	Тах	payer Cop	by		TIN:		
	~ ~		Short Form		OMB No. 1545-0047		
		0EZ	Return of Organization Exempt From Income Ta	x	2022		
Trea	sury	t of the	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private fo	undations			
	nal Rev	venue	Do not enter social security numbers on this form as it may be made public.		Open to		
			Go to <u>www.irs.gov/Form990EZ</u> for instructions and the latest information	on.	Public		
		- 2022			Inspection		
_		e 2022 cale applicable:	endar year, or tax year beginning 01-01-2022, and ending 12-31-2022 C Name of organization	D Employer	identification number		
ΟA	ddress	change	LOVEboldly Inc	81-18695			
	ame ch	5	Number and street (or P. O. box, if mail is not delivered to street address) Room/suite	E Telephone			
_	nitial re nal retu	rn/terminated	30 E College Ave Ste A	(8	59) 904-8056		
		d return	City or town, state or province, country, and ZIP or foreign postal code Westerville, OH 43081	F Group Exe	,		
ΟA	pplicati	ion pending		Number			
		ting Method:	required to (Form 990	o attach So	rganization is <b>not</b> hedule B or 990-PF).		
J Tax	-exen	npt status (ch	aeck only one) - 🗹 501(c)(3) □ 501(c) ( ) ◀ (insert no.) □ 4947(a)(1) or □ 527				
<b>K</b> Fo	rm of o	organization:	Corporation O Trust O Association O Other				
		000 or more	d 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a , file Form 990 instead of Form 990-EZ		\$ 74,812		
Pa	art I	Check if	ue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction the organization used Schedule O to respond to any question in this Part I	s for Part 1	[) 		
	1	Contribution	ns, gifts, grants, and similar amounts received	1	72,461		
	2		rvice revenue including government fees and contracts	2	177		
			o dues and assessments	3	0		
			income	4	5		
			Int from sale of assets other than inventory	_			
			r other basis and sales expenses				
			s) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
9	6 a	5	I fundraising events ne from gaming (attach Schedule G if greater than \$15,000) <b>6a</b>				
enu				,			
Revenue		fundraising	he from fundraising events (not including \$ <u>1,305</u> of contributions from events reported on line 1) (attach Schedule G if the				
			a gross income and contributions exceeds \$15,000) . 6b 1,305				
			expenses from gaming and fundraising events 6c C	_	1 205		
			or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) of inventory, less returns and allowances	6d	1,305		
				_			
			or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	864		
			ue (describe in Schedule O)	8	0		
			nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	74,812		
}-							
			similar amounts paid (list in Schedule O)	10	0		
	11		d to or for members	11	0 54 600		
SBS	12 13		her compensation, and employee benefits	12	54,609 2,548		
9	13 14		I fees and other payments to independent contractors	13 14	2,548		
EX			blications, postage, and shipping	14	734		
	16		nses (describe in Schedule O)	16	7,466		
		•	otal expenses. Add lines 10 through 16				
		Excess or (deficit) for the year (Subtract line 17 from line 9)					
sets			or fund balances at beginning of year (from line 27, column (A)) (must agree with		5,855		
Assets		end-of-year	figure reported on prior year's return)	19	7,269		
-	20	Other chang	ges in net assets or fund balances (explain in Schedule O)	20	0		
	21	Net assets o	pr fund balances at end of year. Combine lines 18 through 20	21	13,124		
For	Pape	rwork Redu	action Act Notice, see the separate instructions. Cat. No. 10642I		Form <b>990-EZ</b> (2022)		

