#### EXTENDED TO NOVEMBER 15, 2023

### Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

2022

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/Form990EZ for instructions and the latest information.

For the 2022 calendar year, or tax year beginning 2022, and ending Check if applicable: C Name of organization D Employer identification number LIVE TO LOVE FOUNDATION USA Address change 26-3069538 A.K.A. LIVE TO LOVE INTERNATIONAL Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Initial return
Final return/
terminated 745 5TH AVENUE 310-880-7263 STE 50 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return NEW YORK, NY 10151 Application pending Number Cash X Accrual **H** Check Accounting Method: Other (specify) if the organization is WWW.LIVETOLOVE.ORG not required to attach Schedule B Website: Tax-exempt status (check only one) - X 501(c)(3) 501(c) ( 4947(a)(1) or 527 (insert no.) (Form 990). Form of organization: X Corporation Trust \_\_\_\_ Association \_\_ Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 84,030. column (B)) are \$500.000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 74,140Contributions, gifts, grants, and similar amounts received 9,890 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 Investment income ..... 4 **5a** Gross amount from sale of assets other than inventory **b** Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than Revenue 6a **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7b **b** Less; cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7с Other revenue (describe in Schedule 0) 8 84,030. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

Grants and similar amounts paid (list in Schedule 0)

SEE SCHEDULE O 9 163,277. 10 10 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits 12 12 60,359. 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 29,632. 16 Other expenses (describe in Schedule 0) 16 17 253,268. Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (subtract line 17 from line 9) -169,238. 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 379,404. (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule 0) 0. 20 210,166. Net assets or fund balances at end of year. Combine lines 18 through 20

.HA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2022)

Pa	art II Balance Sheets (see the instructions for Part	II)				
	Check if the organization used Schedule O to	respond to any ques	tion in this Part II			X
	-		(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		379,404	• 22		202,230.
23	Land and buildings			23		
24	THE CONTRACTOR OF THE CONTRACT	<b>3</b> O	0	• 24		7,936.
25			379,404	• 25		210,166.
26			0	• 26		0.
27			379,404	• 27		210,166.
Pa	art III Statement of Program Service Accomplish				Ex	(penses
	Check if the organization used Schedule O to	•	•		Required	for section
Wha	at is the organization's primary exempt purpose?SEE SCHEDULI					and 501(c)(4) ons; optional for
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise						ons, optional for
	ner, describe the services provided, the number of persons benefited, and other relevant		poriodor in a cidar arra domeses			
28	SEE SCHEDULE O					
				_		
	(Grants \$ 163, 277 • ) If this amount includes fore	eign grants, check here		<u> </u>	8a	225,112.
29		ngri gramo, oncon noro		<del>-  -</del>	-	
	(Grants \$ ) If this amount includes fore	oian arante chock horo		<u> </u>	9a	
30	(Grants \$ ) It this amount includes lore	agri grants, check here		<del></del>	Ja	
00				-		
	(Cranto \$\)	sign granta, abaal, bara		<u> </u>	0a	
	(Grants \$ ) If this amount includes fore			<u> </u>	Ua	
		description of the second		را ر		
	(Grants \$ ) If this amount includes fore	eign grants, check here			1a 32	225,112.
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Ko	av Employees //ist seek	and along if not company and			
F				see the m	Structions	or Part IV)
	Check if the organization used Schedule O to	<del></del>			h benefits,	
	7. A.N. 1891	(b) Average hours per week devoted t	compensation (Forms	` contrib	utions to	(e) Estimated amount of other
	(a) Name and title	position	1099-NEC)	plans, an	ee benefit d deferred	compensation
Τλ	MES POTTER	<u>'</u>	(if not paid, enter -0-)			COMPENSATION
				compe	ensation	Compensation
_				compe		'
	IAIR	2.00	0.	compe	0 .	0.
<b>H</b> ()	SATHE DUPART			compe	0.	0.
	SATHE DUPART DARD MEMBER	2.00	0.	compe		'
BU	SATHE DUPART DARD MEMBER JTLER LOONEY	1.00	0.	compe	0.	0.
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BU BO CH	SATHE DUPART DARD MEMBER UTLER LOONEY DARD MEMBER URISTOPHER MILLER	1.00	0.	compe	0.	0.
BU BO CH BO	SATHE DUPART DARD MEMBER JTLER LOONEY DARD MEMBER HRISTOPHER MILLER DARD MEMBER	1.00	0.	compe	0.	0.
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BU BO CH BO KA BO	SATHE DUPART DARD MEMBER UTLER LOONEY DARD MEMBER URISTOPHER MILLER DARD MEMBER ATIE LEWIS DARD MEMBER	1.00	0.	compe	0.	0.
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Part V

