Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

A	E A	L - 0000 - L		rs.gov/Form990 for instruction		manon.		mapeonon
			lar year, or tax year beginn	ing	, 2022, and ending			, 20
В	Check	if applicable:	С			D Employ	er identi	ification number
	L A	ddress change	Love Never Fails	, Inc.		45-	5551	029
	∐ N	ame change	6937 Village Par	kway #2074	CODY	E Telepho	ne num	ber
	In	nitial return	Dublin, CA 94568	11 1	CUPY	(84	4) 2	49-2698
	Fi	nal return/terminated				(4.5	-, _	
	Па	mended return				G Gross r	ocointe	\$ 2,283,665.
	\vdash	pplication pending	F Name and address of principa	l officer:	- In	(a) Is this a group return		
	Ш.,	pp	Same As C Above		1			162 140
_	Tay	-exempt status:	X 501(c)(3) 501(c) (\ (insert no.) 40	47/a)/1) av E07	I(b) Are all subordinates If "No," attach a list	. See in	structions.
<u>'</u>					47(a)(1) or 527			
			tps://www.loveney			(c) Group exemption nu		
K		n of organization:	X Corporation Trust	Association Other	L Year of formatio	n: 2012 M/s	tate of I	egal domicile: CA
Pa	irt I	Summar	y					
	1	Briefly describ	be the organization's mission	on or most significant activiti	es: Love Never	Fails exis	ts t	o empower all
e		people t	o_express_and_exp	perience our best	sense of huma	anity. We d	lo th	nis by
au		restorin	g, educating and	protecting surviv	ors of human	trafficking	and	d their
딥		communit						
Activities & Governance	2	Check this bo	x if the organization	discontinued its operations	or disposed of more	than 25% of its ne	et asse	ets.
٠ 8	3	Number of vo	ting members of the gover	ning body (Part VI, line 1a).			3	6
S	4	Tatal asset of inc	rependent voting members	of the governing body (Parl	VI, line 1b)		4	6
ŧ	5	Total number	of individuals employed in	calendar year 2022 (Part V,	line 2a)		5	30
:E	70	Total uprolate	d husiness revenue from F	ecessary)	•••••		6	100
A	/a	Net uprelated	business revenue irom r	Part VIII, column (C), line 12	11		7a	0.
	- 5	Net differated	business taxable income i	rom Form 990-T, Part I, line	16		7b	0.
		Contributions	and grants (Part VIII line	165		Prior Year		Current Year
Pe	8	Dragram can	and grants (Part VIII, line	1h)	••••••	1,083,8	87.	2,283,665.
Revenue	10	Investment in	ce revenue (Part VIII, line	2g)				
Ę,	11	Other revenue	Come (Fart VIII, Column (A), lines 3, 4, and 7d) es 5, 6d, 8c, 9c, 10c, and 11				
_	12	Total revenue	and lines 9 through 11	(must equal Part VIII, colum	e)	1 000	-	
	13					1,083,8	87.	2,283,665.
				(, column (A), lines 1-3)				
	14		to or for members (Part IX					
S	15		er compensation, employee	768,8	88.	1,371,783.		
Expenses	16a	Professional 1	fundraising fees (Part IX, c	olumn (A), line 11e)				
dy	b	Total fundrais	ing expenses (Part IX, cold	ımn (D), line 25)				
ñ	17			es 11a-11d, 11f-24e)		E10 E	E 4	1 064 600
	18			qual Part IX, column (A), lin		519,5		1,064,602.
	19			from line 12		1,288,4		2,436,385.
		revende 1633	expenses. Subtract line 10	Trom line 12	**************	-204,5		-152,720.
Net Assets or Fund Balances	20	Total assets (Part X line 16\			Beginning of Current		End of Year
Bala	21	Total liabilities	Part Y line 26)			715,6		968,202.
et A						514,7		682,537.
				e 21 from line 20		200,8	86.	285,665.
	rt II	Signatur						
Unde	r penalti	ies of perjury, I declaration of prepa	are that I have examined this return, in	cluding accompanying schedules and s all information of which preparer has	tatements, and to the best of	my knowledge and belief,	it is true	, correct, and
		Т Т		an information of which preparer has	any knowledge.			
		Cignotius of	-Hissa					
Sig	jn –	Signature of	onicer			Date		
He	re		a Russell		Pr	esident		
			name and title					
		Print/Type p	reparer's name	Preparer's signature	Date	Check	if	PTIN
Pai	id	Dan Th	ompson, CPA	Dan Thompson, CPA	\	self-employe		P00139244
Pre	pare	Firm's name		ified Public Acco				- 00107277
Us	e On	Firm's addre		Dr, Suite 340		Firm's EIN	07	-244291E
			Pleasanton, C					-2443815
May	the I	RS discuss thi	s return with the preparer s	shown above? See instruction	ne	Phone no.	343	-425-9307

Form 990 (2022) Love Never Fails, Inc. Part IV Checklist of Required Schedules

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

Form 990 (2022) Love Never Fails, Inc.

Part IV | Checklist of Required Schedules (continued)

	oneomist of required scriedules (continued)			r				
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	Yes	No 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? <i>If "Yes," complete Schedule J.</i>	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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		х				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х				
b	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.							
26	former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity							
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	26 27		X				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):							
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х				
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.							
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х				
	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		Х				
	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		X				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х				
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? <i>If "Yes," complete Schedule R, Part VI</i>	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					
rar	t V Statements Regarding Other IRS Filings and Tax Compliance	_						
	Check if Schedule O contains a response or note to any line in this Part V.			<u>. [_</u>				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No				
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?							
	(gambling) winnings to prize winners?	1c	Χ					
BAA	TEEA0104L 09/01/22	Form	990 (2022)				

Form 990 (2022) Love Never Fails, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 30			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Q.	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the erganization include with every solicitation an express statement that such contributions er gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	as required?	7g		
	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h		
	organization have excess business holdings at any time during the year?	8		67-196-17
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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			
	Enter the amount of reserves on hand			•
		14a		<u> X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	a sa	Х
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
,	If "Yes," complete Form 4720, Schedule O.	10		Λ
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		
ΔΛ	If "Yes," complete Form 6069.			

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..... Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Х Did the organization have members or stockholders?.... X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Х Яa **b** Each committee with authority to act on behalf of the governing body?..... 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... Х 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.... 11a X **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13..... 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.... X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on X 120 13 14 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. X 15a 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. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 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. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records. R&R Professional Services 981 Market Street Alameda CA 94501

Form	990	(2022)	Love	Nover	Fails.	Tnc
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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 ar	ny related orga	aniza	ation	CO	mpe	nsate	d a	ny current officer	, director, or trustee	•
	-			(C)						
(A) Name and title	(B) Average hours per	IS	both dir	an c	officer /truste	•		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Vanessa Russell	40									
President	0			Х				91,291.	0.	0.
(2) HuLynne Besharatpour	2									
Treasurer/Direc	0	X						0.	0.	0.
(3) Karla Rivera	2_									
Director	0	X						0.	0.	0.
(4) Mick Burke	2									
Secretary	0	X		Х				0.	0.	0.
(5) Alvin DaCosta	2									
Vice President	0	X				[0.	0.	0.
(6) Ed Sayson	2									
Director	0	X						0.	0.	0.
(7) Brianna Willams	2									
Director	0	X						0.	0.	0.
_(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

(A) Name and title	Average hours per	(do box offic	(C) Position (do not check more than box, unless person is bo officer and a director/tru			e than is bot or/trus	one h an itee)	(D) Reportable compensation from	(E) Reportable	m E	(F) amount her
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizatio (W-2/1099- MISC/1099-NEC)	ompensai the organ and re organiza	lated
(15)					_							
(16)					ļ							· · · · · · · · · · · · · · · · · · ·
(17)												
(18)		-										
(19)							-				# - ' \ 	
(20)							<u> </u>				***************************************	
(21)							<u> </u>				***************************************	
(22)		-										
(23)		 					ļ					
(24)		-			 -							
(25)												···
1b Subtotal								91,291.		0.	***************************************	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)								0.		0.		0.
Total number of individuals (including but not limit from the organization								91,291. eived more than \$	100,000 of repo	0. rtable c	ompen	0. sation
											Y	es No
3 Did the organization list any former officer, direct on line 1a? If "Yes, "complete Schedule J for such	or, trustee 1 individua	i, key il	, em	ibio	yee,	or n	igne	est compensated e	employee		3	X
For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	r than \$ 15	0.00	0? /	f "Y	es."	com	plet	e Schedule I for				
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	compens	ation	ı fra	m a	nv i	ınrel:	ated	organization or in	leubivib		5	X
Section B. Independent Contractors				***************************************		***************************************						^
 Complete this table for your five highest compensation from the organization. Report com 	sated inde pensation	pend for th	ent ne c	con aler	traci idar	tors t year	hat end	received more that ding with or within	an \$100,000 of the organizatio	n's tax י	/ear.	
(A) Name and business addi								(B) Description o			(C) npensa	ation
		***************************************				***********						
2 Total number of independent contractors (including \$100.000 of company and in the second se	g but not	limite	ed to	o the	ose	listed	i ab	ove) who received	I more than			
\$100,000 of compensation from the organization	0	FΕΔΩ	1001	00/2	11/22							. (0000)

	**********	Check if Schedu	le O	contains a	respo	onse or note to an	y line in this Part VI	II		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Ř Ř	1a	Federated campaig	•	L	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues.		L	1b					
S, C	c.	Fundraising events		£	1c		4			
يَّ قَرْ	a	Related organization Government grants (con		Ł	1d 1e		4		Al-	
S, S,	f	All other contributions,			ie	***************************************	-			
Ę Ę		similar amounts not inc	luded	above	1f	2,283,665				
Ē 5	g	Noncash contributions i	nclude	ed in	1g	40,681		200		
Ö	h	Total. Add lines 1a	-1f				2,283,665.			
e				······································		Business Code				
Program Service Revenue	2a									
e Be	b	***************************************								
Š.	C									ļ
တ္တ	u a									
jran.	f	All other program s	ervi	ce revenue						<u> </u>
P.O.	g	Total. Add lines 2a			L					
	3	Investment income	(inc	luding divi	dends	, interest, and				
		other similar amou								
	4	Income from invest			•	•				
	5	Royalties	· · · ·	(i) Re		(ii) Personal				
	6a	Gross rents	6a			(ily i crosmar	d September 1			
	1	Less: rental expenses	6b		***		1			
	C	Rental income or (loss)	6c				1			
	d	Net rental income	or (lo	ss)						
	7a	Gross amount from		(i) Secur	ities	(ii) Other				
		sales of assets other than inventory	7a				1			
	b	Less: cost or other basis	76		***************************************		1			
	_	and sales expenses Gain or (loss)	7b 7c	 	·····		4			
	1	Net gain or (loss).	L	1						
d)		Gross income from fund			Г					
Other Revenue	00	(not including \$								
eve		of contributions reported		-					100	
تر E	١.	See Part IV, line 18			8a					
the	1	Less: direct expens			8b					100
0		Net income or (loss			sing e\	VEHILS				
	ya	Gross income from gami See Part IV, line 19	ng ac	tivities.	9a					
	b	Less: direct expens			9b		1			
	c	Net income or (loss	s) fro	m gaming	activi	ties				
	10a	Gross sales of inventory,	less					3		
		returns and allowances.			10a					
		Less: cost of goods Net income or (loss			inven	· 1				
	-	THE INCOME OF (IOSS) iro	nn sales 01	niver	Business Code				
Ž 0	11a				\dashv					
E Š	11a b c d				· – –					
£ 5	C									
Miscellaneous Revenue		All other revenue .								
	*	Total Add lines 11:								
BAA	12	Total revenue. See	ınstı	ructions			2,283,665.	0.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX. (B) (C) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22...... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees 91,291. 68,468 22,823 0. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. Other salaries and wages 1,179,034 884,276. 294,758 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 18,918 14,189 4,729 10 Payroll taxes..... 82,540. 61,905 20,635 Fees for services (nonemployees): a Management..... c Accounting e Professional fundraising services. See Part IV, line 17. . . . f Investment management fees..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0 Sch. 547,096 410,322. 136,774. Advertising and promotion..... 21,019 15,764. 5,255. 13 Office expenses..... 70,712. 53,034. 17,678. 14 Information technology..... 15 16 Occupancy...... 46,561 34,921. 11,640. 17 Travel..... 14,457 10,843. 3,614. Payments of travel or entertainment expenses for any federal, state, or local public officials..... 19 Conferences, conventions, and meetings.... 20 Payments to affiliates..... 21 Depreciation, depletion, and amortization . . . 494 371 123 23 Insurance..... 35,595 26,696. 8,899. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) Program Costs - Safe House 223,400 167,550 55,850 Program Costs - Other 56,630 42,473 14,157 Other Operation Costs 14,542 10,907 3,635 d Workers Compensation Insurance 6,941 9,254 2,313 e All other expenses..... 24,842. 18,632. 6,210 25 Total functional expenses. Add lines 1 through 24e . . . 2,436,385. 1,827,292. 609,093. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).....

