———			
Name	(A) and business address	N	ONE	<u>3</u>				(B) Description of s	ervices	Co	(C omper	s) nsation	<u>1</u>
2 Total number of independent		not li	imite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation fr	om the organization			_		0				F	orm !	990 (2	2023)

332008 12-21-23

Pa	rt V	Ш	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Noncash contributions included in lines 1a-1f	15,300. 200,950. 950.	016 050			
<u>a</u>		h	Total. Add lines 1a-1f		216,250.			
Program Service Revenue		a b c	PROGRAM INCOME	Business Code 611420	525.	525.		
ΕŽ								
gra Re		d						
ro		e						
_	•		All other program service revenue		FOF			
	3		Total. Add lines 2a-2f	est, and	525. 47,914.			47,914.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
		b	Gross rents Less: rental expenses Rental income or (loss) (i) Real 3,600. 6a 3,600.	(ii) Personal				
			Net rental income or (loss)		3,600.			3,600.
			Gross amount from sales of (i) Securities	(ii) Other	3,000.			3,000.
	′	а		(ii) Other				
Revenue			assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) 7a 7b 7b 7c					
Re		d	Net gain or (loss)					
Other		а	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
		С	Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
			Part IV, line 19 9a					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
	10	а	•					
			and allowances 10a					
			Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
sn				Business Code				
Miscellaneous Revenue	11	а						
lan		b						
es el		С						
Mis		d	All other revenue					
			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		268,289.	525.	0.	51,514.

332009 12-21-23

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 respon-	se or note to any line in			X
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	152 105	152 105		
	trustees, and key employees	153,125.	153,125.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	02 602	93 603		
7	Other salaries and wages	83,692.	83,692.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	7,661.	7,661.		
9	Other employee benefits	4,264.	4,264.		
10	Payroll taxes	4,404.	4,204.		
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17	250.			250
e f	Investment management fees	250.			250
g					
9	column (A), amount, list line 11g expenses on Sch 0.)	118,001.	99,141.	5,860.	13,000
12	Advertising and promotion	418.	418.	3,0001	23,000
13	Office expenses	17,268.	17,268.		
14	Information technology	1,068.	1,068.		
15	Royalties	,	,		
16	Occupancy	46,077.	32,985.	13,092.	
17	Travel	2,902.	2,902.		
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	605.	605.		
20	Interest	78,616.	78,616.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)				
а	IN-KIND MATERIALS	950.	950.		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	514,897.	482,695.	18,952.	13,250
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)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	380,536.	1	359,368.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net		7	8,452,800.
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	- FE4 F00	14	
	15	Other assets. See Part IV, line 11	7,551,583.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,932,119.	16	8,812,168.
	17	Accounts payable and accrued expenses	36,760.	17	87,460.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ξ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial		controlled entity or family member of any of these persons		22	1,500,000.
	23	Secured mortgages and notes payable to unrelated third parties		23	1,300,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	7,130,747.
	26		36,760.	26	8,718,207.
	20	Organizations that follow FASB ASC 958, check here	3077000	20	0/120/2014
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions		27	
Bal	28	Net assets with donor restrictions		28	
pu		Organizations that do not follow FASB ASC 958, check here			
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0.	29	0.
sets	30	Paid-in or capital surplus, or land, building, or equipment fund	7,554,790.	30	0.
As	31	Retained earnings, endowment, accumulated income, or other funds	340,569.	31	93,961.
Net Assets or Fund Balances	32	Total net assets or fund balances	7,895,359.	32	93,961.
_	33	Total liabilities and net assets/fund balances	7,932,119.	33	8,812,168.
					Form 990 (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		68		
2	Total expenses (must equal Part IX, column (A), line 25)	2		14		
3	Revenue less expenses. Subtract line 2 from line 1	3				08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,8	95	<u>, 3!</u>	<u>59.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-7,5	54	, 79	90.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		93	,96	61.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Y	es	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," explain on Schedul	e O.				Х
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	с		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	а		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b		
			Fo	rm 9 9	90 (2	2023)

