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CLIENT'S COPY

		EXTENDED TO NOVEMBER 15, 2	024		
For	9	90 Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			OMB No. 1545-0047
		of the Treasury Bulk Service Go to www.irs.gov/Form990 for instructions and the late	•		Open to Public
			DEC 31, 2	023	Inspection
			D Employer id		on number
	beck if	le:		entineati	on number
	Addre chang Name			~ ~ - - -	
	_]chang	ge Doing business as	86-21		
	Initial returr Final				2765
	returr∟ termi		(313)		<u>193,865.</u>
	ated Amer	City or town, state or province, country, and ZIP or foreign postal code DETROIT, MI 48208	G Gross receipts \$		
	_lreturr ∏Appli	· · · · · · · · · · · · · · · · · · ·	H(a) Is this a gr for subord		
	⊥tiòn pend	SAME AS C ABOVE	H(b) Are all subord		
1 1	ay.ey				See instructions
	Nebsi		H(c) Group exe		
					ate of legal domicile: MI
	art I	Summary		1	
	1	Briefly describe the organization's mission or most significant activities: PUBLIC S	UPPORTING (ORGAN	IZATION
ů.		, , , , , , , , , , , , , , , , , , , ,			
Governance	2	Check this box if the organization discontinued its operations or disposed of n	ore than 25% of its	net asset	S.
OVe	3	Number of voting members of the governing body (Part VI, line 1a)		3	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3
Activities &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	0
iviti	6	Total number of volunteers (estimate if necessary)		6	4
Act		Total unrelated business revenue from Part VIII, column (C), line 12		7a	-614,267.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
			Prior Year		Current Year 0.
ne	8	Contributions and grants (Part VIII, line 1h)			0.
Revenue	9	Program service revenue (Part VIII, line 2g)			14,427.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			-527,802.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-513,375.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0.
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)			0.
ú		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			20,442.
Ise		Professional fundraising fees (Part IX, column (A), line 11e)			0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 0 •			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			276,583.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			297,025.
	19	Revenue less expenses. Subtract line 18 from line 12			-810,400.
or			Beginning of Current	Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			16,007,218.
t As	21	Total liabilities (Part X, line 26)			16,817,618.
_		Net assets or fund balances. Subtract line 21 from line 20			-810,400.
	art II				
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		-	owledge and belief, it is
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge).	
		Signature of officer	Date		
Sia	n	I Olymatare of officer	Dale		

5			
-	DIRECTOR		
Type or print name and title			
Print/Type preparer's name	Preparer's signature	Date	Check PTIN
MICHAEL B BOISVENU, CPA			self-employed P01355707
Firm's name BOISVENU & COMPAN	Y, P.C.		Firm's EIN 38-2857129
Firm's address 30600 TELEGRAPH R	OAD, SUITE 1	300	
BINGHAM FARMS, MI	48025		Phone no. (248)647-7200
RS discuss this return with the preparer shown abo	ove? See instructions	······	X Yes No
Paperwork Reduction Act Notice, see the separ	rate instructions. 33	32001 12-21-23	Form 990 (2023)
	Type or print name and title Print/Type preparer's name MICHAEL B BOISVENU, CPA Firm's name BOISVENU & COMPAN Firm's address 30600 TELEGRAPH R BINGHAM FARMS, MI AS discuss this return with the preparer shown above	Print/Type preparer's name MICHAEL B BOISVENU, CPA Firm's name BOISVENU & COMPANY, P.C. Firm's address 30600 TELEGRAPH ROAD, SUITE 1 BINGHAM FARMS, MI 48025 RS discuss this return with the preparer shown above? See instructions	Type or print name and title Preparer's signature Date Print/Type preparer's name Preparer's signature Date MICHAEL B BOISVENU, CPA Preparer's signature Date Firm's name BOISVENU & COMPANY, P.C. Firm's address 30600 TELEGRAPH ROAD, SUITE 1300 BINGHAM FARMS, MI 48025 As discuss this return with the preparer shown above? See instructions

	990 (2023) LOVE BUILDING SUPPORT CORPORATION	86-2163555 ₁
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	PUBLIC SUPPORTING ORGANIZATION	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes 🖸
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🖸
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, an
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 287,230. including grants of \$) (Reven	
	THE LOVE BUILDING SUPPORT CORPORATION WAS ESTABLISHED TO	
	PROGRAMS OF ALLIED MEDIA PROJECTS, INC., AN ORGANIZATIO THE GROWTH OF MEDIA-BASED ORGANIZING MODELS.	N THAT SUPPOR
	THE GROWTH OF MEDIA BADED ORGANIZING MODELD.	
4b	(Code:) (Expenses \$) (Revenue	ue\$
4c	(Code:) (Expenses \$) (Reven	ue\$
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 287,230.	
		Form 99(
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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)?		37	
_	If "Yes," complete Schedule A	1	X	v
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			x
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	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			x
•	Schedule D, Part III	8		
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?	9		x
10	If "Yes," complete Schedule D, Part IV	3		<u> </u>
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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		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		X
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		X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-10		<u> </u>
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form **990** (2023)

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Part IV Checklist of Required Schedules (continued)

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			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		
	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		
	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		x
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	202		
20	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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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? <i>If "Yes," complete Schedule L, Part III</i>	27		x
00		21		- 23
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			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 17			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
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2023.04020 LOVE BUILDING SUPPORT CORPO ALLIED11