Part II	Balance Sheets(see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II			0
	(A) Beginning of			(B) End of year
<b>22</b> Cash, sa	vings, and investments	7,269	22	13,124
23 Land an	d buildings	0	23	0
24 Other a	sets (describe in Schedule O)	0	24	0
25 Total a	sets	7,269	25	13,124
26 Total li	abilities (describe in Schedule O)	0	26	0
27 Net ass	ets or fund balances (line 27 of column (B) must agree with line 21)	7,269	27	13,124
Part III What is the	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III organization's primary exempt purpose?	)	(3) a	<b>Expenses</b> uired for section 501(c ind 501(c)(4) nizations; optional for
measured b benefited, a	e organization's program service accomplishments for each of its three largest program services, as y expenses. In a clear and concise manner, describe the services provided, the number of persons nd other relevant information for each program title.		othe	- ,
	nent with the LGBTQIA+ community and capacity building with other organizations (engaged with o and 50 partner organizations)	over	28a	10,750
(Grants \$ 0		_		
<b>29</b> Training 2022)	pastors, church leaders, and individuals on the LGBTQIA+ community (over 150 people trained du	ring	29a	10,822
(Grants \$ <mark>0</mark>	If this amount includes foreign grants, check here $\ldots$ ) $\blacktriangleright$	J		
30 Outreac	n to the LGBTQIA+ community during Pride Month and LGBTQIA+ History Month	_	30a	4,895
(Grants \$ 0	If this amount includes foreign grants, check here $\ldots$ ) $\blacktriangleright$	J		
Small group	s with LGBTQIA+ people and their allies	_		72
(Grants \$ <mark>0</mark>	If this amount includes foreign grants, check here $\ldots$ $\blacktriangleright$ $\Box$	J		
Publications	including weekly sermons, emails, reports, and other materials	_		4,300
(Grants \$ <mark>0</mark>	If this amount includes foreign grants, check here $\ldots$ $\blacktriangleright$ $\Box$	]		
31 Other pr	ogram services (describe in Schedule O)	•		
(Grants \$)	If this amount includes foreign grants, check here $\ldots$ . $\blacktriangleright$ $\Box$	)	31a	
32 Total p	ogram service expenses (add lines 28a through 31a)	•	32	30,839

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Diane Gress left position 112022	10.00	5,448	0	0
Communications Coordinator				
Heather Schmiedicke left position	10.00	956	0	0
Programs and Partners Coordinator				
Dr Benjamin Huelskamp	30.00	43,000	0	0
Executive Director				
Emily Mowery left position 22022	10.00	1,153	0	0
Office Manager				
Heidi Weaver-Smith	1.00	0	0	0
Founder and Board Secretary				
Rachel Dew	2.00	0	0	0
Board Chair				
Sheri Lytle	1.00	0	0	0
Board Treasurer				
Kelly Crouch	1.00	0	0	0
Director				
Paula Unrau left position 72022	1.00	0	0	0
Director				

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Ра	rt V <b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.			
	instructions for Part v.) Check if the organization used Schedule O to respond to any question in this Part V.			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	25-		
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		No
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b>			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 0; section 4912 0; section 4955 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed. $\blacktriangleright$ OH			
42a	The organization's books are in care of Benjamin Huelskamp Telephone not Telephone not Telephone not the telephone not telephone	o.▶ <u>(</u> 85	i9) 904-8	3056
420	Located at 🕨 30 E College Ave Ste A Westerville , OH ZIP + 4 🕨	43081		
		10001		
			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
с	Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
	If "Yes," enter the name of the foreign country:			
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		► O	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead		Yes	No
	of Form 990-EZ	44a		No
	instead of Form 990-EZ	44b		No
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
450	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	4 <b>5</b> 4		110
-30	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			

Form 990-EZ (2022)

	 				• • • •	,					 						
n 990-EZ (see instructions)		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	

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			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		No
Pa	rt VI Section 501(c)(3) Organizations Only			

~ 000 EZ (2022)

All section $501(c)(3)$ organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 an	
Check if the organization used Schedule O to respond to any question in this Part VI $\ldots$ $\ldots$ $\ldots$ $\Box$	

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b	If "Yes," was the related organization a section 527 organization?	49b		

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

	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits contributions to emplo benefit plans, and deferred compensati	yee of other compensation
NONE					
	Total number of other employees paid over \$ Complete this table for the organization's five h compensation from the organization. If there is	nighest compensated i	ndependent contractors	who each received mo	• <u>0</u> re than \$100,000 of
	(a) Name and business address of e	each independent cont	ractor	(b) Type of service	(c) Compensation
NONE					
d	Total number of other independent contractor	rs each receiving over	\$100,000		0
52	Did the organization complete Schedule A? N completed Schedule A	NOTE. All section 501(	c)(3) organizations mu	st attach a	· 🕨 🖌 Yes 🗌 No

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

c:		**** Inature of officer			2023-03-03 Date	
Sign Here		njamin Z Huelskamp Executive Direct De or print name and title	tor			
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	
Prepare		Firm's name 🕨		Firm's EIN 🕨		
Use On	iy	Firm's address 🕨			Phone no.	