A.K.A. LIVE TO LOVE INTERNATIONAL

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Page 3

instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each Х 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended Х documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? X 35a N/A b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Х 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 36 Х complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? Х 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made X 38a in a prior year and still outstanding at the end of the tax year covered by this return? **b** If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. **0** • ; section 4912 **0** • ; section 4955 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Х c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter Х transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed CA THE ORGANIZATION 310-880-7263 42 a The organization's books are in care of Telephone no. 745 5TH AVENUE, STE 500, NEW YORK, NY <u> 10151</u> b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b X account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? X If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/AYes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Х 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead X 44b X c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions Form 990-EZ (2022)

						Y	es	No
	or indirectly, in political campaign activit			· ·				
If "Yes," complete Schedule C, Part I	Drani-ations Only		<u></u>			46		X
	Organizations Only anizations must answer questions 4	7-49h and 52	and complet	e the tables for line	se 50 and 51			
	n used Schedule O to respond to ar		-					
Shook ii the organizatio	Tuded estreadie e te respond to di	ny queetien in	anor are vr .					No
47 Did the organization engage in lobby	ring activities or have a section 501(h) ele	ection in effect d	luring the tax y	ear?				
If "Yes," complete Sch. C, Part II						47	_	<u>X</u>
	ribed in section 170(b)(1)(A)(ii)? If "Yes,"					48	_	X
<b>49 a</b> Did the organization make any trans	ers to an exempt non-charitable related of a section 527 organization?					49a 49b		
	ion's five highest compensated employed						ved n	nore
	n the organization. If there is none, enter	•		o, ao to oo, ama moy o.				
(a) Name and title	of each employee		age hours	(C) Reportable	(d) Health benefits contributions to	.   (-)-		
			devoted to sition	compensation (Forms W-2/1099-MISC/	employee benefit plans, and deferred	amoun		
	NONE	μυ	Sition	1099-NEC)	compensation	Comp	GIISa	LIUII
		_						
		$\dashv$						
		4						
f Total number of other employees pa	id over \$100,000							
	ion's five highest compensated independ			ived more than \$100,	000 of compensa	tion from	the	
organization. If there is none, enter "								
(a) Name and business address	of each independent contractor		(b	<b>)</b> Type of service	(c) (	Compens	ation	
d Total number of other independent of	contractors each receiving over \$100,000	<b>1</b>						
	dule A? <b>Note:</b> All section 501(c)(3) organ		tach a					
						Yes		No
Under penalties of perjury, I declare that I	have examined this return, including acc	ompanying sch	edules and stat	ements, and to the be	st of my knowled	ge and b	elief,	it is
true, correct, and complete. Declaration of	preparer (other than officer) is based on	all information	of which prepa	rer has any knowledg	e.			
Signature of officer					ate			
Sign JAMES POTT	ER, CHAIR							
Type or print name and title	SK, CHAIK							
Print/Type preparer's na	ne Preparer's signature	e	Date	Check	if PTIN			
Paid LAURENCE SCO	OT, MBA, LAURENCE	SCOT, M	BA,	self- emplo	yed			
Preparer CPA	CPA	Laurence Scot	09/29	9/23		53264		
Use Only Firm's name SKO	DY SCOT & CO, CPAS	-		Firm's EIN	010 00			
Firm's address 520	O EIGHTH AVE, SUIT	E 2200		Phone no.	212 96	7-11(	00	
	V YORK, NY 10018					<b>∠</b> Yes	_	NI.
May the IRS discuss this return with the p	TEPATET SHOWN ADOVE? SEE HISH UCHORS					<u>v yes</u> orm <b>990</b>	-F <i>7 (</i>	<u> No</u> 2022)