023)	LOVE	BUILDING	SUPPORT	CORPORATION
Statements R	legardin	g Other IRS F	ilings and Ta	ax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	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	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	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			
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5.0		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
С 62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		<u> </u>
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	u		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		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 organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>
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(c) during the year?	15		x
	excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		
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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Form 990 (2023)

Part V

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Form 990	(2023)
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Section A. Governing Body and Management

LOVE BUILDING SUPPORT CORPORATION

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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

					Yes	No
10	Enter the number of veting members of the governing body at the and of the tay year	1 10	-		165	NO
Ia	Enter the number of voting members of the governing body at the end of the tax year	1 a		4		
	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.		-			
	Enter the number of voting members included on line 1a, above, who are independent	1 b	3	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			37
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the		-			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
b = 0 = 0 $2 = 0$ $3 = 0$ $4 = 0$ $5 = 0$ $4 = 0$ $6 = 0$ $7a = 0$ $6 = 0$ $7a =$	persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the	e following:			
а	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b		Х
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
ect	tion B. Policies (This Section B requests information about policies not required by the Internal R					
			,		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
~	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
12	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	iy belo		11a		
				12a	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			120	- 23	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			10-	x	
	on Schedule O how this was done			12c	X	
	Did the organization have a written whistleblower policy?			13		
	Did the organization have a written document retention and destruction policy?			14	X	
5	Did the process for determining compensation of the following persons include a review and approv		dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	rith 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	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
ect	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed MI					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	ind 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 Sc	hedule ()			
			,	nd fina	ncial	
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.					
9						
		noke an	d records			
	State the name, address, and telephone number of the person who possesses the organization's be $SUZANNE ABOUZENNI - (313) 645 - 2765$	ooks an	d records			
	State the name, address, and telephone number of the person who possesses the organization's bo	ooks an	d records			

Part VII	Compensation of Officers,	Directors, Tr	rustees, k	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contracto	ors			

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.

• 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.

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

(A)	(B)		411120	(0			1041	(D)	(E)	(F)
Name and title	Average	Positio				ition		Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		cer ar	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	suadu		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional) yoldr	t con /ee	-	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormei			organizations
(1) MARS MARSHALL	0.00	-	-			1.0				
FORMER CO-EXECUTIVE DIRECTOR	37.25	1		X				0.	180,534.	4,248.
(2) RASHID SHABAZZ	0.00									
CRITICAL MINDED EXECUTIVE DIRECTOR	40.00					Х		0.	165,861.	6,426.
(3) TONI MOCERI	0.00									
CO-EXECUTIVE DIRECTOR	37.25			Х				0.	160,981.	6,114.
(4) SHATONA HOLCOMB	0.00									
SR. DIRECTOR OF PEOPLE & CULTURE	40.00					Х		0.	132,164.	6,080.
(5) IRMA BAJAR	0.00								404 045	
EXECUTIVE DIRECTOR 18 MILLION RISING	40.00					X		0.	124,847.	11,004.
(6) JEANETTE LEE	0.00									0
FORMER LBI INTERIM DIRECTOR	36.00					X		0.	135,507.	0.
(7) JENNIFER GONZALES	0.00 40.00					x		0	107 110	
SR. DIRECTOR OF SPONSORED PROJECTS (8) JD DAVIDS	40.00					^		0.	127,418.	6,060.
<pre>(8) JD DAVIDS CHIEF STRATEGIC OFFICER</pre>	40.00					x		0.	124,231.	703.
(9) CEZANNE CHARLES	0.50	-						0.	124,231.	/05•
SECRETARY	3.25	x		x				0.	0.	0.
(10) DANA BRITTO	0.50								0.	
TREASURER	2.25	x		x				0.	0.	0.
(11) MOYA BAILEY	0.50							•••		
PRESIDENT	4.00	x		x				0.	0.	0.
(12) MIKE MEDOW	0.50									
FORMER TREASURER	0.00	x		X				0.	0.	0.
		 								
222007 10 01 02								I		Form 990 (2023)

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Form **990** (2023)

09481107 748923 ALLIEDLBSC

2023.04020 LOVE BUILDING SUPPORT CORPO ALLIED11

	Form 990 (2023) LOVE BUILDING SUPPORT CORPORATION 86-2163555 Page 8													
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	Name and title Average hours per week (list any hours for		Average hours per week (list any				than o s botl r/trus	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organizatior (W-2/1099-MI	on d 1s	Estin amo of compe	F) mated unt of ther ensation m the
			related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	and	nization related izations
				-										
				-										
. <u> </u>				-										
	0.11.1.1			-						0.	1,151,5	13	40	,635.
	Subtotal Total from continuation she Total (add lines 1b and 1c) Total number of individuals (ii	ets to Part V	I, Section A							0.0.	1,151,5	0. 43.		0. ,635.
	compensation from the organ	nization												0 'es No
3	Did the organization list any f line 1a? <i>If</i> "Yes," complete So	chedule J for s	uch individual										3	X
4 5	For any individual listed on lir and related organizations gre Did any person listed on line	ater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4	x
Sec	rendered to the organization tion B. Independent Contrac		plete Schedul	e J f	or su	ich p	oers	on .		-			5	X
1	Complete this table for your f the organization. Report com	ive highest co	•	•								npensa	ation fro	om
	• · · ·	(A) and business			enuii	ig w		51 10		(B) Description of s		C	(C) ompens	ation
	G EAST LLC 2 W. CONGRESS ST	r., deti	ROIT, MI	I 4	182	26)			CONSTRUCTION		1	,905	,736.
2	Total number of independent \$100,000 of compensation fr			iot lii	miteo	d to	thos 1		stec	d above) who received n	nore than		Form 9	90 (2023)