Taxpayer C	opy
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	Тахр	ayer Copy	,		TIN:
	HED rm 99	<b>ULE A</b>	Public Charity Status and Public Suppo Complete if the organization is a section 501(c)(3) organization or		OMB No. 1545-0047
Treas		of the enue Service	4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest info	rmation.	Open to Public Inspection
	e of ti poldly In	<b>he organiza</b> nc	tion	Employer identif 81-1869501	ication number
Pa	rt I	Reason	for Public Charity Status (All organizations must complete this part.) S		
_	_		a private foundation because it is: (For lines 1 through 12, check only one box.)		
1	$\square$	A church, c	onvention of churches, or association of churches described in section 170(b)(1)(	(A)(i).	
2		A school de	escribed in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)		
3	$\square$	A hospital of	or a cooperative hospital service organization described in section 170(b)(1)(A)(i	ii).	
4		A medical r name, city,	research organization operated in conjunction with a hospital described in <b>section 1</b> and state:	.70(b)(1)(A)(iii).	Enter the hospital's
5			ation operated for the benefit of a college or university owned or operated by a gove (A)(iv). (Complete Part II.)	ernmental unit desc	ribed in <b>section</b>
6		A federal, s	tate, or local government or governmental unit described in <b>section 170(b)(1)(A</b>	)(v).	
7			ation that normally receives a substantial part of its support from a governmental un ' <b>0(b)(1)(A)(vi).</b> (Complete Part II.)	nit or from the gene	eral public described in
8		A communi	ty trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9			ural research organization described in <b>170(b)(1)(A)(ix)</b> operated in conjunction v rant college of agriculture. See instructions. Enter the name, city, and state of the c		
10		from activit	ation that normally receives: (1) more than 331/3% of its support from contributions cies related to its exempt functions—subject to certain exceptions, and (2) no more income and unrelated business taxable income (less section 511 tax) from busines See <b>section 509(a)(2).</b> (Complete Part III.)	than 33 1/3% of its	support from gross
11		An organiza	ation organized and operated exclusively to test for public safety. See section 509(	a)(4).	
12		more public	ation organized and operated exclusively for the benefit of, to perform the functions cly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> a through 12d that describes the type of supporting organization and complete lines	. See section 509	(a)(3). Check the box
а			supporting organization operated, supervised, or controlled by its supported organiz n(s) the power to regularly appoint or elect a majority of the directors or trustees o		

complete Part IV, Sections A and B. **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You** b  $\Box$ must complete Part IV, Sections A and C.

С	$\square$	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its
	0	supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d	$\square$	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not
	0	functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see
		instructions). You must complete Part IV, Sections A and D, and Part V.

е	$\square$	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally
	0	integrated, or Type III non-functionally integrated supporting organization.
f	Enter	r the number of supported organizations

Enter the number of supported organizations f

9	Provide the following informati	ion about the si	upported organization(	s).
	(i) Name of supported	(ii) EIN	(iii) Type of	(iv) Is the organization li

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total	0				0	0
For Danorwork Doduction Act N	atica caa tha	Instructions for	Cat No. 1120	EE	Schodulo	A (Earm 000) 2022