		Check if Schedule O contains a response or note to	any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			514,023.	2	70,091.
	3	Pledges and grants receivable, net			199,922.	3	143,524.
	4	Accounts receivable, net			477.	4	599,175.
	5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office contrib sons	er, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified persection 4958(f)(1)), and persons described in section 4				6	
	7	Notes and loans receivable, net				7	
တ္	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges		1		9	
As	_	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				7	
	h	Less: accumulated depreciation		1,318.	1 105	7.0	1 010
	11	Investments — publicly traded securities			1,185.	10c	1,318.
	12	Investments — other securities. See Part IV, line 11				12	
	13	Investments — program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15	154 004	
	16	Total assets. Add lines 1 through 15 (must equal line 3				16	154,094. 968,202.
		Total assets. And lines I through 15 thust equal line t			713,000.		900,202.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities.				20	
es	21	Escrow or custodial account liability. Complete Part IV				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per-	itor or	35%		22	
	23	Secured mortgages and notes payable to unrelated th	ird part	ies		23	
	24	Unsecured notes and loans payable to unrelated third	parties.			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp			514,722.	25	682,537.
	26	Total liabilities. Add lines 17 through 25			514,722.	26	682,537.
Joes		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.					
a	27	Net assets without donor restrictions			200,886.	27	285,665.
ă	28	Net assets with donor restrictions				28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, checand complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds				29	
sts	30	Paid-in or capital surplus, or land, building, or equipm		***************************************	30		
200	31	Retained earnings, endowment, accumulated income,			31		
# A	32	Total net assets or fund balances			200,886.	32	285,665.
2	33	Total liabilities and net assets/fund balances			715,608.	33	968,202.
3A/	1			1L 09/01/22	.20,000.		Form 990 (2022)

	1990 (2022) Love Never Fails, Inc. 45-5551	.029		Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	2	2,28	3,6	65.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,43	6,3	85.
3	Revenue less expenses. Subtract line 2 from line 1		-15	2,7	20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		20	0,8	86.
5	Net unrealized gains (losses) on investments. 5				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)		23	7.4	99.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))				65.
Par	t XII Financial Statements and Reporting				************
	Check if Schedule O contains a response or note to any line in this Part XII.				П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		ı		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		242542 0		
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate 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 audireview, or compilation of its financial statements and selection of an independent accountant?	lit,	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniforn Guidance, 2 C.F.R Part 200, Subpart F?	1	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA				990 ((2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

reame o	rule organization					Employer Identifica	tion number					
Love	e Never Fails, Inc.					45-5551029						
Part	Reason for Public Char	ity Status. (All org	janizations must co	mplete	e this p	art.) See instructio	ns.					
The o	rganization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck on	ly one b	ox.)						
1	A church, convention of church	ches, or association o	of churches described in	section	170(b)(1)(A)(i).						
2	A school described in section	170(b)(1)(A)(ii). (Atta	ch Schedule E (Form 9	90).)								
3	A hospital or a cooperative h	ospital service organiz	zation described in sect	ion 170	(b)(1)(A)	(iii).						
4	A medical research organizat	•				• •	er the hospital's					
	name, city, and state:											
5	An organization operated for section 170(b)(1)(A)(iv). (Cor	mplete Part II.)	•	·	-		cribed in					
6												
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	A community trust described	in section 170(b)(1)(A	(Complete Part II.)								
9	An agricultural research orga	nization described in	section 170(b)(1)(A)(ix)	operate	d in con	junction with a land-gra	int college					
	or university or a non-land-gr university:	rant college of agricult	ture (see instructions).	Enter the	e name,	city, and state of the c	ollege or					
10												
11	An organization organized ar	nd operated exclusive	ly to test for public safe	ty. See	section !	509(a)(4).						
12												
a	Type I. A supporting organization(s) the power to						y giving the supported					
	complete Part IV, Sections A	and B.	iout a majority of the an	000015	,	os or the supporting org	anzaton. Ioa must					
b	Type II. A supporting organiz management of the supporting must complete Part IV, Section	ng organization vested	ontrolled in connection value in the same persons t	vith its s hat cont	supported rol or ma	d organization(s), by ha anage the supported or	iving control or ganization(s). You					
C	Type III functionally integrate organization(s) (see instruction	ed. A supporting organ	nization operated in cor lete Part IV. Sections A	nection	with, an	d functionally integrated	d with, its supported					
d	Type III non-functionally inte functionally integrated. The oinstructions). You must comp	grated. A supporting of	organization operated in	. connec	ction with	n its supported organiza and an attentiveness re	ation(s) that is not equirement (see					
е	Check this box if the organizatintegrated, or Type III non-fu	ation received a writte	n determination from th	e IRS th								
f	Enter the number of supported of											
g	Provide the following information	n about the supported	organization(s).									
() Name of supported organization	(ii) EIN	(ii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your g	Is the tion listed governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
				Yes	No							
(A)												
· ·												
<u>(B)</u>												
(C)												
(D)												
(E)												
Total					1							

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				,						
begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	591,749.	813,899.	1,384,014.	1,083,887.	2,283,665.	6,157,214.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.				
3	The value of services or facilities furnished by a governmental unit to the organization without charge				A THE SECOND STATE OF THE		0.				
4	Total. Add lines 1 through 3	591,749.	813,899.	1,384,014.	1,083,887.	2,283,665.	6,157,214.				
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)						0.				
	Public support. Subtract line 5 from line 4					ja S	6,157,214.				
Sec	tion B. Total Support										
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
7	Amounts from line 4	591,749.	813,899.	1,384,014.	1,083,887.	2,283,665.	6,157,214.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.				
11	Total support. Add lines 7 through 10						6,157,214.				
12	Gross receipts from related activ	ities, etc. (see ins	tructions)		• • • • • • • • • • • • • • • • • • • •	12	0.				
13	First 5 years. If the Form 990 is to organization, check this box and	for the organizatio	n's first, second,	third, fourth, or fif	th tax year as a s	ection 501(c)(3)					
Sec	tion C. Computation of Pu	ıblic Support	Percentage								
14	Public support percentage for 20	22 (line 6, column	(f), divided by lin	ne 11, column (f)).		14	100.00%				
15	Public support percentage from 2	2021 Schedule A,	Part II, line 14			15	100.00%				
16a	33-1/3% support test—2022. If the and stop here. The organization	ne organization did qualifies as a pub	I not check the bo licly supported or	ox on line 13, and ganization	line 14 is 33-1/3%	or more, check	this box				
b	b 33-1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.										
17a	7a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
	10%-facts-and-circumstances teror more, and if the organization organization meets the facts-and	meets the facts-ar -circumstances te	nd-circumstances st. The organizati	test, check this be on qualifies as a p	ox and stop here. public <mark>l</mark> y supported	Explain in Part V l organization	I how the				
18	Private foundation. If the organiz	ation did not ched	k a box on line 1:	3, 16a, 16b, 17a,	or 17b, check this	box and see inst	ructions				

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Compl	ete only	if you	checked th	ne box on	line 1	0 of Part	l or if the	organization	failed to	qualify	under F	Part II.	If the	organization
fails to	qualify u	under th	ne tests lis	ted below	, plea	se compl	ete Part I	11						

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
3	tax-exempt purpose						
4	Tax revenues levied for the organization'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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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.						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)			i i	The state of the s		
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
11	Add lines 10a and 10b						
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 forganization, check this box and	or the organization	n's first, second, t	hird, fourth, or fift	th tax year as a se	ection 501(c)(3)	П
Sec	tion C. Computation of Pu						
15	Public support percentage for 202						8
16	Public support percentage from 2	2021 Schedule A,	Part III, line 15		***********	16	१
Sec	tion D. Computation of Inv	estment Inco	me Percentag	е		4	
17	Investment income percentage for						8
18	Investment income percentage fr	om 2021 Schedule	A, Part III, line	17		18	8
19a	33-1/3% support tests—2022. If this not more than 33-1/3%, check	ne organization did this box and stop	not check the bo	ox on line 14, and zation qualifies as	line 15 is more th	an 33-1/3%, and li	ne 17
b	33-1/3% support tests—2021. If the line 18 is not more than 33-1/3%,	ne organization did	not check a box	on line 14 or line	19a, and line 16 is	s more than 33-1/3	₹% and
20	Private foundation. If the organiz	ation did not chec	k a box on line 14	1, 19a, or 19b. che	eck this box and s	ee instructions	4.0
RΔΔ			TEEADADS				<u> </u>

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.)

Sec	tion	A.	All	Suppo	ortina	Orga	nizations
-----	------	----	-----	-------	--------	------	-----------

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.	1	Yes	No
2	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).	2		
3	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.	За		
	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.	3b		
	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.	3c		
4	la 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.	4a		
	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.	4b		
	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.	4c		
5	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).	5 a		
	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		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
€	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 (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).	7		
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).	8		
9	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		
	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.	9b		
	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.	9с		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
	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.)			

Pai	<u>t IV</u>	Supporting Organizations (continued)		·	
11	Has t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, overning body of a supported organization?	11a		
b	-	nily member of a person described on line 11a above?	11b		
		s 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		
		B. Type I Supporting Organizations			L
				Yes	No
1	or mo office organ than were	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers g the tax year.	1	de (
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ich of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
1	orgar year,	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	orgar	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
4		The organization satisfied the Activities Test. Complete line 2 below.			
ı		The organization is the parent of each of its supported organizations. Complete line 3 below.			
		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruc	tions).	
2	Activ	ities Test. Answer lines 2a and 2b below.		Yes	No
	a Did s	substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	suppo orgai respo	orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2 a		
ı	more reaso	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the cons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b	*****	
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.		1	
i	Did the	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
ł	Did the	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 5

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization.	on No s mus	v. 20, 1970 (explain in P t complete Sections A th	art VI). See rough E.
Sec	tion 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		
ec	tion 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):			
	Average monthly value of securities	1a		
1	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
(d Total (add lines 1a, 1b, and 1c)	1d		
(Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	pro- year (non- cooler c), mic o, columnity	3		
4	Enter greater of line 2 or line 3.	4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integ (see instructions).	grated	Type III supporting orga	nization
AA			Sch	edule A (Form 990) 2

	t V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organization	s (continued)		
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purp in excess of income from activity	oses of supported organiz	ations,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	gasmiss out aside aniounts (prior into approval required - provide	e 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 orga in Part VI). See instructions.	nization is responsive (pr	ovide details	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	Section E — Distribution Allocations (see instructions) (i) (ii) Excess Distributions Pre-202			ons	(iii) Distributable Amount for 2022
	Distributable amount for 2022 from Section C, line 6				
	Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.				
*****	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
	From 2019				
**************	From 2020				
	From 2021		9.0		
~	f Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$			ii.	
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
	Breakdown of line 7:				
a	Excess from 2018			\dashv	
	Excess from 2019				
C	Excess from 2020	P 20			
d	Excess from 2021				
е	Excess from 2022				

BAA 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.)