LOVE BLDG INCORPORATED

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

LOVE BLDG INCORPORATED 86-2120563 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: (For lines 1 through 12, check only one box.) 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 (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations 1 g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) ALLIED MEDIA 01-0559608 7 0. PROJECTS, INC. X

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 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								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-						_	
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
	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.							
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	` ,				, ,		
	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 VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instructi	ons)			12		
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)		
	organization, check this box and stop							
Sec	tion C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2023 (I					14	%	
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%	
16a	33 1/3% support test - 2023. If the o	•		•		•		
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization	١			Ш	
b	33 1/3% support test - 2022. If the o	-						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			Ш	
17a	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,	
	and if the organization meets the fact	s-and-circumstand	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization			
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the				-			
	organization meets the facts-and-circ							
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s	

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.)

Se	ction A. Public Support	clow, picase com	piete i art ii.)				
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	<u> </u>	` `	<u> </u>	<u> </u>	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
4	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5					+	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	first, second, third,	, fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2023 (ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves						
17	·						%
18	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2023. If the	-					17 is not
	more than 33 1/3%, check this box a						
k	o 33 1/3% support tests - 2022. If the	•			*	•	
	line 18 is not more than 33 1/3%, che			•		ū	
7()	Private foundation. If the organization	in did not check a	nox on line 14 19	aa or iyn check t	nis nox and see ir	errictions	

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Voc	No
		Yes	NO
	4	Х	
	1	21	
	2		Х
	3a		Х
	- Ou		
	3b		
	3с		
	4a		Х
	4b		
	4c		
	5a		Х
	5b		
	5с		
	6		X
	7		X
			77
	8		Х
			v
	9a		Х
	01		X
	9b		Λ
	0-		X
	9с		21
	40-		Х
	10a		21
	10b		
lule	A (Forr	n 990	2023

Par	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
	A family member of a person described on line 11a above?	11b		Х
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
	tion 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	1		
	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	Х	
	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,			
		2		Х
	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			21
Jeci	tion 6. Type it supporting organizations		V	Na
			Yes	No
	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). tion D. All Type III Supporting Organizations	_ 1		
Seci	tion b. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on 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			
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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		
	Did the activities described on 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.			
	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		
h	Did the organization eversise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A (Form 990) 2023

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2023 LOVE BLDG INCORPORATED			86-2120563 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	· ·
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	omple	te Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
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		
Sect	ion 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

6

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

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.)
	(See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Employer identification number

Inspection

Name of the organization

86-2120563 LOVE BLDG INCORPORATED

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts. Complete if the
	organization anomoreum ree en reinnees, raitrix, in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	. ,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No_
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) 🕍 Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included on line 2a	2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
•	Amount of expenses mounted in monitoring, inspecting, hard	and chording conserv	ation casements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	·	
	organization's accounting for conservation easements.	•	
Pai		f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in f	furtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	I balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2023