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Pa	rt VI						
		Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue		Revenue excluded
nts nts	1 a	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
Am C		c Fundraising events					
Gift lar		d Related organizations 11					
ini,		e Government grants (contributions) 1e					
rior S	f	f All other contributions, gifts, grants, and					
ibu		similar amounts not included above 1f					
ud D	Ģ	g Noncash contributions included in lines 1a-1f					
a Ö	ł	h Total. Add lines 1a-1f					
			Business Code				
ice	2 8	a					
ue v	ł	b					
ven S		c	-				
graı Re	0	d	-				
Program Service Revenue		e	-				
		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, inte		14,427.			14 427
		other similar amounts)		14,427.			14,427
	4 5	Income from investment of tax-exempt bond	· ·				
	5	Royalties	(ii) Personal				
	6 8	02.07					
		a Gross rents 6a 92,97 b Less: rental expenses 6b 707,24					
		c Rental income or (loss) 6c -614,26					
		d Net rental income or (loss)		-614,267.		-614,267.	
		a Gross amount from sales of (i) Securities				,	
		assets other than inventory 7a					
	t	b Less: cost or other basis					
eni		and sales expenses 7b					
Revenue		c Gain or (loss) 7c					
		d Net gain or (loss)					
her		a Gross income from fundraising events (not					
Oth		including \$ of					
		contributions reported on line 1c). See					
		· · · · · · · · · · · · · · · · · · ·	Ba				
			3b				
		c Net income or (loss) from fundraising events	s				
	9 a	a Gross income from gaming activities. See					
		· · · · · · · · · · · · · · · · · · ·)a				
			9b				
	10 a	a Gross sales of inventory, less returns					
			0a 0b				
			-				
		c Net income or (loss) from sales of inventory	Business Code				
SNC	44.	a MISC. INCOME	900099	86,465.			86,465
nec		h	-	00,100.			
ella ∍ver		c	-				
Miscellaneous Revenue		d All other revenue	-				
Σ		e Total. Add lines 11a-11d		86,465.			
	12	Total revenue. See instructions		-513,375.		-614,267.	100,892

LOVE BUILDING SUPPORT CORPORATION

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Form 990 (2023)

09481107 748923 ALLIEDLBSC

2023.04020 LOVE BUILDING SUPPORT CORPO ALLIED11

Form **990** (2023)

Part IX Statement of Functional Expenses

LOVE BUILDING SUPPORT CORPORATION

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- not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, i	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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,				
6	trustees, and key employees				
6	persons (as defined under section 4958(f)(1)) and				
	never and described in section $40\Gamma0(s)(0)(D)$				
7		20,442.	18,994.	1,448.	
7 8	Other salaries and wages Pension plan accruals and contributions (include	20,112.	10,0040	-, == 0 •	
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
	Accounting				
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	87,221.	78,874.	8,347.	
12	Advertising and promotion	1,034.	1,034.		
13	Office expenses	95,648.	95,648.		
14	Information technology				
15	Royalties				
16	Occupancy	76,325.	76,325.		
17	Travel	-			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,530.	7,530.		
20	Interest	-	-		
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	EQUIP. & MAINT.	8,825.	8,825.		
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	297,025.	287,230.	9,795.	(
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2023)

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09481107 748923 ALLIEDLBSC

LOVE	BUILDING	SUPPORT	CORPORATION
	DOTEDING	DOLT OILT	00111 01111 1 011

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		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	2,020,045.
	2	Savings and temporary cash investments				2	1,417,635.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	3,686.
	5	Loans and other receivables from any current of	r forme	r officer, director,			
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	-				
its		under section 4958(f)(1)), and persons describe		6			
	7	Notes and loans receivable, net				7	
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	A	0.	10c	946,139.	
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line -		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		0.	15	11,619,713.	
	16	Total assets. Add lines 1 through 15 (must equ			0.	16	16,007,218.
	17	Accounts payable and accrued expenses				17	24,109.
	18	Grants payable		18	2 0 2 2		
	19	Deferred revenue		19	3,033.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I			21		
Liabilities	22	Loans and other payables to any current or forn					
oilit		trustee, key employee, creator or founder, subs					
Lial		controlled entity or family member of any of the		E		22	15,000,000.
_	23	Secured mortgages and notes payable to unrela				23	15,000,000.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	,		0	25	1,790,476.
	06	of Schedule D			0.	25 26	16,817,618.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			0.	20	10,017,010
ses		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 9					
Fu		and complete lines 29 through 33.	,				
sor	29	Capital stock or trust principal, or current funds			0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or ec			0.	30	0.
As	31	Retained earnings, endowment, accumulated in			0.	31	-810,400.
Net Assets or Fund Balances	32	Total net assets or fund balances			0.	32	-810,400.
-	33	Total liabilities and net assets/fund balances			0.	33	16,007,218.
_							Form 990 (2023)

Form 990 (2023)
Part X Balance Sheet

Form	1990 (2023) LOVE BUILDING SUPPORT CORPORATION	86-216	3555	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,375.
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,025.
3	Revenue less expenses. Subtract line 2 from line 1	3	-810),400.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		0.
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		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
_	column (B))	10	-810),400.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	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 separat	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			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.		
3a	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?		3a	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			

Form **990** (2023)

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SCHEDULE A	١
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(Form 990)

<u>Total</u>

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.