SCHEDULE D (Form 990)

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

Lov	ve Never Fails, Inc.			45-5551029
Pai	t I Organizations Maintaining Do			
	Complete if the organization answered	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		(a) Donor advised fun	ds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)	L		
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don are the organization's property, subject to the	or advisors in writing that the assi organization's exclusive legal con	ets held in donor a	advised funds Yes No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or	for any other purn	oose conferring
Pai	Complete if the organization answered			
1	Purpose(s) of conservation easements held by	•	pply).	
	Preservation of land for public use (for exa	ample, recreation or education)	Preservation	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	on held a qualified conservation co	ontribution in the f	orm of a conservation easement on the
	last day of the tax year.		ſ	Held at the End of the Tax Year
•	Total number of conservation easements			2a
	Total acreage restricted by conservation easer		1	2 b
	: Number of conservation easements on a certif		1	26
		•		20
(Number of conservation easements included in historic structure listed in the National Register	n (c) acquired after July 25, 2006 a	and not on a	2 d
3	Number of conservation easements modified, tax year			
4	Number of states where property subject to co	nservation easement is located		
5	Does the organization have a written policy reg and enforcement of the conservation easemen	garding the periodic monitoring, in	spection, handling	g of violations,
6	Staff and volunteer hours devoted to monitoring	ng, inspecting, handling of violation	ns, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, in:	specting, handling of violations, a	nd enforcing cons	ervation easements during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requir	ements of section	170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its of the organization's financial state	s revenue and exp ments that descri	pense statement and balance sheet, and bes the organization's accounting for
Par	t III Organizations Maintaining Co Complete if the organization answered	ollections of Art, Historical "Yes" on Form 990, Part IV, line	Treasures, or	Other Similar Assets.
1 a	If the organization elected, as permitted under historical treasures, or other similar assets hel Part XIII the text of the footnote to its financial	ld for public exhibition, education	or research in fur	ent and balance sheet works of art, therance of public service, provide in
ŧ	If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	FASB ASC 958, to report in its red for public exhibition, education,	evenue statement or research in fur	and balance sheet works of art, therance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1		\$
	(i) Revenue included on Form 990, Part VIII,(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of ar amounts required to be reported under FASB A	rt, historical treasures, or other sir ASC 958 relating to these items:	milar assets for fin	nancial gain, provide the following
ā	Revenue included on Form 990, Part VIII, line Assets included in Form 990, Part X	1		\$
Ł	Assets included in Form 990, Part X			\$

Part III Organizations Mainta	ining Collect	ions of Art, Histor	rical Treasures, or C	Other Similar Assets	(cont	inued,)		
3 Using the organization's acquisitio items (check all that apply):	n, accession, a	nd other records, che	ck any of the following	that make significant us	e of its	collecti	on		
a Public exhibition		d Loan o	or exchange program						
b Scholarly research		e Other							
c Preservation for future generations									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5 During the year, did the organizati to be sold to raise funds rather that	an to be mainta	ined as part of the or	ganization's collection?.		Yes		No		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1 a Is the organization an agent, trust on Form 990, Part X?	ee, custodian c	r other intermediary f	or contributions or other	assets not included	Yes	Γ	No		
b If "Yes," explain the arrangement	in Part XIII and	complete the following	ng table:		□	L			
					Amount	t	***************************************		
c Beginning balance				L					
d Additions during the year				I I					
e Distributions during the year				1 1					
f Ending balance									
2a Did the organization include an an						- 1	No		
b If "Yes," explain the arrangement	in Part XIII. Ch	eck here if the explan	ation has been provided	on Part XIII	• • • • • • •	[J		
Part V Endowment Funds.	Complete if the	organization anewor	ed "Vee" on Form 000 F	Part IV line 10		····			
Lidownient unus.	(a) Current yea				1 (2)	our years	- heal		
1 a Beginning of year balance	(a) carrent yea	(b) i not year	(c) I WU years Dack	(u) Three years back	(6)	our years	S Dack		
b Contributions									
ŀ					 		***************************************		
c Net investment earnings, gains, and losses									
d Grants or scholarships						***************************************			
e Other expenditures for facilities and programs							***************************************		
f Administrative expenses						***************************************	***************************************		
g End of year balance						***************************************			
2 Provide the estimated percentage	of the current	year end balance (line	e 1g, column (a)) held a	s:					
a Board designated or quasi-endow	ment	<u> </u>							
b Permanent endowment	* * * * * * * * * * * * * * * * * * *								
c Term endowment	 8								
The percentages on lines 2a, 2b,	and 2c should e	equal 100%.							
3a Are there endowment funds not in	the possession	of the organization t	hat are held and admini	stered for the	r		T		
organization by:						Yes	No		
(i) Unrelated organizations					3a(i)				
(ii) Related organizationsb If "Yes" on line 3a(ii), are the related							ļ		
4 Describe in Part XIII the intended					3b		<u> </u>		
Part VI Land, Buildings, and			it iunus.		***************************************				
Complete if the organizati			t IV line 11a See Form	990 Part Y line 10					
Description of property			·····						
		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) i	Book va	ilue		
1 a Land b Buildings	<u></u>								
c Leasehold improvements	L								
d Equipment			2						
e Other.	L		1,318.			1	<u>,318.</u>		
Total. Add lines 1a through 1e. (Column		Form 900 Part V -	Jump (R) line 10-1				21.		
BAA	(u) must equa	TOINI 330, FAILA, CO	линн (Б), ше 10с.)		lule D (F		, 318. 0) 2022		

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Part VII	Investments -	- Other Securities.		N/A	
(a) Dansi			1	ne 11b. See Form 990, Part X, line 12.	
		ory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
		S			
(3) Other	neid equity interest	5 			
-					
(A) (B)					
(C)	· — — — — — — — — —				***************************************
(C) (D) (E)					
(E)					
<u>`</u>		THE PERSON NAMED AND ADDRESS ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA			
(F) (G)	 				
(H)	- 				***************************************
(l)	· *** *** *** *** *** *** *** ***				
	(b) must equal Form 99	0, Part X, column (B) line 12.)			
Part VIII	Investments -	- Program Related.	1	N/A	
	Complete if the o	rganization answered "Yes" o	n Form 990, Part IV, lir	ne 11c. See Form 990, Part X, line 13.	
	(a) Description of i	nvestment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)					
(2)					
(3)					***************************************
(4)		~			***************************************
(5)					
(6)					
(7)					
(8)		***************************************			
(9) (10)					
	(h) must squal Form 90	0, Part X, column (B) line 13.)			
Part IX	Other Assets				
			n Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line 15.	
		(a) De	scription		(b) Book value
	t of use Lea	ase			154,093.
(2) Roun	laing				1.
(3) (4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
			3) line 15.)		154,094.
Part X	Other Liabiliti	ies.	- C 000 D IV II-	11 116 O F 000 D4 V II	٨٢
1.	Complete ii tile o	ryanization answered tes o	n rorm 990, Part IV, III	ne 11e or 11f. See Form 990, Part X, lir	
	al income taxes	(a) Descr	iption of nability		(b) Book value
	ent Liab				64,861.
	e Liability,	non-cur			117,776.
(4) PPP	Loan/SBA Loa	an			499,900.
(5)					
(6)					
(7)					
(8)					
(9)					
(10) (11)					
·····	(h) must savel Farm 00	O Part V anima (D) III OF)			
2. Liphility for	uncertain tov positions	n Port Yill provide the test of the feet	thata to the second of the		682,537.
tax positions un	nder FASB ASC 740. Chec	ck here if the text of the footnote has	been provided in Part XIII	nancial statements that reports the organization's	nability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements \	With Revenue per Retur	n.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1 Total revenue, gains, and other support per audited financial statements		1	2,283,665.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			2/200/000:
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities.		1	
c Recoveries of prior year grants		1	
d Other (Describe in Part XIII.)		1	
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	2,283,665.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			2/200/000.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)		1	
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	2,283,665.
Part XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		urn.	
1 Total expenses and losses per audited financial statements		1	2,436,385.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities.			
b Prior year adjustments		1	
c Other losses		1	
d Other (Describe in Part XIII.).		1	
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	2,436,385.
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.).			
c Add lines 4a and 4b.		4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,436,385.
Part 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.

BAA

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Love Never Fails, Inc. 45-5551029 Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	od of contril	i) determin oution a	ning mounts
1	Art — Works of art				 			
2	Art - Historical treasures							***************************************
3	Art - Fractional interests					***************************************	***********	
4	Books and publications							*******
5	Clothing and household goods	Х		1,131.	Purch	ase]	rice	***************************************
6	Cars and other vehicles					······································		
7	Boats and planes							
8	Intellectual property.							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests .							
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial		:					***************************************
17	Real estate - Other						***************************************	
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies						***************************************	
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Staff Coaching)	X	14	39,550.	Hourl	y Rat	te	
26	Other ()					***********		
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part V, Donee	n during the Acknowledg	tax year for contribution	ns for which the	29			
							Yes	No
30a	During the year, did the organization receive by co it must hold for at least 3 years from the date of th for exempt purposes for the entire holding period?	e initial conf	ribution, and which isn'	t required to be used	28, that	20.0		
b	If "Yes," describe the arrangement in Part II.					30 a		X
31	man and a second	v that requir	es the review of any no	enstandard contributions	-7	31		v
-	Does the organization hire or use third parties or recontributions?	elated organ	izations to solicit, proce	ess, or sell noncash	J.,			X
h	If "Yes," describe in Part II.					32a		X
BAA	For Paperwork Reduction Act Notice, see the Instr	ructions for	Form 990.		Sched	ule M (Form 99	00) 2022

Schedule M (Form 990) 2022 Love Never Fails, Inc. 45-5551029 Page 2

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Love Never Fails, Inc.

Employer Identification number 45-5551029

Form 990, Part III, Line 4d - Other Program Services Description

Community Activism

Form 990, Part VI, Line 11b - Form 990 Review Process

Copy of Form 990 is reviewed by the President and the Vice President of the board of directors prior to filing.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

Form 990, Part IX, Line 11g Other Fees For Services

	(A)	(B) Program	(C) Management	(D) Fund-
	Total	Services	& General	raising
Event Registration Fees Outside Services Total	1,185. 545,911. \$ 547,096.	889. 409,433. \$ 410,322.	296. 136,478. \$ 136,774.	\$ 0.
Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Ba	alances			
Prior Period Audit AdjRounding			\$	237,499.
Rounding		• • • • • • • • • • • • • • • • • • • •	Total §	237,499.

2	n	22
L	u	LL

Federal Supporting Detail

Page 1

Love Never Fails, Inc.

45-5551029

Contributions,				
Other contribu	tions,	gifts,	grants,	etc.

Food & Clothing	\$ 1,131.
Staff Coaching Services	39,550.
Total	\$ 40,681.