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tense (scheck all that apply). a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Ves No	Par	t III Organizations Maintaining C	collections of A	rt, Historical	Treasures,	or Other	Similar Ass	sets(cont	inued)	1
a Public exhibition d Clan or exchange program b Scholarly research e Other c Preservation for future generations e Other c Preservation for future generations d Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets D buring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets D buring the year, did the organization solicit or receive donations or art, historical treasures, or other similar assets D buring the year No Part IV Excrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part XI, line 9, or reported an amount on Form 990, Part X, line 21. In second on Form 990, Part XI, line 9, or reported an amount on Form 990, Part X, line 21. In second on Form 990, Part XII D If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1d Additions during the year 1d D If "Yes," explain the arrangement in Part XIII (Check here if the explanation has been provided in Part XIII D If "Yes," explain the arrangement in Part XIII (Check here if the explanation has been provided in Part XIII D If "Yes," or postal the arrangement in Part XIII (Check here if the explanation has been provided in Part XIII D If "Yes," or postal the arrangement in Part XIII (Check here if the explanation has been provided in Part XIII D If "Yes or postal the arrangement in Part XIII (Check here if the explanation has been provided in Part XIII D If "Yes or postal the arrangement in Part XIII (Check here if the explanation has been provided in Part XIII D If "Yes or postal the arrangement in Part XIII (Check here if the explanation has been provided in Part XIII D If "Yes or postal the arrangement in Part XIII (Check here if the explanation has been provided in Part XIII D If "Yes or postal the postal the postal the postal the postal than the postal than the postal than the pos	3	Using the organization's acquisition, accessi	on, and other record	ls, check any of t	he following tha	at make sig	nificant use of	its		
b Scholarly research c Other C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed for size funds a starter than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization and an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization include an amount on Form 990, Part X, line 21, for escrow or gustodial account liability? Tall is Destination during the year tele. Tall is Destination that a management in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10. Tall is Destination for year balance Destination of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Provide the estimated percentages		collection items (check all that apply).								
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in 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? Part IV Excrow 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. Is the organization an agent, trustee, custodial, or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 16	а	Public exhibition	d	I 🔲 Loan or e	xchange progr	am				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in 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? Part W 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, trustsee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustsee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes", explain the arrangement in Part XIII and complete the following table: Complete the organization of the year	b	Scholarly research	е	Other						
5 During the year, did the organization solicit or receive donations of art, historical reasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization scellection? Part IV	С	Preservation for future generations								
to be sold to raise funds rather than to be maintained as part of the organization a solection?	4	Provide a description of the organization's co	ollections and explain	n how they furthe	r the organizat	ion's exemp	ot purpose in F	art XIII.		
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, frustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit o	r receive donations	of art, historical tr	easures, or oth	er similar a	ssets			
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?		to be sold to raise funds rather than to be ma	aintained as part of t	the organization's	collection?		[Yes		<u> </u>
1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Comparison of Part X? Comparison or	Par	t IV Escrow and Custodial Arran	gements Complet	te if the organizat	ion answered "	Yes" on Fo	rm 990, Part I\	/, line 9, or	•	
on Form 990, Part X? b If 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 1d		reported an amount on Form 990, Par	rt X, line 21.							
c Beginning balance	1a	Is the organization an agent, trustee, custod	ian, or other interme	diary for contribu	tions or other a	ssets not ir	ncluded		_	_