OMB No. 1545-0047
2023
Open to Public

		of the Treasury nue Service		At Conto ununu ino gov/	Open to Public Inspection					
		the organizati		Go to www.irs.gov/	Form990 for instruction	ns and the	e latest in	formation.	Employor	identification number
INdii		ine organizati				0.0 x m T				
Pa		Decen			SUPPORT CORP					6-2163555
					(All organizations must c				1S.	
	organ		•		For lines 1 through 12, c					
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2					Attach Schedule E (Forn					
3		-	-		anization described in se			-		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	l described	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
	city, and state:									
5		An organizati	on operated f	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	ite, or local go	vernment or governr	nental unit described in a	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	ally receives a substa	intial part of its support f	rom a gov	ernmenta	l unit or from	the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
		university:								
10		An organizati	ion that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
		activities rela	ted to its exer	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of	its support	from gross investment
		income and ι	unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12	X	An organizati	on organized	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly	supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
	_		ough 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
а	X	Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s),	typically by	' giving
		the suppor	ted organizati	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
	_	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	iving
		control or r	nanagement c	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	_	organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
С		Type III fui	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrate	ed with,
	_	_ its support	ed organizatio	on(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	orted organi	zation(s)
		that is not	functionally inf	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
	_	requiremer	nt (see instruct	tions). You must cor	nplete Part IV, Sections	s A and D,	, and Part	۷.		
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
		functionally	/ integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.			
										1
g			-	n about the supporte						
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount o	,	(vi) Amount of other
		organizatior			above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
		D MEDIA			_				_	
PR	JJE	CTS, IN	Ċ.	01-0559608	7	X			0.	

0.

0.

Schedule A	Form	990)	2023
Schedule A	FOILI	990	2023

Part II

LOVE BUILDING SUPPORT CORPORATION

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.)

Sec	ction 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 \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	<u> </u>			-	1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
-	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	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					40	
12	Gross receipts from related activities,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fourth or fifth to		12	
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stor						·····
-	Public support percentage for 2023 (-	column (f))		14	%
	Public support percentage from 2022		•			15	%
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2022. If the c						
-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			•	•	trito trito organi	
b	10% -facts-and-circumstances tes	•	• •	, ,,	•		
	more, and if the organization meets tl						
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
	······································						(Form 990) 2023

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LOVE BUILDING SUPPORT CORPORATION 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						
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	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons				Y		
t	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			R			
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(u) 2010	(0) 2020	(0) 2021		(0) 2020	(I) Fotal
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		\bigcirc				
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
	check this box and stop here						
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
15	Public support percentage for 2023 ((line 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inve			•			
17	Investment income percentage for 2	023 (line 10c, colu	mn (f), divided by I			17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2023. If the	-					line 17 is not
	more than 33 1/3%, check this box a	and stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2022. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, ch	eck this box and s t	top here. The orga	anization qualifies	as a publicly supp	orted organiza	tion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in		
3320	23 12-21-23			15		Sched	ule A (Form 990) 2023

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

х

No

х

Х

Х

Х

Х

Х

Х

Х

Х

х

х

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.)

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Schedule A (Form 990) 2023 LOVE BUILDING SUPPORT CORPORATION

			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		X
b	A family member of a person described on line 11a above?	11b		Х
с	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		X
Sec	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 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	x	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

			Yes	No
1	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
	supported organizations played in this regard.	3		

Section 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 duri	ng the	vea(see instructions)	
-----	--	--------	-----------------------	--

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*.

c 🗋	The organization supported	a governmental entity	. Describe in Part VI how	you supported a gove	ernmental entity (see instruction	s).
-----	----------------------------	-----------------------	---------------------------	----------------------	-----------------------------------	-----

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- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a 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.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | Schedule A (Form 990) 2023

2a

2b

За

No

Yes

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LOVE BUILDING SUPPORT CORPORATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 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 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2023

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continue}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	S	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	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				
-	Excess from 2023				

Schedule A (Form 990) 2023

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Schedule A	(Form 990) 2023			SUPPORT				3555 _{Pag}
Part VI	Supplemental In Part IV, Section A, lin line 1; Part IV, Section Section D, lines 5, 6, (See instructions.)	es 1, 2, 3b, 3c, 4b, n D, lines 2 and 3; l	4c, 5a, 6, 9a, Part IV, Sectio	9b, 9c, 11a, 11b n E, lines 1c, 2a,	o, and 11c; Part 2b, 3a, and 3b;	IV, Section B, lines 1 ; Part V, line 1; Part V	and 2; Part I\ , Section B, li	/, Section C, ne 1e; Part V,
	(See Instructions.)							
				\frown				
32028 12-21-2	23			20)		Schedule A	(Form 990) 2
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Department of the Treasury

Internal Revenue Service

(Form	990)
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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.