2022 California Exempt Organization Annual Information Return

FORM

199

Calendar \	ear 2022 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm	n/dd/vvvv)			
	rganization name			California	a corporation nu	umber
LOVE N	EVER FAILS, INC.			3478	725	
	ormation. See instructions.			FEIN		
Carnet address					551029	
	s (suite or room) ILLAGE PARKWAY #2074			PMB no.		
City		Stat	le	Zip code		
DUBLIN		CA		9456	····	
Foreign count	ry name	Fore	eign province/state/county	Foreign	postal code	
B Amende C IRC Sect D Final inf Enter da E Check ac 1	ormation return? Dissolved Surrendered (Withdrawn) Merged/Reorganized te: (mm/dd/yyyy) counting method: Cash 2 X Accrual 3 Other return filed? 1 990T 2 990-PF 3 Sch H (990) ther 990 series group filing? See instructions Yes X No reganization in a group exemption Yes X No what is the parent's name?	not reported to the FT J If exempt under R&TC organization engaged See instructions K Is the organization exi If "Yes," enter the gro- nonmember sources. L Is the organization a I M Did the organization f taxable income? N Is the organization un	in political activities? empt under R&TC Section ss receipts from limited liability company? file Form 100 or Form 109 ider audit by the IRS or har?	23701g?	 Yes Yes Yes 	X No X No X No X No X No X No
Part I	Complete Part I unless not required to file this form. See Gene	ral Information R and	d C			
Receipts and Revenues	 Gross sales or receipts from other sources. From Side 2, Gross dues and assessments from members and affiliate Gross contributions, gifts, grants, and similar amounts red Total gross receipts for filing requirement test. Add line 1 This line must be completed. If the result is less than \$50 Cost of goods sold	s	nformation B	1 2 3 3 4 7 7 P	2,283	,665.
	8 Total gross income. Subtract line 7 from line 4	E 10	<u> </u>	8	2,283	
Expenses	9 Total expenses and disbursements. From Side 2, Part II,10 Excess of receipts over expenses and disbursements. Su			9 10	2,436	
	11 Total payments			11	-132	,720.
	12 Use tax. See General Information K.		- L	12		
	13 Payments balance. If line 11 is more than line 12, subtract		- L	13		
Filing	14 Use tax balance. If line 12 is more than line 11, subtract I	ine 11 from line 12.		14		
Fee	15 Penalties and interest. See General Information J			15	***************************************	
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the res	ult	.	16		0.
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompart correct, and complete. Declaration of preparer (other than taxpayer) is based on all Signature of officer PRESID	nying schedules and statemei Il information of which prep	nts, and to the best of my knoarer has any knowledge. Date	● Tele (844	phone) 249-2	
Paid	Preparer's signature DAN THOMPSON, CPA	Date	Check if self-	PTI		
Preparer's	DIA! INVIII DOMY OLIL	CCOUNTANTS	employed		39244 n's FEIN	
Use Only	(or yours, if self-employed) 4305 HACIENDA DR, SUITE 340		***************************************	87-2	443815	
	and address PLEASANTON, CA 94588				ephone	
				925-	425-930)7
***************************************	May the FTB discuss this return with the preparer shown above	e? See instructions.		• X	Yes	No



LOVE NEVER FAILS, INC.

Part II Organizations with gross receipts of more than \$50,000 and private foundations

	1	rega	rdless of amount of gross receip	ots – complete Part II or	<u>furnish substitute infor</u> i	mation.		
		1	Gross sales or receipts from all	business activities. See	instructions		1	
		2	Interest				2	
		3	Dividends					
Recei from	pts	4	Gross rents				<u></u>	
Other		5	Gross royalties					
Sourc	es	6	Gross amount received from sa					
		7	Other income. Attach schedule					
		8	Total gross sales or receipts from other					
		9	Contributions, gifts, grants, and similar					
		10	Disbursements to or for member					
		11	Compensation of officers, direct					
		12						91,291.
Exper	ises		Other salaries and wages					1,179,034.
and	1	13	Interest					
Disbu ments		14	Taxes					82,540.
		15	Rents					46,561.
		16	Depreciation and depletion (Sec					494.
		17	Other expenses and disbursement					1,036,465.
***************************************		18	Total expenses and disbursements. Add	line 9 through line 17. Enter he	re and on Side 1, Part I, line 9	<u> </u>	18	2,436,385.
Sch	edule	L	Balance Sheet	Beginning of	f taxable year	En	d of taxa	ble year
Asset				(a)	(b)	(c)	i	(d)
					514,023.		•	70,091.
			receivable		200,399.		•	742,699.
			eivable				•	
			• • • • • • • • • • • • • • • • • • • •				•	
			tate government obligations				•	
			n other bonds				•	
7	Investme	ents i	n stock				•	
			ns				•	
			nents. Attach schedule				•	
10 a	Deprecia	ble a	ssets	2,471.		1,3	318.	
b	Less acc	umul	ated depreciation	. 1,286.	1,185.			1,318.
11	Land						•	
12	Other as	sets.	Attach schedule STM	3	1.		•	154,094.
13	Total as	sets			715,608.			968,202.
Liabil	ities ar	id ne	et worth					
14	Accounts	s paya	able				•	
15	Contribu	tions	, gifts, or grants payable				•	
			tes payable				•	
17	Mortgage	es pa	yable				•	
18	Other lia	bilitie	es. Attach schedule STM	4	514,722.			682,537.
			or principal fund		200,886.		•	285,665.
			pital surplus. Attach reconciliation					200,000.
			ings or income fund				•	
			es and net worth		715,608.			968,202.
Sche	dule	M-	Reconciliation of income per	r books with income per	return	<u> </u>		
			Do not complete this schedu	le if the amount on Sche	dule L, line 13, column	(d), is less than \$	50,000.	
1	Net inco	me pe	er books	• −152,720		books this year not in		
2	Federal i	ncom	e tax	•	in this return. Attac			
			ital losses over capital gains	•	8 Deductions in this r		T.	
			corded on books this year.		against book incom	e this year.		
			le	•				
			rded on books this year not deducted		4.22.0	ıd line 8		
			Attach schedule	•	10 Net income per			
6	Total. Ad	ld line	e 1 through line 5	-152,720	. Subtract line 9	from line 6	····	-152,720.

Side 2 Form 199 2022

059

3652224

2022 Corporation Depreciation and Amortization

3885

	th to Form 100 or Formation name	m 100W. FOR	M 199				I Californ	ía corpora	tion number
•		C TNC						•	don namber
Parl	/E NEVER FAIL			1 470			3478	725	
<u>rar</u>	Maximum deduction	pense Certain Prop					_T		405 000
2	Total cost of IRC Sec							1	\$25,000
3	Threshold cost of IRC							3	6200 000
4	Reduction in limitation							4	\$200,000
5	Dollar limitation for ta							5	
6		Description of property	ot mo + non mo	(b) Cost (business t		(c) Elected		<u> </u>	
	\	booking or property		(4) 0032 (1)23/11033 (23C Olly)	(c) Classes	CUSC		
7	Listed property (elec	ted IRC Section 17	9 cost)		7				
8	Total elected cost of							8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8	is in column (c), in	ie o anu iiii	e <i>7</i>	······	9	
10	Carryover of disallow							10	
11	Business income lim	itation. Enter the s	maller of business	income (not less th	an zero) or	line 5	· · · · · · · · · · · · · · · · · · ·	11	
12	IRC Section 179 exp							12	
13	Carryover of disallow						· · · · · · · · · · · · · · · · · · ·		
Parl				epreciation Deduct			24356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)	<u> </u>	(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Deprecia	tion for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this y	ear	year depreciation
				earlier years					depreciation
VAN	I	4/16/2019	2,000.	1,067.	S/L	5		400.	
VAN	EQUIPMENT	8/19/2019	471.	219.	S/L	5		94.	
					<u> </u>				
-							***************************************		
			***************************************		<u> </u>				
15	Add the amounts in	calumn (a) and cal	ımın (h). The total	of antiques (h) was a					
	\$2,000. See instructi	ons for line 14, col	umn (h)	or column (n) may r	iot exceed	15		494.	
Part	Summary							171.	<u> </u>
	Total: If the corporat	ion is electina:							<u> </u>
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g)	or				
	Additional first year of Depreciation (if no e	depreciation under	R&IC Section 2435	56, add the amounts	s on line 15	, columns (g) and (h) o	r 16	
17	Total depreciation cla								
18	Depreciation adjustm	ent. If line 17 is an	eater than line 16	enter the difference	here and o	n Form 100		· 1/	
	Form 100W, Side I.	line 6. It line 1/ is 1	ess than line 16. e	nter the difference I	here and or	Form 100 o	r	-	
	Form 100W, Side 2, state adjustments or	line 12. (If Californi	a depreciation amo	ounts are used to de	etermine ne	t income bef	ore	1	
Part	IV Amortization	i i omi ioo or i omi	1 10044, no adjustini	ent is necessary)				. 18	
19	(a)	(b)	(c)		-V	(a)	/ 0		
	Description	Date acquire	d I Costro	r Amort	d) ization	(e) R&TC	(f) Period	or	(g) Amortization
	of property	(mm/dd/yyyy) other bas	sis allowed or	allowable	Section	percenta		for this year
				in earlie	er years	(see instr)			

							······································		

						<u> </u>			
	Total. Add the amou							20	
	Total amortization cla							21	
22	Amortization adjustm Form 100W, Side 1,	ent. If line 21 is gr	eater than line 20,	enter the difference	here and o	n Form 100	or F		
	Form 100W, Side 1,	line 6. If line 21 iš l	ess than line 20, ei	nter the difference h	nere and on	Form 100 o	·		
	Form 100W, Side 2,	IIIIC 12						22	

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Z	u	~

California Statements

Page 1

Love Never Fails, Inc.

45-5551029

Statement 1 Form 199, Part II, Line 11 Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Vanessa Russell 6937 Village Pkwy #2074 Dublin, CA 94568	President 40.00	\$ 91,291.	\$ 0.	\$ 0.
HuLynne Besharatpour 6937 Village Pkwy, #2074 Dublin, CA 94568	Treasurer/Direc 2.00	0.	0.	0.
Karla Rivera 6937 Village Pkwy, #2074 Dublin, CA 94568	Director 2.00	0.	0.	0.
Mick Burke 6937 Village Pkwy, #2074 Dublin, CA 94568	Secretary 2.00	0.	0.	0.
Alvin DaCosta 6937 Village Pkwy, #2074 Dublin, CA 94568	Vice President 2.00	0.	0.	0.
Ed Sayson 6937 Village Pkwy, #2074 Dublin, CA 94568	Director 2.00	0.	0.	0.
Brianna Willams 6937 Village Pkwy, #2074 Dublin, CA 94568	Director 2.00	0.	0.	0.
	Total	<u>\$ 91,291.</u>	\$ 0.	\$ 0.

Statement 2 Form 199, Part II, Line 17 Other Expenses

Advertising and Promotion	\$	21.019
Amortization	•	4,588
Background Checks		1,288
Communications		1,017
Insurance		35,595
Office Expenses		70,712
Other Employee Bonefit		,
Other Employee Benefit		18,918
Other fees		547,096
Other Operation Costs		14,542
Postage and Shipping		649
Program Costs - Other		56,630
Program Costs - Safe House		223,400
Retirement Expense		2,651
Staff Appreciation		9,021
Staff Development		657
•		037

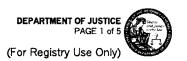
2022	California Statements	Page 2
	Love Never Fails, Inc.	45-5551029
Statement 2 (continue Form 199, Part II, Line Other Expenses	ed) : 17	
Workers Compensat	ion Insurance	\$ 14,457. 9,254. 4,971. \$ 1,036,465.
Statement 3 Form 199, Schedule L Other Assets	., Line 12	
Right of use Leas Rounding	eTotal §	154,093. 1. 154,094.
Statement 4 Form 199, Schedule L Other Liabilities	., Line 18	
Lease Liability,	non-cur	64,861. 117,776. 499,900. 682,537.

STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (915) 210-6400



ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the

WEBSITE ADDRESS:	minimum tax of \$8	00, plus interest,	may result in the loss of the control of the contro	alties. Revenue & T	axation Code section		
TOVE NEVED EXTLE IN	~	***************************************		Check if:	***************************************		
LOVE NEVER FAILS, INC. Name of Organization					address		
List all DBAs and names the organization (uses or has used		***************************************	Amended	report		
6937 VILLAGE PARKWAY Address (Number and Street)	#2074	·····		State Charity	Registration Number 0194831		
DUBLIN, CA 94568 City or Town, State, and ZIP Code		······································		Corporation o	r Organization No. 3478725		
(844) 249-2698 Telephone Number	VANES E-mail Add	SA@LOVEN	EVERFAILSUS	Federal Emple	oyer ID No. 45-5551029		
		NEWAL FEE	SCHEDULE (11 Ca k Payable to Depart	il. Code Regs. :	sections 301-307, 311, and 31 <i>2</i>)		
Total Revenue	Fee	Total Reveni	ue	Fee	Total Revenue	F	ee
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$25 \$50 \$75	Between \$1,	50,001 and \$1 millio 000,001 and \$5 milli 000,001 and \$20 mil	ion \$200	Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million Greater than \$500 million	on \$1	800 1,000 1,200
PART A - ACTIVITIES							
For your most recent full ac	counting perior	d (beginning	1/01/22	ending	12/31/22) list:		
Total Revenue \$ (including noncash contributions)	2,283,665	5. Noncasi	h Contributions \$		0. Total Assets \$ 96	8,20	02.
Program Ex	penses \$	······································	0.	Total Expenses	s \$ 2,436,385.		
PART B - STATEMENTS	REGARDING	G ORGANI	IZATION DURIN	IG THE PER	RIOD OF THIS REPORT		
Note: All questions must be ans providing an explanation	wered. If you ar and details for e	nswer "yes" to ach "yes" res	o any of the question appears of the property	ens below, you ew RRF-1 instri	must attach a separate page uctions for information required.	Yes	No
During this reporting period, w officer, director or trustee thereof, e	ere there any co	ntracts, loans, le with an entity	eases or other financial y in which any such	transactions betw officer, director or	reen the organization and any trustee had any financial interest?		X
2 During this reporting period, w	as there any the	eft, embezzle	ment, diversion or i	misuse of the o	rganization's charitable property or funds?		X
3 During this reporting period, w	ere any organiz	ation funds u	sed to pay any pen	alty, fine or jud	gment?		X
During this reporting period, w coventurer used?	ere the services	of a commerci	ial fundraiser, fundrais	sing counsel for	charitable purposes, or commercial		X
5 During this reporting period, di	id the organizati	on receive ar	ny governmental fur	nding?	SEE STATEMENT 1	X	
6 During this reporting period, di	id the organizati	on hold a raf	fle for charitable pu	rposes?			X
7 Does the organization conduct	a vehicle donat	ion program?	?			П	X
Did the organization conduct a generally accepted accounting	n independent a principles for th	udit and pre	pare audited financ period?	ial statements i	n accordance with		X
9 At the end of this reporting per	riod, did the org	anization hole	d restricted net assets, v	while reporting	negative unrestricted net assets?		X
I declare under penalty of perjury and belief, the content is true, co	y that I have exa prrect and comp	mined this re lete, and I am	eport, including acc authorized to sign	ompanying dod	cuments, and to the best of my knowle	dge	
Signature of Authorized Agent		SSA RUSS	SELL	PRESIDENT			
Orginature of Authorized Agent	Printed I	varne		Title	Date		

Love Never Fails, Inc.

45-5551029

Statement 1 Form RRF-1, Part B, Line 5 Government Agency That Provided Funding

US Small Business Administration 455 Market Street San Francisco, CA 94105 (415)744-6820

County of Alameda 1111 Jackson St., Ste 103 Oakland, CA 94607 Kiesha Douglas (510)421-4275

County of Santa Clara 70 W Hedding Street San Jose, CA 95110 Leticia Gordon 408)678-3221

City of Hayward 777 B Street Hayward, CA 94541 Amy Cole-Bloom 510)583-4252

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ►Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	c 6-Month Extension of Time. Only	submit origir	nal (no copies needed).		
All corporati ise Form 70	ons required to file an income tax return othe 104 to request an extension of time to file inco	r than Form 990 ome tax returns.)-T (including 1120-C filers), partnerships	, REMICs, a	and trusts must
	Name of exempt organization or other filer, see instruction			Taxpayer ide	ntification number (TIN)
ype or orint					
R III (Love Never Fails, Inc.			45-5551029	
ile by the	Love Never Fails, Inc. Number, street, and room or suite number. If a P.O. box, see instructions.				
lue date for iling your eturn. See nstructions.	6937 Village Parkway #2074				
	City, town or post office, state, and ZIP code. For a forei	gn address, see insti	ructions.		· · · · · · · · · · · · · · · · · · ·
	Dublin, CA 94568				
nter the Re	eturn Code for the return that this application	is for (file a sep	arate application for each return)		01
Application s For		Return	Application		Return
orm 990 or Form 990-EZ		Code	ls For		Code
		01	Form 1041-A		08
orm 4720 (individual)		03	Form 4720 (other than individual)		09
orm 990-PF		04	Form 5227		10
orm 990-T (section 401(a) or 408(a) trust)		05	Form 6069		11
orm 990-T (trust other than above) orm 990-T (corporation)		06	Form 8870		
	ks are in the care of R&R Professional				
Telephone If the org	ne No. (510) 865-2668 ganization does not have an office or place of for a Group Return, enter the organization's t	Fax No f business in the four digit Group	United States, check this box	this is for t	he whole group,
Telephor If the org If this is check the external	ne No. ► (510) 865–2668 ganization does not have an office or place of for a Group Return, enter the organization's to is box ► . If it is for part of the grounsion is for.	Fax No f business in the four digit Group up, check this bo	D. ► United States, check this box	this is for t mes and TII	he whole group, Ns of all members
Telephon If the org If this is check the the external control or the X	ne No. (510) 865-2668 ganization does not have an office or place of for a Group Return, enter the organization's to is box If it is for part of the grounsion is for. est an automatic 6-month extension of time uporganization named above. The extension is calendar year 20 22 or	Fax Not four digit Group up, check this botton the organization for the organization for the organization the organization the organization for the organization that the organ	Exemption Number (GEN) and attach a list with the nation's return for:	this is for t mes and TII	he whole group, Ns of all members
Telephon If the org If this is check the the external lineque for the	ne No. (510) 865-2668 ganization does not have an office or place of for a Group Return, enter the organization's to is box If it is for part of the grounsion is for. est an automatic 6-month extension of time uporganization named above. The extension is calendar year 20 22 or	Fax Not four digit Group up, check this botton the organization for the organization for the organization the organization the organization for the organization that the organ	Exemption Number (GEN) and attach a list with the nation's return for:	this is for t mes and TII	he whole group, Ns of all members
Telephon If the org If this is check the exter 1 I reque for the X If the the the org X	ne No. ► (510) 865–2668 ganization does not have an office or place of for a Group Return, enter the organization's to is box ► . If it is for part of the grounsion is for. est an automatic 6-month extension of time uporganization named above. The extension is	Fax Not four digit Group up, check this botton the organization for the organization for the organization the organization the organization for the organization that the organ	Exemption Number (GEN) and attach a list with the nation's return for:	this is for t mes and TII	he whole group, Ns of all members
Telephon If the org If this is check the exter 1 I reque for the X Ch 2 If the t	ne No. (510) 865-2668 ganization does not have an office or place of for a Group Return, enter the organization's fis box In it is for part of the grounsion is for. The set an automatic 6-month extension of time un organization named above. The extension is calendar year 20 22 or tax year beginning 1, 20 ax year entered in line 1 is for less than 12 miles.	Fax Note that the four digit Group up, check this both the organization that the organization the organization that th	Exemption Number (GEN) if the united States, check this box Exemption Number (GEN) and attach a list with the national state of the exempt organization's return for: Initial return Firethe tentative tax, less any	this is for t mes and TII	he whole group, Ns of all members
Telephon If the org If this is check the exter I reque for the X Ch Z If the t Ch 3 a If this is check the exter I reque for the the this is check the exter I reque for the this is check the this is check the org I reque for the this is checked the third the this is checked the third	ne No. • (510) 865-2668 ganization does not have an office or place of for a Group Return, enter the organization's fis box • If it is for part of the grounsion is for. est an automatic 6-month extension of time un organization named above. The extension is calendar year 20 22 or	Fax No four digit Group up, check this both th	Evemption Number (GEN) and attach a list with the nate of the exempt organization's return for: In the tentative tax, less and estimated of the exempt organization or the exempt organization.	this is for the mes and Tile and Tile and return	he whole group, Ns of all members

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For t	ne 2022 calend	dar year, or tax year begint	ning	, 2022,	and ending	l		, ,	20		
В	Check	if applicable:	C				[) Employ	er identifi	cation number		
	A	ddress change	Love Never Fails	Inc.				45-	55510	29		
	ΠN	ame change	6937 Village Par	kway #2074			E	Telepho			***************************************	
	I	itial return	Dublin, CA 94568	_				(84	4) 24	9-2698		
	F	nal return/terminated					<u> -</u>	(0-3-	1/ 27	2000		
	-	mended return						Gross n	anninta Š	2 202	665.	
	-	pplication pending	F Name and address of principal	al officer		T.	H(a) Is this a g		<u>-</u>		1571	
	ш	ppoc.or, porioning	Same As C Above			1					}(
	Tav	-exempt status:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527	H(b) Are all su If "No," a	tach a list	See insti	ructions.	, U.	
<u>;</u>			_ 		454/(a)(1) 01							
к			tps://www.lovene	T			H(c) Group ex					
		n of organization:	X Corporation Trust	Association Other	<u> L Y</u>	ear of formation	on: 2012	Ms	tate of leg	gal domicile: C	<u>A</u>	
Pe	ırt I	Summar	y ho the examination's missi		-45 -505							
	1	Briefly descri	be the organization's missi	on or most significant a	ctivities: TOA	<u>re Never</u>	<u>Fails</u>	exis	ts to	empower	<u> </u>	
çe		beoble r	o express and ex	perience our be	st sense	o <u>i</u> hum	anity.	_we_c	lo th	<u>is_by</u>		
Jan		rescorrin	g, educating and	proceeding sur	vivors o	<u>r_numan</u>	trairi	CKING	and	their_		
ē	2	communit		n discontinued its opera								
Ö	3		ting members of the gover	ming hody (Part VI line	lions or dispo:	sea or more	e than 25%	of its ne	asset	. S.	6	
ంఠ	4	Number of inc	dependent voting members	s of the governing body	(Part VI. line	1b)			4		<u>6</u>	
ties	5		of individuals employed in						5		30	
Activities & Governance	6	Total number	of volunteers (estimate if	necessary)					6		100	
Ac	7a	Total unrelate	ed business revenue from l	Part VIII, column (C), lir	ıe 12				7a		0.	
	b	Net unrelated	l business taxable income	from Form 990-T, Part I	, line 11				7b	***************************************	0.	
							Pric	or Year		Current Y	/ear	
ø)	8		and grants (Part VIII, line					083,8	87.	2,283	3,665.	
Revenue	9		rice revenue (Part VIII, line					······································		······································		
eve	10		icome (Part VIII, column (A							**************************************		
ď	11		e (Part VIII, column (A), Iir									
	12		e - add lines 8 through 11					083,8	87.	2,283	3,665.	
	13		milar amounts paid (Part I									
	14		to or for members (Part I)									
ın	15	Salaries, other	er compensation, employee	e benefits (Part IX, colu	mn (A), lines 5	5-10)		768,8	88.	1,371	1,783.	
se	16a	Professional t	fundraising fees (Part IX, o	column (A), line 11e)				······································				
Expenses	b		sing expenses (Part IX, col								4832188 E	
Щ	17		es (Part IX, column (A), lir						F 4	1 00		
	18		es. Add lines 13-17 (must e					$\frac{519,5}{200}$			1,602.	
	19		expenses. Subtract line 1					288,4			5,385.	
გ წ		Nevenue less	expenses. Subtract line i	o from line 12				204,5			2,720.	
ts o	20	Total accete	(Part X, line 16)				Beginning			End of Y		
Net Assets Fund Balanc	21		s (Part X, line 26)					$\frac{715,6}{514,3}$			3,202.	
and /								514,7			2,537.	
	22		fund balances. Subtract li	ne 21 from line 20				<u>200,8</u>	86.	285	665.	
-	ırt II	Signatur					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
Comp	r penalt olete. D	ties of perjury, I decl reclaration of prepa	are that I have examined this return, i arer (other than officer) is based on	including accompanying schedules all information of which prepare	s and statements, a	and to the best o	f my knowledge	and belief,	it is true,	correct, and		
				, ,								
Ci.	***	Signature of	officer				Date					
Sig He	jii re	Vanoss	sa Russell			_						
110			t name and title				residen	t	····			
			preparer's name	Preparer's signature		Date			T =	~1b		
D - 1	:		•	1 '	CDA	Date		neck _	J"	TIN	_	
Pai		***************************************	nompson, CPA	Dan Thompson,		<u> </u>	SE	elf-employe	d P	00139244	<u> </u>	
	epare e On	.1 (ts								
U 3	e OII	Firm's addre	Firm's address 4305 Hacienda Dr, Suite 340						Firm's EIN 87-2443815			
			Pleasanton,	CA 94588			PI	none no.	925-	425-9307		
May	the I	RS discuss thi	is return with the preparer	shown above? See insti	ructions					X Yes	No	