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

Cat. No. 11285F

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Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)<br/>(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.<br/>If the organization failed to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support						
	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	fiscal year beginning in) Gifts, grants, contributions, and	(-)	(-)	(-)	(-)	(-)	(-)
1	membership fees received. (Do not	24,716	31,652	37,620	31,155	72,451	197,594
	include any "unusual grant.") .	21/720	01/002	57,020	51/100	, 2, 10 2	157,057
2	Tax revenues levied for the						
	organization's benefit and either paid	0	0	0	0	0	0
	to or expended on its behalf						
3	The value of services or facilities		_				
	furnished by a governmental unit to	0	0	0	0	0	0
	the organization without charge	24.746	21.652	27.020	24.455	72.454	107 504
4	<b>Total.</b> Add lines 1 through 3	24,716	31,652	37,620	31,155	72,451	197,594
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						92,951
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						104,643
-	line 4.						104,045
	ection B. Total Support						1
	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	<b>fiscal year beginning in</b> )  Amounts from line 4.	24,716	31,652	37,620	31,155	72,451	197,594
8	Gross income from interest,	24,710	51,052	57,020	51,155	72,431	157,554
0	dividends, payments received on						
	securities loans, rents, royalties and	0	0	0	0	0	0
	income from similar sources.						
9	Net income from unrelated business						
	activities, whether or not the	2,459	11,194	5,787	7,149	1,030	27,619
	business is regularly carried on						
10	Other income. Do not include gain or					1.005	
	loss from the sale of capital assets	1,531	2,628	2,337	2,085	1,305	9,886
11	(Explain in Part VI.) Total support. Add lines 7 through						ł
11	10						235,099
12	Gross receipts from related activities, e	etc. (see instructio	ons)			12	0
13	First 5 years. If the Form 990 is for th	-			-		lization, check
-	this box and <b>stop here</b>					▶∪	
S	ection C. Computation of Public	: Support Perc	entage				
14	Public support percentage for 2022 (lin	ne 6, column (f) di	vided by line 11, o	column (f))		14	44.510 %
15	Public support percentage for 2021 Sch	hedule A, Part II, I	ine 14			15	0 %
163	<b>33</b> 1/3% support test—2022. If the	organization did n	ot check the box o	on line 13, and line	e 14 is 33 1/3% or		
104							. —
	and <b>stop here.</b> The organization qualit <b>33</b> 1/3% <b>support test-2021.</b> If the						
b		5				,	_
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			🕨 🗆
17a	10%-facts-and-circumstances test	-2022. If the org	janization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	1% or more,
	and if the organization meets the "fact						_
	meets the "facts-and-circumstances" to						
b							
	more, and if the organization meets the	he "facts-and-circu	umstances" test, c	heck this box and	stop here. Expla	iin in Part VI how	the organization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		🕨 🗆
18	Private foundation. If the organization						
	instructions						► 🗆
							Form 990) 2022
						Scheuule A (	5.m 550) 2022

Sche	dule A (Form 990) 2022						Page <b>3</b>
Pa		ule for Organizati					
		if you checked the b					under Part II. If
		fails to qualify und	er the tests liste	ed below, please	e complete Part	11.)	
	ection A. Public Support			1			
	endar year fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, an	d					
-	membership fees received. (De						
	include any "unusual grants.")						
2	Gross receipts from admission	s,					
	merchandise sold or services						
	performed, or facilities furnish						
	any activity that is related to t organization's tax-exempt purp						
3	Gross receipts from activities t						
-	not an unrelated trade or busin						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and eith						
5	to or expended on its behalf. The value of services or faciliti						
5	furnished by a governmental u						
	the organization without charg						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2						
	3 received from disqualified pe						
b	Amounts included on lines 2 and						
	received from other than disque persons that exceed the greater						
	\$5,000 or 1% of the amount of						
	13 for the year.						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line	e 7c					
	from line 6.)						
Se	ection B. Total Support						
Cale	endar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(or t	fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(C) 2020	( <b>u</b> ) 2021	(e) 2022	
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received						
	securities loans, rents, royalti income from similar sources.						
b	Unrelated business taxable in						
	(less section 511 taxes) from	come					
	businesses acquired after Jun	e 30,					
	1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated bu						
	activities not included on line						
	whether or not the business is	5					
12	regularly carried on. Other income. Do not include	gain					
12	or loss from the sale of capita						
	assets (Explain in Part VI.) .						
13	Total support. (Add lines 9,	10c,					
	11, and 12.).				<u></u>		
14	First 5 years. If the Form 990	-			-		
	this box and <b>stop here</b>						►□
Se	ection C. Computation of	Public Support Pe	rcentage				
15	Public support percentage for					15	
16	Public support percentage from	n 2020 Schedule A, Pa	rt III, line 15			16	
	ection D. Computation of						
-	Investment income percentage				n (f))		<u> </u>
17			.,		( ))		
18	Investment income percentage					18	
19a	33 1/3% support tests-2022						
	more than 33 1/3%, check this	box and <b>stop here.</b> T	he organization qu	ualifies as a public	cly supported orga	nization	🕨 🗆
<b>b</b>		1. If the organization	did not check a bo	ox on line 14 or li	ne 19a, and line 1	6 is more than 3	3 1/3% and line 18 is
b		-			•		
D	not more than 33 1/3% check	this box and ston her	e. The organization	on qualifies as a n	Ublicly sunnorted	ordanization	
р 20	not more than 33 1/3%, check <b>Private foundation.</b> If the or	•		• •	, ,,	-	