Form 990-EZ (2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

pen to Public Inspection

Name of the organization LIVE TO LOVE FOUNDATION USA

A.K.A. LIVE TO LOVE INTERNATIONAL

Employer identification number 26-3069538

Paı	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	his part.) S	See instructions.	
he c	organi	zation is not a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organiz						the hospital's name
•		city, and state:	a.i.o.; opo:aioa	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				and market
5		An organization operated for	or the benefit of a co	ullege or university owner	d or operat	ted by a d	overnmental unit descri	hed in
5		section 170(b)(1)(A)(iv). (C		liege of difficulty owner	и ог орста	ica by a g	overnmental unit desert	bed III
6			•	nantal unit dagarihad in e	aaatian 17	70/6\/4\/ 4\	()	
6	X	A federal, state, or local gov	· ·				• •	مناه مانده ماده ماند
′	21	An organization that norma	-	initial part of its support i	rom a gov	emmentai	unit or from the genera	i public described in
•		section 170(b)(1)(A)(vi). (Co		MANAY (Occupated David				
8		A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the collec	ge or
40		university:						
10		An organization that norma	•					*
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) fro	om busine	esses acqu	ilred by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	'				201 111	
11		An organization organized a	•	*	-			,
12		An organization organized a	· ·	· · · · ·	· ·		•	
		more publicly supported or	-					Sheck the box on
		lines 12a through 12d that	* *			-		
а	L	Type I. A supporting orga	•	•	•	•		
		the supported organization			a majority (	of the aire	ctors or trustees of the	supporting
		organization. You must o	-				l - · · · · · · · · · · · · · /- \	d
D		Type II. A supporting org	•					-
		control or management o			ame perso	ons that co	ontrol or manage the su	рропеа
		organization(s). You mus	- · · · · · · · · · · · · · · · · · · ·			41		
С		Type III functionally inte					• •	ed with,
لہ		its supported organization		•				ization(a)
u		Type III non-functionally						
		that is not functionally int requirement (see instruction	-	* .	•		•	liveriess
_		Check this box if the orga	·	-				1
-		functionally integrated, or					a type i, type ii, type ii	
f	Ento	r the number of supported of		rially liftegrated support	ing organiz	Zation.		
		ide the following information	-	ad organization(s)				
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				

Schedule A (Form 990) 2022

#### 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	148,680.	487,889.	316,471.	1163242.	74,140.	2190422.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	148,680.	487,889.	316,471.	1163242.	74,140.	2190422.
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)						680,904.
_6	Public support. Subtract line 5 from line 4.						1509518.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020 316, 471.	(d) 2021 1163242.	(e) 2022	(f) Total
7	Amounts from line 4	148,680.	487,889.	316,471.	1163242.	74,140.	2190422.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						2190422.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	9,890.
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stor						<u></u>
	ction C. Computation of Publ						68.91 %
	Public support percentage for 2022 (					14	<u> </u>
15	Public support percentage from 2021					15	
16a	33 1/3% support test - 2022. If the c	•		•		•	
	stop here. The organization qualifies						
D	33 1/3% support test - 2021. If the condition have						
170	and <b>stop here.</b> The organization qual						
17 a	17a 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 to		·	-		•	
h	10% -facts-and-circumstances tes	•				17a and line 15 is	
Ď	more, and if the organization meets the	· ·				•	1070 OI
	organization meets the facts-and-circ				-		
10	Private foundation. If the organization						
10	i invate iounidation. Il the organizatio	TI GIG HOL CHECK A	DOX OIT III IC 10, 10	a, 100, 17a, 01 17k	י, טוופטת נוווס טטא מ	ina see manacilon	·

Schedule A (Form 990) 2022

#### 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	etion A. Public Support	elow, please con	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and				, ,		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-					+	
4	· ·						
	ization's benefit and either paid to						
_	or expended on its behalf		+			+	
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support			•			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	ne organization's '	I first second third	fourth or fifth tax	vear as a section	501(c)(3) organizat	ion
	check this box and <b>stop here</b>	•		Ť			
Sec	tion C. Computation of Publ						
	Public support percentage for 2022 (I			column (f))		15	Ç
	Public support percentage from 2021					16	Ç
	tion D. Computation of Inves					1.0	
	Investment income percentage for 20					17	(
	Investment income percentage from 2					18	(
	33 1/3% support tests - 2022. If the						
138							17 13 1101
L	more than 33 1/3%, check this box a						<u> </u>
10	33 1/3% support tests - 2021. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che						
<b>Z</b> U	Private foundation. If the organization	i i dia not check a	A DUX UH IME 14, IS	a. Or 190. CHECK t	ins dux and see i	115tfUCtiOHS	

232023 12-09-22

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		_	
	1		
	2		
	3a		
	3b		
	3с		
	- 55		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	Ju		
	9b		
	0-		
	9c		
	10a		
	10b		
lule	Δ (Forr	n 000	2022

that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b За

2a

Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year

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

Schedule A (Form 990) 2022

6

instructions).

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

emergency temporary reduction (see instructions).