	990 (2						, Inc.								45-5	55510	29	Р	age 2
Pai	t III						rvice Ac												
							esponse o	r note	to any	line in	this Pa	<u>rt III</u>							. X
1	-			-		s missi													
							to empo												
							<u>this</u>			oring	_ed	ucating	g and]	prote	cting	surv	ivors	o <u>f</u>	
	numa	an ti	carri	CKIN	g an	a_tne	eir con	nmuni	ty.								·		
2	Did th	e organ	nization	under	take a	nv siani	ificant prog	gram s	ervice	s during	the ve	ar which	were not I	isted on	the prior				
_		990 or				-		-							,	r	Yes	X	No
	If "Yes	s," des	cribe th	ese ne			Schedule									Ц		M	
3	Did th	e organ	nization	cease	condu	ucting, o	or make si	gnifica	nt cha	nges in	how it	conducts,	any prog	ram sen	vices?	П	Yes	X	No
							edule O.									نسا			
4	Descri	ibe the	organi	zation's	s progr	am ser	vice accor	nplishn	nents	for eacl	of its	three larg	est progra	m servi	ces, as n	neasure	d by ex	pense	\$.
	Section	on buil(i evenue.	c)(ತ) ar . if any	na 501(, for ea	(c)(4) o ich pro	irganiza oram s	itions are i	require orted.	d to re	eport th	e amou	nt of gran	its and alle	ocations	to other	s, the to	otal expe	enses	,
					•	•	,												
4a	(Code	:		(Ехре	enses	\$	921,	683.	includ	ling gra	nts of	\$) (F	Revenue	\$	64	2,55	9.)
	Rest	torat	ion	Serv	ices														
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														·					
4b	(Code	 ::		Expe	enses	\$	443.1	800	includ	ling gra	nts of	\$	·) (F	Revenue	Ś	53	2,65	0)
	Worl	k For								3 3						***********			<u>'</u> '
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														·					
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4c	(Code	:		(Expe	enses	\$	241.	306	includ	ling gra	nts of	\$	***************************************) (F	Revenue	Ś	-1		
						Prog						`				-			
																			
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4d	 Other	progra	m serv		escribe	 e on Sc	hedule O.			 See :	Sched	ule 0							
4d	Other (Exper		m serv	ices (D			hedule O.;				Sched	ule 0) (Reve	nue \$		35.	846.)	

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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b	-	Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		х
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	:	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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
	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
	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 Q	38	Х	
rar	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.		Yes	·
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		145	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<u>.</u>	
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Form 990 (2022) Love Never Fails, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
Ŀ	nents, filed for the calendar year ending with or within the year covered by this return	30 2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	····	^	+-
	of the organization have differenced business gross income of \$1,000 or more during the year?		 	X
		. 3b		
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	\exists		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	: If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		Х
b	If "Yes," did the erganization include with every solicitation an express statement that such contributions er gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			1
L	services provided to the payor?	. 7a	ļ	X
	o If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b	ļ	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	. 7c		X
d	I If "Yes," indicate the number of Forms 8282 filed during the year			
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		X
	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	<u></u>	
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?		ļ	<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	of Initiation fees and capital contributions included on Part VIII, line 12	_		
	Section 501(c)(12) organizations. Enter:	\dashv		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources	\dashv		
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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.			
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?		ļ	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 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(s) during the year?	. 15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		X
	If "Yes," complete Form 4720, Schedule O.	. 16	1855117	_^
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.			
BAA	TEEA0105L 09/01/22		990	10000

45-5551029 Page 6 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..... Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?..... X 5 Did the organization have members or stockholders?.... 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body?..... 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a **b** Each committee with authority to act on behalf of the governing body?..... 8h X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?.... 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13..... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 12c Х X 13 14 Did the organization have a written document retention and destruction policy?..... X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... X 15a **b** Other officers or key employees of the organization..... X 15h If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... $\overline{\mathbf{X}}$ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) 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. See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records. R&R Professional Services 981 Market Street Alameda CA 94501 (510) 865-2668

Form	990	(2022)	Love	Never	Fails.	Tnc
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Page 7

Form 990 (2022)

Part VII Compensation of Officers, D	irectors, Trustees, I	Key Employees, Highest	Compensated Employees	, and
Independent Contractors				•

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

BAA

Check this box if neither the organization nor any r	elated org	aniza	ation	cor	npe	nsate	d a	ny current officer	, director, or trustee	*
				(C))					
(A) Name and title	(B) Average hours per	is	both	an c	officer /truste	eck moss pers and a ee)		(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Vanessa Russell	40									
President	0			Х				91,291.	0.	0.
(2) HuLynne Besharatpour Treasurer/Direc	2 0	X	-					0.	0.	0.
(3) Karla Rivera	2									<u> </u>
Director	0	X						0.	0.	0.
(4) Mick Burke	2									
Secretary	0	X		Х				0.	0.	0.
(5) Alvin DaCosta	2									
Vice President	0	X						0.	0.	0.
(6) Ed Sayson	2									
Director	0	X						0.	0.	0.
(7) Brianna Willams	22									
Director	0	X						0.	0.	0.
	 									
(9)										
(10)		 			 					
(11)		ļ								
(12)										
(13)		_								
(14)										

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Part VI	Section A. Officers, Directors, II	~~~~~	Key	Er			es,	an	d Highest Coi	npensated	Emp	loyee	≥S (con	tinued)
	(A) Name and title	Average hours per week	offic	cer a	Po: check	direct	than is boti or/trus	tee)	(D) Reportable compensation from	(E) Reportable compensation from		(F) Estimated amount of other		ount
		(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	relatéd organiza (W-2/1099- MISC/1099-NE	(C)	compe the c	ensation organizati od related anization	ion 1
(15)			1											
(16)			-											
(17)			 									***************************************		
(18)			-			_								
(19)		<u> </u>	 											
(20)			-											
(21)			+			-							***************************************	
(22)		 										-	•	
(23)		_	 					 						
(24)			-					<u> </u>						
(25)			 				 	 -					************	
1b Sub	ototal	<u> </u>	<u> </u>		l	<u> </u>	<u></u>	<u> </u>	91,291.		0.			0.
c Tota	al from continuation sheets to Part VII, Section								0.		0.		***************************************	0.
	al (add lines 1b and 1c)								91,291.		0.			0.
	al number of individuals (including but not limn the organization	ited to tho	se lis	sted	abo	ve)	who	rece	eived more than \$	100,000 of rep	ortabl	e com	pensat	ion
3 Did	the organization list any former officer, direc	tor truster	e ke	v en	nnin	Vee	or h	iahe	est compensated	employee	***************************************		Yes	No
on I	ine 1a? If "Yes, "complete Schedule J for suc any individual listed on line 1a, is the sum of	h individua	al	•••	• • • •	• • • •		•••			• • • • •	. 3		Х
the	organization and related organizations great h individual	er than \$15	50.00	0? /	lf "Y	'es."	com	plet	e Schedule J for			. 4		Х
for s	any person listed on line 1a receive or accru services rendered to the organization? If "Ye	e compens s," comple	sation te So	n fro	m a dule	ny u <i>J fo</i>	inrela r suc	ated th po	l organization or in	ndividual		. 5		Х
1 Con	B. Independent Contractors nplete this table for your five highest compen pensation from the organization. Report com	sated inde	pend	lent	con	trac	tors t	that	received more the	an \$100,000 of	f in min +			
	(A) Name and business add		101 (i ie C	Jaiei	luar	year	- CIII	Description)		(ir. (C) ensatio	n
***************************************		***************************************												
2 Tota	al number of independent contractors (includi	ng but not	limit	ed t	o th	ose	listed	d ah	ove) who received	d more than				
	0,000 of compensation from the organization			· •										

Statement	

		Check if Schedule O contains	a response or note to any	y line in this Part VI	II		П
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ž ž	1a	Federated campaigns	1a				
ir a	b	Membership dues	1b				
A S	C	Fundraising events	1c				
Giff	d	Related organizations	1d				
Sir.	e	Government grants (contributions) All other contributions, gifts, grants, and	1e			189	
Contributions, Gifts, Grants, and Other Similar Amounts	•	similar amounts not included above	If 2,283,665.				
d di	g	Noncash contributions included in lines 1a-1f	_				
S C	h	Total. Add lines 1a-1f.		2,283,665.		6	
e			Business Code	2,200,000.	100		
Program Service Revenue	2a						
e Be	b						
Κį	C						
S	a						
Iran	f	All other program service revenu	_				
Ď.	g		L				
	3	Investment income (including div	idends, interest, and				
		other similar amounts)					
	4	Income from investment of tax-ex					
	5	Royalties					
	6a	Gross rents 6a	(ii) T draoridi	-			
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	đ	Net rental income or (loss)					
	7a	Gross amount from (i) Secu	rities (ii) Other				
		sales of assets other than inventory 7a		1		1963	
	b	Less: cost or other basis and sales expenses 7b		1			8
	c	Gain or (loss) 7c		-			
		Net gain or (loss)					
ø	8a						
Š		(not including \$					
eĸ		of contributions reported on line 1c).					
ير بر	L	See Part IV, line 18	8a	1			
Other Revenue	1	Less: direct expenses Net income or (loss) from fundrai	sing events		Page 100		
U			Janig Greats				
	Ja	Gross income from gaming activities. See Part IV, line 19	9a	1965 per 1965			
		Less: direct expenses	9b	1			
	С	Net income or (loss) from gaming	activities				
	10a	Gross sales of inventory, less returns and allowances		-			
	h	Less: cost of goods sold	10a 10b				
		Net income or (loss) from sales of	1 1				
0			Business Code				
5 e	11a						
	11a b c d						
Scellaneous Revenue	C	A.D					
5 -							
		Total. Add lines 11a-11d Total revenue. See instructions					19
2 A A	. 4	Total revenue. See Instructions		2,283,665.	0.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX. (A) Total expenses (D) (B) (C) Do not include amounts reported on lines Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22...... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees 91,291 68,468. 22,823 0. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. Other salaries and wages 1,179,034 884,276. 294,758. Pension plan accruals and contributions (include section 401(k) and 403(b) Other employee benefits 18,918 14,189 4,729 Payroll taxes..... 82,540 61,905. 20,635. Fees for services (nonemployees): a Management..... c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17. . . . f Investment management fees...... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 05Ch. 0 547,096. 410,322. 136,774. Advertising and promotion..... 21,019.12 15,764. 5,255. 13 Office expenses..... 70,712. 53,034. 17,678. Information technology..... 14 15 Royalties 16 46,561 34,921. 11,640. 17 14,457. 3,614. 10,843. Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 20 Interest..... Payments to affiliates..... 21 22 Depreciation, depletion, and amortization . . . 494 371 123. 23 Insurance..... 35,595 26,696. 8,899 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)..... Program Costs - Safe House 223,400 167,550 55,850 Program Costs - Other 56,630 42,473. 14,157 Other Operation Costs 14,542 10,907 3,635 d Workers Compensation Insurance 9,254 6,941 2,313 e All other expenses..... 24,842 18,632. 6,210. 25 Total functional expenses. Add lines 1 through 24e . . . 2,436,385. 1,827,292. 609,093. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).....