Name of the organization

LOVE BUILDING SUPPORT CORPORATION

Employer identification number 86-2163555

		(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 v	vriting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🗌 I
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pai	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreation	tion or education)	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Y
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year		. .
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		– of
-	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•			siservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conser	vation easements during the vear
		5	5,
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.	0	
Pai	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		t and balance sheet works
	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finar		•
h	If the organization elected, as permitted under FASB ASC 95		
5	art, historical treasures, or other similar assets held for public		
	· · · · · · · · · · · · · · · · · · ·	exhibition, education, or research in tu	interance of public service,
	provide the following amounts relating to these items.		¢
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		cial gain, provide
	the following amounts required to be reported under FASB A	-	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
ΗA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2
205	1 09-28-23		
		21	SUPPORT CORPO ALLIED

Sche	dule D (Form 990) 2023 LOVE BU	ILDING SUP	PORT	CORPO	RATION		8	36-21	6355	5 Pa	ige 2
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Oth	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	following that	at make s	significant	use of its			
	collection items (check all that apply).										
а	Public exhibition	d			hange progra						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ney further t	he organizati	ion's exe	empt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of		,		,				-		-
	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran		te if the	organization	n answered "	Yes" on	Form 990,	Part IV, I	ne 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod		•						٦		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:					A		
									Amount		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.]]
	t V Endowment Funds Complete if								<u></u>		1
		(a) Current year		Prior year	(c) Two yea	<u> </u>		ears back	(e) Four	vears l	back
1a	Beginning of year balance	(, ,	()				()		(-)	<u> </u>	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for t	he		-		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?										
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the	<u>v</u>	owment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or o		• •	or other		ccumulate	d	(d) Bool	< value	÷
<u> </u>		basis (investr	nent)		(other)	de	preciation		10	1 0/	00
	Land				4,900.7,000.		22 63			4,90 3,30	
	Buildings			10	7,000.		23,63	• • •	13	5,50	<u>ут •</u>
	Leasehold improvements										
	Equipment			1	8,162.		25	34.	1	7,81	78
	Other		V line 1		-		20			<i>, , 0</i> 6,13	
ιστα	. Add lines 1a through 1e. (Column (d) must e	quai Forni 990, Part	∧, iine I	oc, column	(<i>¤))</i>				94	о , т.	

Schedule D (Form 990) 2023

332052 09-28-23

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
	(b) BOOK value	(c) Method of Valdation. Cost of e	nu-or-year market value
 Financial derivatives Closely held equity interests 			
B) 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" or	n Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-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" or		11d. See Form 990, Part X, line 15.	1
	escription		(b) Book value
(1) CONSTRUCTION IN PROGRESS			11,151,290
(2) RIGHT-OF-USE ASSETS - OPER	ATING LEASE		468,423
(3)			_
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			11,619,713
otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		11,019,/13
Complete if the organization answered "Yes" of	- Form 000 Dart IV line	11. or 11f Soc Form 000 Part V line	25
	TFOITT 990, Fart IV, III e	The of The See Form 990, Part A, line A	(b) Book value
(1) Federal income taxes (2) INTRA-ORGANIZATION PAYABLE			1,322,053
			468,423
	<u>د</u>		400,423
(4)			
(5)			
(6)			1
(7)			
(7) (8)			
(7)			1,790,476

332053 09-28-23

LOVE BUILDING SUPPORT CORPORATION m 990) 2023 Sobodulo D (Ec

86-2163555 Dags 3

(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)		
Fotal (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 LOVE BUILDING SUPPORT COF	RPORATION	86-2163555 _{Page}
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenu	e per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	•	ses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	41	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
-	Add lines 4a and 4b		i i i i i i i i i i i i i i i i i i i
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		
ra	t XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