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability? Yes No If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part N, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (f) Three years back (e) Four years back (f) Three years		on Form 990, Part X?					L	Yes		_ No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Tending balance 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part N, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment 96 c Permanent endowment 96 c Term endowment 96 c Term endowment 96 c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? 3a(i) b If "Yes" on line 3a(ii), are the related organizations is listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment C Leasehold improvements	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves Tyes Endowment Funds Complete if the organization has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Par								Amour	nt	
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or oustodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment FundS Complete if the organization answered "Yes" on Form 990, Part X, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on North Year (a) Two years back (d) Three years back (e) Four years back on North Year (e) Two years back (e) Four years back on North Year (e) Two years back (e) Four years back on North Year (e) Two years back (e) Four years back on North Year (e) Two years back (e) Four years back (e) Four years back on North Year (e) Two years back (e) Four yea	С	Beginning balance					1c			
f Ending balance	d	Additions during the year					1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X III Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e) Fou	е	Distributions during the year					1e			
Part V Endowment Funds Complete if the explanation has been provided in Part XIII	f									
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow o	custodial acco	ount liability	?L	Yes	L	_ No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year back b Contributions (b) Contributions (b) Contributions (c) Net investment earnings, gains, and losses (d) Grants or scholarships (e) Other expenditures for facilities and programs (f) Administrative expenses (g) End of year balance (g) Find of									<u>. L</u>	<u></u>
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year endowment year endowment endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Related organizations	Par	TV Endowment Funds Complete if								
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c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 5 Permanent endowment 6 C Term endowment 7 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) c Leasehold improvements d Equipment c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e, (Column (d) must equal Form 990, Part X, line 10c, column (B)) 7 Otal. Add lines 1a through 1e, (Column (d) must equal Form 990, Part X, line 10c, column (B))	1a	T T T T T T T T T T T T T T T T T T T								
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e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С	Net investment earnings, gains, and losses								
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	Grants or scholarships								
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	е	Other expenditures for facilities								
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Buildings Complete if the organization answered "Yes" on Form 990, Part X, line 10c, column (B) (b) Cost or other bestimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? 3a(i) 3b Ves No No No No No No No N		and programs								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	Administrative expenses								
a Board designated or quasi-endowment	g	End of year balance								
b Permanent endowment	2	•		e (line 1g, columi	n (a)) held as:					
c Term endowment	а	Board designated or quasi-endowment		_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations.	b	Permanent endowment	%							
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(ii) Unrelated organizations? (iii) Related organizations as (iii) As (iii) Related organizations is endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other depreciation 1a Land (b) Buildings (c) Leasehold improvements (d) Book value depreciation 1 Equipment (e) Other (f) Accumulated depreciation (h) Book value depreciation 1 Column (II) Book value depreciation	3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	d and administe	ered for the				
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) (b) Cost or other basis (other) c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) O •		-							Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Count depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).										
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))										┿
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0 .	b				R?			3b		<u></u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0 Accumulated depreciation (d) Book value	Bo:			owment funds.						
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Pai) Dort IV line 11	Soo Form 000	n Dort V lin	20.10			
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))		•		· · · · · · · · · · · · · · · · · · ·				/ N D		
b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0 •		Description of property	1 ' '			,		(a) Boo	ok valu	ne
c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0 •	1a	Land								
d Equipment	b	Buildings								
e Other	С	Leasehold improvements								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))	d	Equipment								
	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c, colui	mn (B))					