answer line 10b below.

Part IV	Supporting Organizations	
FAILTY		

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

#### Section A. All Supporting Organizations Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 2 509(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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3a 3c helow. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied b the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Зb Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? С If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use . Зc Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you 4a checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported b organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections С 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. **4c** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b 5a 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 5a 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? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? С 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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) . 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 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. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting b organization had an interest? If "Yes," provide detail in Part VI. 9b С 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. 9с Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,

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).

Schedule A (Form 990) 2022

10a

No

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
	V1.			

#### Section B. Type I Supporting Organizations

- Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

56	ection 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 <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

### Section D. All Type III Supporting Organizations

Costion C. Tuno II Cunnerting Organizations

		ļ	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 <b>Part VI</b> how the			
	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times			
	during the tax year? If "Yes," describe in <b>Part VI</b> 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 during the year (see instructions) :
  - a 🖳 The organization satisfied the Activities Test. Complete **line 2** below.

  - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

#### 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.*

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes

No

Yes

1

2

No

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Part V Type III Non-Functionally Integrated	1509(a)(3) Supporting	Organizatio	<b>ns</b> ((	ontinue	d)
Section D - Distributions		organizatio	113 (		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes					
<ul> <li>2 Amounts paid to supported organizations to accomplish exempt purposes</li> <li>2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</li> </ul>					
3 Administrative expenses paid to accomplish exempt purposes of supported organizations					
<ul> <li>Amounts paid to acquire exempt-use assets</li> </ul>					
5 Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )					
6 Other distributions ( <i>describe in Part VI</i> ). See instructions					
7 Total annual distributions. Add lines 1 through 6.					
<ul> <li>8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions</li> </ul>					
<b>9</b> Distributable amount for 2022 from Section C, line 6			9		
10 Line 8 amount divided by Line 9 amount			10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdis	ii) tribut 2021	ions	(iii) Distributable Amount for 2021
1 Distributable amount for 2022 from Section C, line 6					
<ol> <li>Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>).</li> <li>See instructions.</li> </ol>					
<b>3</b> Excess distributions carryover, if any, to 2022:					
a From 2017					-
<b>b</b> From 2018					
<b>c</b> From 2019					+
<b>d</b> From 2020					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
h Applied to 2022 distributable amount					
<ul> <li>Carryover from 2017 not applied (see instructions)</li> </ul>					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Distributions for 2022 from Section D, line 7: \$					
<ul> <li>a Applied to underdistributions of prior years</li> </ul>					
<ul><li>b Applied to 2022 distributable amount</li></ul>					
c Remainder. Subtract lines 4a and 4b from line 4.					
<ul> <li>5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions.</li> </ul>					
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.					
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2018					
<b>b</b> Excess from 2019					
c Excess from 2020					
<b>d</b> Excess from 2021					
· ····································		1			I

Schedule A (Form 990) (2022)

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

Taxpayer	Сору

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to <u>www.irs.gov/Form990</u> for the latest information.

Department of the Treasury Internal Revenue Service Name of the organization LOVEboldly Inc

# TIN: OMB No. 1545-0047 20 Open to Public Inspection

81-1869501

Employer identification number

			01-1009301		
Return Reference	Ex	planation			
Part I, Line       Insurance - \$1,851 Donation Processing Fees - \$655 Pride Month Programming - \$595 Professional Development - \$250         16       Subscriptions and Software - \$3,845 Website Expenses - \$195 Office Supplies and Materials - \$75					
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990) 202					