	Schedule A (Form 990) 2022 A.K.A. LIVE TO LOVE INTERNATIONAL 26-3069538 Page 7						
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued</sub>	<del></del>			
Sect	ion D - Distributions			Current Year			
_1_	Amounts paid to supported organizations to accomplish exe	empt purposes	•	1			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported					
	organizations, in excess of income from activity			2			
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns 3	3			
_4	Amounts paid to acquire exempt-use assets		4	1			
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	ţ	5			
_6	Other distributions (describe in Part VI). See instructions.			5			
_7_	Total annual distributions. Add lines 1 through 6.		7	7			
8	Distributions to attentive supported organizations to which to	he organization is responsive	e				
	(provide details in Part VI). See instructions.			3			
9	Distributable amount for 2022 from Section C, line 6		(	9			
10	Line 8 amount divided by line 9 amount			)			
Sect	ion 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 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
а	From 2017						
b	From 2018						
С	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7:						
a	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, <i>explain in</i> <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
Ū	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:						
	Excess from 2018						
	Excess from 2019						

Schedule A (Form 990) 2022

c Excess from 2020d Excess from 2021e Excess from 2022

### LIVE TO LOVE FOUNDATION USA A.K.A. LIVE TO LOVE INTERNATIONAL

26-3069538 Page 8

OCHEGGIE A	(FOIIII 990) 2022 11.11.11.1 11.1 10 10 10 11.1111111111
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	(See instructions.)

Schedule A (Form 990) 2022

#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

LIVE TO LOVE FOUNDATION USA A.K.A. LIVE TO LOVE INTERNATIONAL

Employer identification number 26-3069538

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PA	ID:
ACTIVITY CLASSIFICATION: PROGRAM GRANTS	
GRANTEE NAME: PEL DRUKPA CHARITABLE TRUST	
GRANTEE ADDRESS: D301, SUSHANT ARCADE, SUSHANT LOK-1, GURUG	
HARYANA, INDIA	
DATE OF GIFT: 09/06/22	
AMOUNT GIVEN:	
ACTIVITY CLASSIFICATION: PROGRAM GRANTS	
GRANTEE NAME: FOERDERVEREIN LIVE TO LOVE E.V.	
GRANTEE ADDRESS: EPPENDORFER WEG 93A 20259 HAMBURG, GERMANY	
DATE OF GIFT: 05/03/22	
AMOUNT GIVEN:	
ACTIVITY CLASSIFICATION: PROGRAM GRANTS	
GRANTEE NAME: DRUK PEMA KARPO SOCIETY	
GRANTEE ADDRESS: SHEY-LEH, 194101, UNION TERRITORY OF LADAK	
DATE OF GIFT: 12/02/22	
AMOUNT GIVEN:	100,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	163,277.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PROGRAM SERVICE EXPENSES	12,218.
BANK FEES	839.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022		Page 2
Name of the organization  LIVE TO LOVE FOUNDATION USA  A.K.A. LIVE TO LOVE INTERNATIONAL	Employer identific 26-306953	ation number
SOFTWARE & SUBSCRIPTIONS		1,127.
TRAVEL		15,448.
TOTAL TO FORM 990-EZ, LINE 16		29,632.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION BEG. OF	YEAR END	OF YEAR
PREPAID EXPENSES	0.	7,936.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - LIVE TO L	OVE EMPOWER	RS
COMMUNITIES TO SERVE AS GUARDIANS OF THE HIMALAYAS. OUR P	ROJECTS BUI	LD
RESILIENCY AND ARE LOCALLY LED, ENVIRONMENTALLY CONSCIOUS	, AND	

PROVIDING GRANTS TO OTHER ORGANIZATIONS THAT WORK WITH

MARGINALIZED POPULATIONS, WOMEN AND GIRLS, REMOTE,

UNDERSERVED REGIONS, AND AT-RISK VILLAGES AND TRIBES BY

PROVIDING ACCESS TO EDUCATION, MENTORSHIP, EXCHANGE PROGRAMS, AWARENESS

RAISING, ADVOCACY TRAINING, CULTURAL PRESERVATION WORKSHOPS, HERITAGE

EDUCATION, WOMEN'S HEALTH EDUCATION, AND ACCESS TO HEALTHCARE. ALSO,

WORKING WITH LOCAL COMMUNITY GROUPS AND NURTURING THE NEXT GENERATION

INCLUSIVE. WE FOCUS ON SERVING WOMEN AND INDIGENOUS/MARGINALIZED

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

COMMUNITIES.

OF LEADERS THROUGH THE NAROPA FELLOWSHIP.

Schedule O (Form 990) 2022	<u>)</u>			Page 2
Name of the organization	LIVE TO L	OVE FOUNDATI		Employer identification number
	A.K.A. LI	VE TO LOVE 1	INTERNATIONAL	26-3069538
OR INDIRECTLY,	ON A PERSO	NAL BENEFIT	CONTRACT.	
FORM 990EZ. PA	GE 1, BOX C	:		
DBA AS LIVE TO	LOVE INTER	NATIONAL.		