		Check if Schedule O contains a response or note to	any mic ii	ii uns i ait A	(A) Beginning of year	<u> </u>	(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			514,023.	2	70,091.
	3	Pledges and grants receivable, net			199,922.	3	143,524.
	4	Accounts receivable, net			477.	4	599,175.
	5	Loans and other receivables from any current or formetrustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, of contributo	director, or, or 35%		5	
	6	Loans and other receivables from other disqualified persection 4958(f)(1)), and persons described in section 4	ersons (as	defined under		6	
	7	Notes and loans receivable, net			1	7	
S	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			L.	9	
As	_		1 1			-	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,318.			
		Less: accumulated depreciation		2,010.	1,185.	10c	1,318.
	11	Investments – publicly traded securities		11	1,310.		
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15	154,094.		
	16	Total assets. Add lines 1 through 15 (must equal line 3		16	968,202.		
	17	Accounts payable and accrued expenses		17			
	18	Grants payable				18	
	19	Deferred revenue			L	19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part I'				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per		22			
	23	Secured mortgages and notes payable to unrelated th			1	23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Comp				25	682,537.
	26	Total liabilities. Add lines 17 through 25			514,722.	26	682,537.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X	C			
ala	27	Net assets without donor restrictions				27	285,665.
8	28	Net assets with donor restrictions		<u></u>		28	
Fund		Organizations that do not follow FASB ASC 958, checand complete lines 29 through 33.	k here				
7	29	Capital stock or trust principal, or current funds				29	
				30			
ets (30	Paid-in or capital surplus, or land, building, or equipm	ent tuna	· · · · · · · · · · · · · · · · · · ·	1	1 ~~	
ssets (30 31	Retained earnings, endowment, accumulated income,	or other fo	unds		31	
Net Assets or Fund Balance		- · · · · ·	or other fu	unds	200,886.		285,665.

Par	t XI Reconciliation of Net Assets			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)			65.
2	Total expenses (must equal Part IX, column (A), line 25)			385.
3	Revenue less expenses. Subtract line 2 from line 1			720.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			386.
5	Net unrealized gains (losses) on investments.		<u> </u>	
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments	***************************************		
9	Other changes in net assets or fund balances (explain on Schedule O). See Schedule O g	2	37.4	199.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).			565.
Par	t XII Financial Statements and Reporting			
······································	Check if Schedule O contains a response or note to any line in this Part XII			П
			Yes	,
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 Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	***********	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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?	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			
	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 audit, 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 Schedule 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		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
BAA		Form	990	(2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

OMB No. 1545-0047

Open to Public Inspection

Lov	e Never Fails, Inc.					45-555102	Q			
	t Reason for Public Char	ity Status. (All ord	ganizations must co	mplete	e this r					
	organization is not a private found									
1	A church, convention of chur	· ·	- ·		•	•				
2	A school described in section									
3	A hospital or a cooperative h				(bY1YA)	ain.				
4							er the hospital's			
	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5	governmental unit des	cribed in								
6	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X An organization that normally in section 170(b)(1)(A)(vi).	y receives a substanti Complete Part II.)	al part of its support fro	m a gov	ernment	tal unit or from the gene	eral public described			
8	A community trust described	in section 170(b)(1)(/	A)(vi). (Complete Part II	.)						
9	An agricultural research orga	nization described in	section 170(b)(1)(A)(ix)	operate	d in con	iunction with a land-gra	nt college			
	or university or a non-land-gr	rant college of agricul	ture (see instructions).	Enter th	e name,	city, and state of the co	ollege or			
10	An organization that normally from activities related to its e investment income and unrel June 30, 1975. See section 5	exempt functions, sub lated business taxable	ject to certain exception income (less section 5	s: and (2) no ma	ore than 33-1/3% of its	support from aross			
11	An organization organized ar	nd operated exclusive	ly to test for public safe	ty. See	section :	509(a)(4).				
12	An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) or	section	1509(a)(2). See section 509/aV3	the purposes of one). Check the box on			
а	Type I. A supporting organization(s) the power to complete Part IV, Sections A	ation operated, supen regularly appoint or e	vised, or controlled by it	s sunno	rted ora	anization(s) typically by	giving the supported anization. You must			
b	Type II. A supporting organiz		antrallad in assumantian :	:41- 14		d				
-	management of the supporting must complete Part IV, Section	ng organization vester	d in the same persons t	hat cont	rol or ma	a organization(s), by na anage the supported or	ganization(s). You			
С	Type III functionally integrate organization(s) (see instruction	ed. A supporting orga ons). You must comp	nization operated in cor lete Part IV, Sections A	nection , D , and	with, an E.	d functionally integrated	d with, its supported			
d	Type III non-functionally inte functionally integrated. The cinstructions). You must comp	rganization generally	must satisfy a distributi	on requ	ction with irement	n its supported organiza and an attentiveness re	ition(s) that is not equirement (see			
e	Check this box if the organization integrated, or Type III non-fu	ation received a writtenctionally integrated s	en determination from the supporting organization.				II functionally			
f	Enter the number of supported of									
g	Provide the following information	n about the supported	organization(s).				1			
•	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your g	Is the tion listed governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
				<u> </u>						
(B)										
(C)										
(D)										
(E)										
Total										

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		ou bolow, picuso	complete rart in.	/		
beg	endar year (or fiscal year inning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	591,749.	813,899.	1,384,014.	1.083.887.	2,283,665.	6,157,214.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					2,233,333.	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	591,749.	813,899.	1,384,014.	1,083,887.	2-283-665	0. 6,157,214.
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)						0.
6	Public support. Subtract line 5 from line 4						6,157,214.
Sec	tion B. Total Support					I	0/13/,213.
Cale begi	endar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	591,749.	813,899.	1,384,014.	1,083,887.	2,283,665.	6,157,214.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
11	Total support. Add lines 7 through 10						6,157,214.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)				0.
13	First 5 years. If the Form 990 is f organization, check this box and	or the organization stop here	n's first, second,	third, fourth, or fif	th tax year as a s	ection 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support I	Percentage				
14	Public support percentage for 20	22 (line 6, column	(f), divided by lin	e 11, column (f)).		14	100.00%
	Public support percentage from 2 33-1/3% support test—2022. If the	e organization did	not check the ho	v on line 13 and	line 1/1 ic 33 1/3%	or more shock th	100.00 %
	and stop nere. The organization	qualifies as a pub	licly supported or	ganization	• • • • • • • • • • • • • • • • • • • •		X
b	33-1/3% support test—2021. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13 or 16a, ganization	and line 15 is 33-	1/3% or more, che	eck this box
17a	10%-facts-and-circumstances ter or more, and if the organization the organization meets the facts-	meets the tacts ar	d-circumetaneae	tact chaple this he	w and atam baua	Combain in Dank VA	An array
	10%-facts-and-circumstances tes or more, and if the organization r organization meets the facts-and	neets the facts-an- -circumstances te	id-circumstances st. The organizati	test, check this bo on qualifies as a p	ox and stop here. Sublicly supported	Explain in Part VI organization	how the
	Private foundation. If the organiz	ation did not chec	k a box on line 13	3, 16a, 16b, 17a, d	or 17b, check this	box and see instr	uctions
RAA			***************************************				

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				(4) 2021	(0) 2.022	(1) 10121
	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513.						
4	Tax revenues levied for the organization'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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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.						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Calend	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
-	Amounts from line 6						
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses						
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is						
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.)						
10a b c 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is forganization, check this box and	stop here		nird, fourth, or fif	th tax year as a	section 501(c)(3)	
10a b c 11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is forganization, check this box and tion C. Computation of Pu	blic Support	Percentage				
10a b c 11 12 13 14 Sect	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is forganization, check this box and tion C. Computation of Pu	blic Support 22 (line 8, column	Percentage	e 13, column (f)).			
10a b c 11 12 13 14 Sec 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is forganization, check this box and tion C. Computation of Pu Public support percentage from 20, 20, 20, 20, 20, 20, 20, 20, 20, 20,	blic Support 22 (line 8, columr 2021 Schedule A,	Percentage (f), divided by lin. Part III, line 15	≥ 13, column (f)).			
10a b c 11 12 13 14 Sec: 15 16 Sec:	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is forganization, check this box and tion C. Computation of Pu Public support percentage for 20 tion D. Computation of Invitor Interest in the support percentage from 2 tion D. Computation of Invitor Interest in the support percentage from 2 tion D. Computation of Invitor Interest in the support percentage from 2 tion D. Computation of Invitor Interest in the support percentage from 2 tion D. Computation of Invitor Interest in the support percentage from 2 tion D. Computation of Invitor Interest	blic Support 22 (line 8, column 2021 Schedule A, restment Inco	Percentage n (f), divided by lin Part III, line 15 ome Percentag	13, column (f)).			
10a b c 11 12 13 14 Sect 15 16 Sect 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is forganization, check this box and the companies of t	blic Support 22 (line 8, column 2021 Schedule A, restment Inco or 2022 (line 10c,	Percentage n (f), divided by lin Part III, line 15 ome Percentag column (f), divided	e 13, column (f)). e b l by line 13, colur	mn (f)).		
10a b c 11 12 13 14 Sec: 15 16 Sec: 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is forganization, check this box and tion C. Computation of Pupublic support percentage for 20; Public support percentage from 2 tion D. Computation of Investment income percentage for Investment Income In	blic Support 22 (line 8, column 2021 Schedule A, restment Inco or 2022 (line 10c, om 2021 Schedu	Percentage n (f), divided by lin Part III, line 15 pme Percentag column (f), divided le A, Part III, line 1	e 13, column (f)). e l by line 13, colur 7	mn (f))		90
10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is forganization, check this box and tion C. Computation of Pupublic support percentage for 20; Public support percentage from 2 tion D. Computation of Investment income percentage from 13-1/3% support tests—2022. If this not more than 33-1/3%, check	blic Support 22 (line 8, column 2021 Schedule A, restment Inco or 2022 (line 10c, om 2021 Schedul ne organization di this box and stop	Percentage n (f), divided by lin Part III, line 15 pre Percentag column (f), divided le A, Part III, line 1 id not check the bookere. The organize	e 13, column (f)). e by line 13, column 7	mn (f)). I line 15 is more sa publicly suppo	15 16 17 18 than 33-1/3%, and orted organization	\$ \$ \$ \$ line 17
10a b c 11 12 13 14 Sect 17 18 19a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is forganization, check this box and the companies of t	blic Support 22 (line 8, column 2021 Schedule A, restment Inco or 2022 (line 10c, om 2021 Schedul ne organization di this box and stop ne organization di check this box a	Percentage n (f), divided by lin Part III, line 15 me Percentag column (f), divided le A, Part III, line 1 id not check the bo here. The organiz id not check a box and stop here. The	e 13, column (f)). By line 13, column 7	mn (f)). I line 15 is more is a publicly support 19a, and line 16 lifies as a publicly	15 16 17 18 than 33-1/3%, and orted organization is more than 33-1 y supported organization organ	\$ \$ \$ \$ line 17