(Form 990) For cratain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization active to Form 90, Part IV, Ine 23. Attach to Form 90, G to www.is.gov/Erm800 for instructions and the latest information. 20233 Determine the intervent word the organization Employer identification number 36 - 2163355 Image: Complete Part II (Ouestions Regarding Complexation LOVE BUILDING SUPPORT CORPORATION 1002 BUILDING SUPPORT CORPORATION 1002 BUILDING Part II (Dorolde any relevant information regarding these items. Frincicus or chart travel Travel for comparison Travel for comparison Travel for comparison Discretionary spending account b francicus or chart travel Discretionary spending account b francicus of the cognization feels Discretionary spending account b francicus which, if any, of the following the organization follow a written policy regarding payment or membusement or provision of all of the expenses described above? If "No" complete Part III to explain Discretionary spending account Discretionary account and the expenses described above? If "No" complete Part III to explain Discretionary spending account Discretionary spending account Discretionary spending account Discretionary account and the explanaccount aconoff the cognizization is account and account account a	SC	HEDULE J	Compensation Information		OMB No.	1545-00	47
Complete If the organization answered "Yes" on Ferm 990, Part IV, line 23. Attach to Form 990. Dent to Public Inspection Name of the organization LOVE BUILDING SUPPORT CORPORATION Employer detrification numbers 86-2163555 Part IV, line 23. DVT BUILDING SUPPORT CORPORATION Employer detrification numbers 86-2163555 I Check the appropriate box(s) if the organization provide any relevant information regarding these lares. First-class or charter travel Yes No Part IV, lisection A, line 1a. Compute Part III to provide any relevant information regarding these lares. Trave for companion Yes No Part VI, Baction A, line 1a. Compute Part III to provide any relevant information regarding these lares. Trave for companion Yes No I fork offers, including the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Image: Complete Part III to provide Part III to Part Part III. 2 2 Ind			-		20	27	2
Department Attach to Form 990. Operation Department Name of the organization Engloyer identification number Engloyer identification number Autor of the organization Engloyer identification number 86 - 216 3555 Part I Questions Regarding Compensation Engloyer identification number Important Section Yes No Part VII, Section A, line 1a. Complete Pari III to provide any of the following to or for a person listed on Form 990. Yes No Part VII, Section A, line 1a. Complete Pari III to provide any of the following these litens. Part VII, Section A, line 1a. Complete Pari III to provide any of the following these or residence for personal use Part VII, Section A, line 1a. Complete Pari III to provide any of the following these or residence for personal use Part of the organization follow a written policy regarding payment or reinfoursement or provision of III of the expense described above (III No. complete Pari III to exploitance for exploration or equife substantiation provide use described above (III No. complete Pari III to exploit no. 1b 2 Ub the organization organization used to establish the comparization of the organization to establish compensation committee 2 2 3 Indicate which, if any, of the following the organization used to establish the organization to establish compensation committee 2 2 4 Indicate which, if any,					20	ΖU	,
Name of the organization Employer identification number 10 OUT What signification 10 OUT What signification of the state interval inter	Depa	tment of the Treasury			•		
LOVE BUILDING SUPPORT CORPORATION 86-2163555 Part I Questions Regarding Compensation Image: Compensation of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A. Inte 1. Complete Part III to provide any relevant information regarding these terms. Image: Compensation organization provide any relevant information regarding these terms. Image: Complete Part III to provide any relevant information regarding these terms. Image: Complete Part III to provide any relevant information regarding the set terms. Image: Complete Part III to provide any relevant information regarding the set terms. Image: Complete Part III to provide any relevant information regarding payment or reintbursame do provision of all of the segments described adore VII Two." complete Part III to explain Image: Complete Part III to provide any relevant VIII Section Part VIII. Section PareviIII. Section Part VIII. Section Parevice Part VIII. Section Par	Intern	al Revenue Service			-		
Part I Questions Regarding Compensation a 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. Image: Complex Compl	Nan	e of the organization					mber
a 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. Yes No Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding the services (such as maid, chardffeur, 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. It 2 Discretionary spending account It It 3 Indicate which, if any, of the following the organization follow a written policy regarding payment or erainbursement or provision of all of the expenses described above? If No, 'Complete Part III to explain. It 2 Indicate which, if any, of the following the organization used to establish the complet station to establish compensation committee It It 3 Indicate which, if any, of the following the approxal by the board or companization to establish compensation committee Approval by are lated organization to establish companization: a Receive a severance payment from an equity based (companization are approved by the board or companisation committee A bb X <th>De</th> <th></th> <th></th> <th>80-21</th> <th>0322</th> <th>S</th> <th></th>	De			80-21	0322	S	
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VI, Section A, Ine 1a. Computed Part III to provide any relevant information regarding these items. First-listes or charter travel Housing allowance or residence for personal use First-listes or charter travel Housing allowance or residence for personal use First-listes or charter travel Housing allowance or residence for personal use First-listes or charter travel Housing allowance or residence for personal use First-listes or charter travel Housing allowance or residence for personal use First-listes or charter travel Housing allowance or residence for personal use First-listes or charter travel Device or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization requires ubstantiation prior to reimbursing or allowing expresses incurred by all directors. Ito 2 Indicate which, if any, of the following the organization used to establish the compensation of the CO/Executive Director. Use explain in Part III. Compensation committee Origonalization requires ubstantiation page of combines approximation to maintain the Part III. Compensation committee During the year, did an	Pa		s Regarding Compensation				<u> </u>
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of Comparison	40	Chaoli the energy	ate bay(as) if the exception provided any of the following to as far a person listed on Form	000		Yes	
 First-class or charter travel Payments for business use of personal use Payments for business use of personal residence Travel for companions Payments for business use of personal residence Payments for business use of personal residence Travel for companions 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 D bit the organization requires 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? Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Compensation committee Mitten employment contract Independent compensation or form 990, Part VII, Section A, line 1a, with respect to the filing organization: Receive a severance payment from an expluity based compensation arrangement? H'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) organization management? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues d: The organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues d: For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent	Ia			1990,			
Image: Travel for companions Payments for business use of personal residence Image: Tax indemification and gross-up payments Personal services (such as maid, chauffeur, chef) Image: Tax indemification and gross-up payments Personal services (such as maid, chauffeur, chef) Image: Tax indemification 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? Image: Tax indemification to the expenses described above? If "No," complete Part III to explain 2 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 comsultant Image: Tax indemification and gross-up payment for an applement or harge of contract Image: Tex of any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Approval by the board or compensation committee 4 During the year, did any person subplemental nonqualified retirement plan? 4a X 6 Participate in or receive payment from an supplemental anoqualified retirement plan? 4b X 7 Participate in or receive payment from as upplemental anoqualified retirement plan? 4b X 8 Participate in or receive payment from an angulty-based							
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, but explain in Part III. 2 Compensation committee Written employment contract 2 Indicate which, if any of the following the Organization: Compensation committee 2 Indicate which, if any of the following the organization: Compensation committee 2 Indicate which, if any of the following the Organization: Compensation committee 2 Indicate which, if any of the following the organization: Compensation survey or study 4a X Participate in or receive payment for thange-of-control payment? 4a X 4a X Participate in or receive payment from an supplementan anoqualified retirement plan?							
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GEO/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 of the CEO/Executive Director, but explain in Part III. Compensation committee 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: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nongualfied retirement plan? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of: The organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retermings of: The organization? Sa X Any related organization? 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: The organization? Ga X Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not d					2		
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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: 4a X b Participate in or receive payment for an aupplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 6 X 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: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6b X 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: a 6b X a The organization? 6a X X Any related orga		establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
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: 4a X b Participate in or receive payment or change-of-control payment? 4a X c Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X c Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X d During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization arrangement? 4c X d During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revnues of: 5a X d The organization? 5a X f "Yes" on line 5a or 5b, describe in Part III. 5b X f "Yes" on line 6a or 6b, describe in Part III. 6b X f For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III.		Compensation	o committee Written employment contract				
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: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X c Participate in or receive payment from an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4a X 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: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6b X 4b X b Any related organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not							
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a 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 c Participate in or receive payment from an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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: 5a X a The organization? 5a X b Any related organization? 5b X lf "Yes" on line 5a or 5b, describe in Part III. 6a X b Any related organization? 6a X lf "Yes" on line 6a or 6b, describe in Part III. 6b X b Any related organization? 6a X lf "Yes" on line 6a or 6b, describe in Part III. <	4						
b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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, pai	-				10		x
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6b X 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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe 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" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III. Image: Constraint of 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. 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: Sa X a The organization? Sa X b Any related organization? Sb X if "Yes" on line 5a or 5b, describe in Part III. So persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retearnings of: Sb X a The organization? 6a X b Any related organization? 6a X contingent on the net earnings of: Sto any related organization? So any related o		-					
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: a The organization? b Any related organization? ff "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:	C						
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: 5a X a The organization? 5b X b Any related organization? 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 K b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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 I							
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: 5a X a The organization? 5b X b Any related organization? 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 K b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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 I		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X b Any related organization? 6b X b Any related organization? 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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	5			on			
b Any related organization? 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 9							
b Any related organization? 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 9	а	The organization?			5a		Х
If "Yes" on line 5a or 5b, describe in Part III. 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: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 9					5b		X
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 9							
a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 9	6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 9							
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 not described on lines 5 and 6? If "Yes," describe in Part III. 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 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?					6a		
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		Any related organiz	ation?		6b		X
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 9							
 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 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 	7						37
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					7		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	8	•			_		v
Regulations section 53.4958-6(c)?	~				8		X
	9		-				
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2023			n 53.4958-6(c)? ion Act Notice, see the Instructions for Form 990.				