Schedule D (Form 990) 2023

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		/	
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(5) (6)			
(5) (6) (7)			
(6) (7)			
(6)			
(6) (7) (8) (9)	(B))		
(6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col	(B))		
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col		11e or 11f. See Form 990, Part X, line 25	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column Year X Other Liabilities Complete if the organization answered "Yes" of the complete of the organization and the organization		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, cole Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability		11e or 11f. See Form 990, Part X, line 25	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, cole Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, cole Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABLE	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABLE (3)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, cole Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABLE (3) (4)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (c) Complete if the organization answered "Yes" (c) (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABLE (3) (4) (5)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of the complete in the organization of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABLE (3) (4) (5) (6)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, cole Part X Other Liabilities Complete if the organization answered "Yes" of the income taxes (2) INTRA-ORGANIZATION PAYABLE (3) (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, cole Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABLE (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, cole Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABLE (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, line		(b) Book value 7,130,747
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, cole Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABLE (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line		(b) Book value 7,130,74

Pai	t XI P	Reconciliation of Revenue per Audited Financial Stateme	ents With Rever	ue per Return	
	С	complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total rev	renue, gains, and other support per audited financial statements		1	
2	Amounts	s included on line 1 but not on Form 990, Part VIII, line 12:			
а		alized gains (losses) on investments			
b	Donated	services and use of facilities	2b		
С		ies of prior year grants			
d	Other (D	escribe in Part XIII.)	2d		
е		s 2a through 2d			
3	Subtract	t line 2e from line 1		3	
4		s included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		ent expenses not included on Form 990, Part VIII, line 7b			
b		escribe in Part XIII.)	4b		
_		s 4a and 4b			
5		renue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa		Reconciliation of Expenses per Audited Financial Statem	-	nses per Return	
		complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1		penses and losses per audited financial statements		1	
2		s included on line 1 but not on Form 990, Part IX, line 25:	4 . 1		
a		services and use of facilities			
b		ar adjustments			
C		SSES			
d		escribe in Part XIII.)		20	
e 2		s 2a through 2d			
3 4		t line 2e from line 1 s included on Form 990, Part IX, line 25, but not on line 1:			
тa		ent expenses not included on Form 990, Part VIII, line 7b	4a		
а	IIIVESTIII	one expenses not included on round 330, rait viii, line rb	, T a		
h			4h		
b	Other (D	escribe in Part XIII.)	'	4c	
С	Other (D	escribe in Part XIII.) s 4a and 4b			
c 5	Other (D Add lines Total exp	escribe in Part XIII.)			
5 Pa	Other (Double Add lines Total exp rt XIII S	escribe in Part XIII.) s 4a and 4b censes. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information		5	l,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b penses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line</i> 18.)	t IV, lines 1b and 2b;	5	Ι,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	l,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	l,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	I,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	l,
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5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	I,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	I,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	I,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	I,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	l,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	l,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	I,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	I,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	I,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	I,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	I,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	I,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	I,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	I,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	I,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	I,
5 Pa i Prov	Other (Double Add lines Total exp rt XIII S de the de	escribe in Part XIII.) s 4a and 4b seenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b;	5	I,

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

LOVE BLDG INCORPORATED

 $Employer\ identification\ number\\ 86-2120563$

	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			37
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		Δ.
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			- V
a	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			,,
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	ı	I

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARS MARSHALL	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER CO-EXECUTIVE DIRECTOR	(ii)	180,534.	0.	0.	0.	4,248.	184,782.	0.
(2) RASHID SHABAZZ	(i)	0.	0.	0.	0.	0.	0.	0.
CRITICAL MINDED EXECUTIVE DIRECTOR	(ii)	165,861.	0.	0.	0.	6,426.	172,287.	0.
(3) TONI MOCERI	(i)	0.	0.	0.	0.	0.	0.	0.
CO-EXECUTIVE DIRECTOR/TREASURER	(ii)	160,981.	0.	0.	0.	6,114.	167,095.	0.
	(i)							
	(ii)							
	(i)							
	(ii)				Y			
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

LOVE BLDG INCORPORATED

Employer identification number 86-2120563

FORM 990, PART VI, SECTION A, LINE 6:

THERE SHALL BE TWO CLASSES OF MEMBERSHIP IN THE CORPORATION:

- A. MEMBERS IN THE CONTROLLING CLASS
- I. ACTIVELY PARTICIPATE IN THE ACTIVITIES CONDUCTED BY THE CORPORATION TO ACHIEVE ITS GOALS;
- II. HAVE THE RIGHT TO VOTE ON ALL MATTERS REQUIRING A VOTE OF THE MEMBERSHIP; AND
- III. MAKE PROPERTY OR MONETARY INVESTMENTS TO THE CORPORATION.
- B. MEMBERS IN THE NON-CONTROLLING CLASS
- I. DO NOT ACTIVELY PARTICIPATE IN THE ACTIVITIES CONDUCTED BY THE CORPORATION;
- II. DO NOT HAVE THE RIGHT TO VOTE ON ALL MATTERS REQUIRING A VOTE OF THE MEMBERSHIP; AND
- III. MAKE MONETARY INVESTMENTS TO THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERS IN THE CONTROLLING CLASS.

FORM 990, PART VI, SECTION A, LINE 7B:

ADMISSION OF CONTROLLING MEMBERS SHALL BE CONFERRED UPON THE UNANIMOUS VOTE
OF ALL THE CONTROLLING MEMBERS. ADMISSION OF NON-CONTROLLING MEMBERS SHALL
BE CONFERRED UPON THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE BOARD OF

DIRECTORS OF THE CURRENT CONTROLLING MEMBERS PRESENT AT A MEETING AT WHICH

A QUORUM IS PRESENT.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization LOVE BLDG INCORPORATED Employer identification number 86-2120563

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES THAT MAY ACT ON BEHALF OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS ENGAGES AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING

FIRM TO PREPARE THE FORM 990. UPON COMPLETION, IT IS REVIEWED BY THE

ORGANIZATION'S PRESIDENT AND TREASURER. A COPY OF FORM 990 IS PROVIDED TO

ALL BOARD MEMBERS PRIOR TO BEING FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH PERSON IN A POSITION OF AUTHORITY (SUCH AS AN OFFICER, DIRECTOR, OR MANAGER) MUST ON AN ANNUAL BASIS SIGN A CONFLICT OF INTEREST DISCLOSURE

STATEMENT AFFIRMING THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, THEY HAVE READ AND UNDERSTOOD THE POLICY, AND THEY HAVE AGREED TO COMPLY WITH THE POLICY.

FORM 990, PART VI, SECTION C, LINE 19:

REQUESTS FOR ACCESS TO DOCUMENTS, WHICH BY LAW ARE OPEN TO PUBLIC ACCESS,
MAY BE MADE BY APPLICATION TO THE ORGANIZATION.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER CONSULTANTS & SERVICES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 5,860.

TOTAL EXPENSES 18,860.

Schedule O (Form 990) 2023

332212 11-14-23

FUNDRAISING EXPENSES

13,000.

Schedule O (Form 990) 2023 Page **2**

Name of the organization LOVE BLDG INCORPORATED	Employer identification number 86-2120563
PROGRAM CONSULTANTS & SERVICES:	
PROGRAM SERVICE EXPENSES	99,141.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	99,141.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	118,001.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
MEMBERS' PAID IN CAPITAL	-7,554,790.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization	Employer identification number
LOVE BLDG INCORPORATED	86-2120563

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controllin entity
			,		

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) trolled tity?	
				501(c)(3))		Yes	No	
ALLIED MEDIA PROJECTS, INC 01-0559608	TO SUPPORT THE GROWTH OF							
4731 GRAND RIVER AVE. STE. 400	MEDIA-BASED ORGANIZING							
DETROIT, MI 48208	MODELS.	MICHIGAN	501(C)(3)	LINE 7	N/A		X	
ALLIED MEDIA ACTION FUND - 85-0895977	TO EDUCATE LEGISLATORS AND							
4731 GRAND RIVER AVE. STE. 400	THE GENERAL PUBLIC ON				ALLIED MEDIA			
DETROIT, MI 48208	ISSUES FACING MICHIGAN AND	MICHIGAN	501(C)(4)		PROJECTS, INC.	X		
LOVE BUILDING SUPPORT CORPORATION -								
86-2163555, 4731 GRAND RIVER AVE. STE. 400,	PUBLIC SUPPORTING			LINE 12 TYPE	ALLIED MEDIA			
DETROIT, MI 48208	ORGANIZATION	MICHIGAN	501(C)(3)	1	PROJECTS, INC.	X		

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

				l						_		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Dispron	ortionate	Code V-UBI	Gene	ral or	Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	allocations?		amount in box 20 of Schedule K-1 (Form 1065)	OX managir	aging	Percentage ownership
		foreign		excluded from tax under		assets		I NI -	20 of Schedule	V	N -	
		country)		300000113 0 12 0 14)			Yes	No	K-1 (F0111 1003)	Yes	NO	
											\vdash	
				4							\vdash	
											\sqcup	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	i) etion b)(13) rolled ity?
		country)		,				Yes	No
									<u> </u>
									—

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one or	r more re	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
	Exchange of assets with related organization(s)				1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X	
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1 p	Х	
	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must con	nplete th	nis line, including covered	relationships and transaction thresholds.			
	(a) (b) Name of related organization Transact type (a-		(c) Amount involved	(d) Method of determining amount inv	olved		
1)							
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2)							
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3216	63 09-28-23	,		Schedule F	≺ (⊢ori	п 990) 2023

Page 4

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners sec	Share of	Share of	Dispropo tionate	r- amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign	excluded from tax under	orgs.?	total	end-of-year	allocation	of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes N	(Form 1065)	Yes No	<u> </u>
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