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

			Yes	No
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.	1		
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).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
	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.	3b		
	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.	3c		
4	a 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.	4a		
	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.	4b	2. 1	
•	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.	4c		
5	a 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).	5a		
ı	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		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 filling 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 (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).	7		
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).	8		
98	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		
ł	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.	9b		
(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.	9c		
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.	10a		
ŀ	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.)	106		

rai	Tiv Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	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 line 11a above?	11b		
C	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		
Sec	tion B. Type I Supporting Organizations			
	Did the accoming health manufacture of the accoming health of the second state of the		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
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		
Sec	tion D. All Type III Supporting Organizations			
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	Yes	No
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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		l	l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	onel		
		onsj.		
(The organization supported a governmental entity. Describe in Fait VI now you supported a governmental entity (see	nstruc	uons).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
ŧ	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ł	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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.	3a		
ŀ	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		

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organizations	on Nov s must	/. 20, 1970 (explain in F complete Sections A th	Part VI). See Irough E.
Sec	tion 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		
ec	tion 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):			
ē	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
•	Fair market value of other non-exempt-use assets	1c		
C	I Total (add lines 1a, 1b, and 1c)	1d		
6	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4		4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integ	rated 1	Type III supporting orga	nization

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sec	Section D — Distributions								
1	Amounts paid to supported organizations to accomplish exempt purposes	1							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2							
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3							
4	Amounts paid to acquire exempt-use assets	4							
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5							
6	Other distributions (describe in Part VI). See instructions.	6							
7	Total annual distributions. Add lines 1 through 6.	7							
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8							
9	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	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			100
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2022 distributable amount		0.00	
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA

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.)

SCHEDULE D (Form 990)

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection
Employer Identification number

Love Never Fails, Inc.	45-5551029
Part I Organizations Maintaining Donor Advised Funds or Other Sim	ilar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	(5) 1.1.25 4.15 4.15 4.05 4.05
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in are the organization's property, subject to the organization's exclusive legal control?	n donor advised funds
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant for charitable purposes and not for the benefit of the donor or donor advisor, or for any of impermissible private benefit?.	funds can be used only
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education)	ervation of a historically important land area
	ervation of a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a conservation easement on the
last day of the tax year.	
	Held at the End of the Tax Year
a Total number of conservation easements.	
b Total acreage restricted by conservation easements.	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after July 25, 2006 and not or	na
historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or term tax year	inated by the organization during the
Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection,	to a series of the series of t
and enforcement of the conservation easements it holds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and er	nforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforci	ing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of and section 170(h)(4)(B)(ii)?	section 170(h)(4)(B)(i) Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue include, if applicable, the text of the footnote to the organization's financial statements that conservation easements.	and avanage statement and believe should
Part III Organizations Maintaining Collections of Art, Historical Treasur Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	res, or Other Similar Assets.
1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or research Part XIII the text of the footnote to its financial statements that describes these items.	e statement and balance sheet works of art, ch in furtherance of public service, provide in
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta historical treasures, or other similar assets held for public exhibition, education, or researce following amounts relating to these items:	obsing treethouseness of myshills as well a succeeded to
(i) Revenue included on Form 990, Part VIII, line 1	s
following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X.	š
If the organization received or held works of art, historical treasures, or other similar asset amounts required to be reported under FASB ASC 958 relating to these items:	ts for financial gain, provide the following
a Revenue included on Form 990, Part VIII, line 1	s
b Assets included in Form 990, Part X	s

Part III	Organizations Mainta	ining Collectio	ns of Art, Histo	rical Treasures, or	Other Similar Asset	s (cont	inuea)
3 Using items	the organization's acquisition (check all that apply):	on, accession, and	other records, che	eck any of the following	that make significant u	se of its	collect	ion
	blic exhibition		d Loan	or exchange program				
b Sc	holarly research		e Other					
c Pr	eservation for future genera	ations	L	•			·····	
4 Provid Part X	e a description of the orgar III.	ization's collection	ns and explain how	they further the organi	ization's exempt purpos	a in		
to be s	the year, did the organizat old to raise funds rather th	an to be maintaine	ed as part of the or	ganization's collection?	,	Yes	[No
Part IV	Escrow and Custod reported an amount on Fo	ial Arrangeme rm 990, Part X, li	nts. Complete if t ne 21.	he organization answer	red "Yes" on Form 990,	Part IV, li	ne 9, d	or
1 a Is the	organization an agent, trust	ee, custodian or c	ther intermediary t	for contributions or othe	er assets not included			
b If "Yes	m 990, Part X? ," explain the arrangement	in Part XIII and co	omplete the following	ng table:		Yes		No
c Region	ing halanca					Amount	<u>:</u>	
	ing balance ns during the year							
	utions during the year							******************
	balance							
	organization include an ar						-	
b If "Yes	," explain the arrangement	in Part XIII. Checl	chere if the explar	nation has been provide	ed on Part XIII		<u> </u>	No
Part V	Endowment Funds.				Part IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) F	our year	s back
	ing of year balance						***************************************	
and los	estment earnings, gains,							
d Grants	or scholarships				***************************************			
and pro	expenditures for facilities grams							
	strative expenses							
	year balance [***************************************	
	the estimated percentage		r end balance (line	e 1g, column (a)) held a	as:		***************************************	
	designated or quasi-endow	ment	 8					
b Perma	nent endowment	**************************************						
-	ndowment							
The pe	rcentages on lines 2a, 2b,	and 2c should equ	al 100%.					
3 a Are the	ere endowment funds not in	the nossession o	f the organization t	hat are held and admir	victored for the			
organiz	cation by:					Γ	Yes	No
	related organizations							
(ii) Re	lated organizations					. 3a(ii)	m-m	
b If "Yes	on line 3a(ii), are the rela	ted organizations I	isted as required o	on Schedule R?		3b	***************************************	<u> </u>
4 Describ	e in Part XIII the intended	uses of the organi	zation's endowmer	nt funds.		<u> </u>		
Part VI	Land, Buildings, and Complete if the organizati		on Form 990 Par	t IV line 11a See Form	1 990 Part Y line 10	-		
	Description of property		ost or other basis			/ B C		
1 a Land			(investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a) E	Book va	alue
	js	L						
	old improvements	3				···		
	ent	L		4				
				1,318.		•	1	<u>,318.</u>

BAA	es 1a through 1e. <i>(Column</i>	(u) must equal Fo	orm 990, Part X, co	oiumn (B), line 10c.)				,318.
UMM					Sched	lule D (Fo	orm 99	0) 2022

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Part VII	Investments — Other Securities. Complete if the organization answered "Yes" of	n Form 990 Part IV li	N/A ine 11h See Form 990 Part Y line 12	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	
	Il derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				······································
(C)				······································
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Columi	(b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII	Investments — Program Related.	. 	N/A	
	Complete if the organization answered "Yes" of	n Form 990, Part IV, li	ine 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, column (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	n rorm 990, rart IV, II scription	ine 11a. See Form 990, Part X, line 15.	(b) Book value
(1) Righ	it of use Lease	3011011		154,093
(2) Rour				154,055
(3)				
(4)				
(5)				***
(6)				
(7)				
(8)				
(9)		·····		
(10)	42 200 5 111			
	mn (b) must equal Form 990, Part X, column (E	3) line 15.)		154,094
Part X	Other Liabilities. Complete if the organization answered "Yes" of	in Form 000 Port IV II	ine 11e or 11f Con Form 000 Deet V	ino OE
1.	(a) Descri	ription of liability	ine the of thi. See Form 330, Fait A, i	(b) Book value
	al income taxes	- priori or naomey		(b) DOOK Value
	ent Liab			64,861
	e Liability, non-cur			117,776
	Loan/SBA Loan			499,900
(5)				,
(6)				
(7)				
(8)				
(9)				
(10)		****		
(11)				
otal. (Column	(b) must equal Form 990, Part X, column (B) line 25.)			682,537
- Liability for	uncertain tax positions. In Part XIII, provide the text of the for	otnote to the organization's f	inancial statements that reports the organization'	s liability for uncertain
ax positions ur	nder FASB ASC 740. Check here if the text of the footnote has	been provided in Part XIII		· · · · · · · ·

Total novel raile, inc.	43-333102	rage •
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	2,283,665.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		2/200/000.
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.).		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	2,283,665.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		2,203,003.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4.0	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,283,665.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	2,200,000.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements.	1 1	2 426 205
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	···· • • • • • • • • • • • • • • • • •	2,436,385.
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	2e	
3 Subtract line 2e from line 1	3	2 426 205
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		2,436,385.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,436,385.
Part 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.

BAA

Schedule D (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

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

2022

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Schedule M (Form 990) 2022

OMB No. 1545-0047

Par		er Fails, Inc. pes of Property			45-	-5551029	
Fa	ice Try	pes of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determinencesh contribution a	ning amounts
1	Art – W	orks of art					
2		storical treasures	<u> </u>				······································
3	Art - Fr	actional interests					***************************************
4	Books a	nd publications					
5		and household goods			1,131.	Purchase Price	<u> </u>
6		d other vehicles			1,101.	Tarchabe 111ce	<u>'</u>
7	Boats a	nd planes					
8	Intellect	ual property					
9		es – Publicly traded					
10	Securitie	es – Closely held stock					
11		es – Partnership, LLC, or trust intere					
12	Securitie	es - Miscellaneous					
13		d conservation contribution — structures					
14		conservation contribution - Other.	L				»»««««««««««««««««««««««««««««««««««««
15		ate - Residential	L.				
16		ate - Commercial					
17		ate - Other					
18		les	l				***************************************
19		rentory	L				
20		nd medical supplies				 	
21		ny				<u> </u>	
22		artifacts					
23		specimens	L				
24		ogical artifacts	ı				
25	Other	(Staff Coaching		1.4	20 550	 	
26	Other	(Starr coating	· · · · · ·	14	39,550.	Hourly Rate	
27	Other	()				
28	Other	()				
29	Number	of Forms 8283 received by the organ tion completed Form 8283, Part V, [nization during the	l e tax year for contribution gement	ons for which the	29	
	for exem	ne year, did the organization receive old for at least 3 years from the date opt purposes for the entire holding pe describe the arrangement in Part II.	e of the initial con eriod?	tribution, and which isn'	t required to be used		No X
31				res the review of any no	netandard contribution	-2	
-	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?						X
L		describe in Part II.		• • • • • • • • • • • • • • • • • • • •		32a	X
			nakima (-) siii				1
	describe	panization didn't report an amount in in Part II.			ch column (a) is checke	d,	
ВАА	For Pape	erwork Reduction Act Notice, see the	e Instructions for	Form 990.		Schedule M (Form 99	90) 2022

TEEA4601L 09/09/22

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

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Love Never Fails, Inc

Employer identification number 45-5551029

Form 990, Part III, Line 4d - Other Program Services Description

Community Activism '

Form 990, Part VI, Line 11b - Form 990 Review Process

Copy of Form 990 is reviewed by the President and the Vice President of the board of directors prior to filing.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

Form 990, Part IX, Line 11g Other Fees For Services

	(A) Total	(B) Program Services	(C) Management & General	(D) Fund- raising			
Event Registration Fees Outside Services Tota	1,185. 545,911. 1 \$ 547,096.	889. 409,433. \$ 410,322.	296. 136,478. \$ 136,774.	0.			
Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances							
Prior Period Audit AdjRounding				237,499.			
			Total 🕏	237,499.			