LHA 332111 11-06-23

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-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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.
	(ii)	180,534.	0.	0.	0.	4,248.	184,782.	0.
	(i)	0.	0.	0.	0.	0.		0.
	(ii)	165,861.	0.	0.	0.	6,426.	172,287.	0.
	(i)	0.	0.	0.	0.	0.		0.
	(ii)	160,981.	0.	0.	0.	6,114.	167,095.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							ļ
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

LOVE BUILDING SUPPORT CORPORATION Schedule J (Form 990) 2023

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)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

LOVE BUILDING SUPPORT CORPORATION

Employer identification number 86-2163555

OMB No 1545-0047

Open to Public

Inspection

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

THE SOLE VOTING MEMBER OF THE CORPORATION IS ALLIED MEDIA PROJECTS, INC.,

AN OHIO NONPROFIT CORPORATION (THE "MEMBER").

THE MEMBER MAY CREATE OTHER CLASSES OF NONVOTING MEMBERS, WITH SUCH RIGHTS, PRIVILEGES, AND DUTIES AS THE MEMBER MAY DETERMINE FROM TIME TO TIME, AND MAY ADMIT OR REMOVE NONVOTING MEMBERS AS THE MEMBER DETERMINES IN THE BEST INTERESTS OF THE CORPORATION.

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

THE BOARD OF DIRECTORS IS ELECTED BY THE VOTING MEMBER.

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

APPROVAL OF THE MEMBER SHALL BE REQUIRED FOR THE FOLLOWING ACTIONS:

A. ADOPTION OF ANY ANNUAL BUDGET FOR THE CORPORATION.

B. ANY CAPITAL INVESTMENT BY THE CORPORATION IN EXCESS OF \$25,000, WHETHER

IN A SINGLE TRANSACTION OR OVER THE COURSE OF THE CORPORATION'S FISCAL

YEAR.

C. ANY REQUEST FOR CAPITAL CONTRIBUTIONS BY THE MEMBER.

D. ANY FORM OF LOAN OR FINANCING OBLIGATION OF THE CORPORATION IN EXCESS OF

\$25,000, WHETHER IN A SINGLE TRANSACTION OR OVER THE COURSE OF THE

CORPORATION'S FISCAL YEAR.

E. ANY GRANT OF ANY LIEN ON OR SECURITY INTEREST IN ANY OF THE ASSETS OR

PROPERTY OF THE CORPORATION.

F. ANY ACQUISITION, SALE, OR LEASE OF ANY REAL PROPERTY; OR ANY

ACQUISITION, SALE, OR LEASE OF ANY PERSONAL PROPERTY WITH A VALUE IN EXCESS For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

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09481107 748923 ALLIEDLBSC 2023.04020 LOVE BUILDING SUPPORT CORPO ALLIED11

Schedule O (Form 990) 2023	Page 2
Name of the organization LOVE BUILDING SUPPORT CORPORATION	Employer identification number 86-2163555
OF \$25,000, WHETHER IN A SINGLE TRANSACTION OR OVER THE C	OURSE OF THE
CORPORATION'S FISCAL YEAR.	
G. ANY SALE OR DISPOSITION OF ANY ASSETS OR PROPERTY OF T	THE CORPORATION
OUTSIDE OF THE ORDINARY COURSE OF BUSINESS.	
H. SELECTION OF ANY CHANGES TO THE CORPORATION'S OUTSIDE	COUNSEL, AUDITOR,
OR TAX PREPARER.	
I. SETTLEMENT OF ANY CLAIM, LITIGATION OR TAX DISPUTE IN	EXCESS OF \$25,000,
WHETHER IN A SINGLE TRANSACTION OR OVER THE COURSE OF THE	CORPORATION'S
FISCAL YEAR.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES THAT MAY AC	T ON BEHALF OF THE
BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD OF DIRECTORS ENGAGES AN INDEPENDENT CERTIFIED P	UBLIC ACCOUNTING
FIRM TO PREPARE THE FORM 990. UPON COMPLETION, IT IS REVI	EWED BY THE
ORGANIZATION'S PRESIDENT AND TREASURER. A COPY OF FORM 9	90 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 OFFICE	R, DIRECTOR, OR
MANAGER) MUST ON AN ANNUAL BASIS SIGN A CONFLICT OF INTER	EST DISCLOSURE
STATEMENT AFFIRMING THEY HAVE RECEIVED A COPY OF THE CONF	LICT OF INTEREST
POLICY, THEY HAVE READ AND UNDERSTOOD THE POLICY, AND THE	Y HAVE AGREED TO
COMPLY WITH THE POLICY.	
FORM 990, PART VI, SECTION C, LINE 19:	

	- /	 /	 - /	
332212 11-14-23				

29 09481107 748923 ALLIEDLBSC 2023.04020 LOVE BUILDING SUPPORT CORPO ALLIED11

ame of the organization LOVE BUILDING SUPPORT CORPORATION		Employer ider 86-21	ntification num
EQUESTS FOR ACCESS TO DOCUMENTS, WHICH BY LAW ARE OPI	EN 1	•	
AY BE MADE BY APPLICATION TO THE ORGANIZATION.			-

SCH	EDULE	R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

23 Open to Public Inspection

Employer identification number

86-2163555

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

Name of the organization

LOVE BUILDING SUPPORT CORPORATION

Part I 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 controlling entity

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 Part II 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		3) 512(b)(13) rolled ity?
				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		Х
ALLIED MEDIA ACTION FUND - 85-0895977	TO EDUCATE LEGISLATORS AND						
4731 GRAND RIVER AVE. STE. 400	THE GENERAL PUBLIC ON				ALLIED MEDIA		
DETROIT, MI 48201	ISSUES FACING MICHIGAN AND	MICHIGAN	501(C)(4)		PROJECTS, INC.	X	
LOVE BLDG, INCORPORATED - 86-2120563							
4731 GRAND RIVER AVE. STE. 400	PUBLIC SUPPORTING			LINE 12 TYPE	ALLIED MEDIA		
DETROIT, MI 48201	ORGANIZATION	MICHIGAN	501(C)(3)	1	PROJECTS, INC.	X	
	4						

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

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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.

(a)	(b)	(c)	(d)		e)	(1	f)	(9	3)	ł)	h)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomir (related, excluded fr	ant income unrelated, om tax under 512-514)	Share o inco	of total ome	Shai end-o ass	f-year	Disproportionate allocations?		Code V-UB amount in bo 20 of Schedu	ox ^m	anaging artner?	Percentaç ownershi
		country)		sections	512-514)					Yes	No	K-1 (Form 10	65) Y	es No	
	1														
	1														
	1														
	1														
t IV Identification of Related Or organizations treated as a co	ganizations Taxable prporation or trust duri	as a Corpo	pration or Trust. C year.	Complete if t	he organiza	tion answ	vered "Ye	s" on For	m 990, P	art IV,	, line 3	4, because it h	ad or	ne or n	ore relat
(a)			(b)	(c)	(d)		(e))	(f)			(g)	(h)	(i)
Name, address, and E	IN	Prim		Legal domicile	Direct con		Type of		Share of				Perce	entage	Section

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(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	contr ent	
								Yes	No
									
									<u> </u>

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Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
с	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	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		Х
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	
0	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r		X
s	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 complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
(4)			
(5)			
<u>(6)</u>	2.2		

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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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501 (c)(orgs.) sec. (3)	(f) Share of total	(g) Share of end-of-year	(F Dispr tior	n) opor- ate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana) al or f ging	(k) Percentage	
0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0		country)	excluded from tax under sections 512-514)	orgs. Yes N	.? No	income		allocat Yes	No	(Form 1065)	Yes	NO	omoromp	
					\dashv							\uparrow		

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Part VII Supplemental Information Provide additional information for resp	ponses to questions on Schedule R. See instructions.
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