## Form 990

Use Only

EXTENDED TO MAY 15, 2024

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 2023 A For the 2022 calendar year, or tax year beginning JUL 1,  $\overline{2022}$ and ending JUN 30, D Employer identification number C Name of organization Check if applicable: THE ONE LOVE FOUNDATION X Address IN HONOR OF YEARDLEY LOVE, INC. 27-2904497 Doing business as Initial return E Telephone number Room/suite Number and street (or P.O. box if mail is not delivered to street address) 434-981-6711 Final return P.O. BOX 69589 8,547,052. termin-ated G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code X Amended BALTIMORE, MD 21264 H(a) Is this a group return Applica-F Name and address of principal officer: JULIE MYERS for subordinates? \_\_\_\_ Yes X No pending H(b) Are all subordinates included? Yes SAME AS C ABOVE If "No," attach a list. See instructions 1 Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or [ (insert no.) WWW.JOINONELOVE.ORG H(c) Group exemption number J Website: K Form of organization: X Corporation L Year of formation: 2010 M State of legal domicile: MD Other Part I Summary Briefly describe the organization's mission or most significant activities: THE ONE LOVE FOUNDATION IN HONOR OF YEARDLEY LOVE, INC. (THE "FOUNDATION") WAS FOUNDED IN JUNE 2010 Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 67 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) Activities 40000 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year Prior Year** 10,680,366. 7,584,628. Contributions and grants (Part VIII, line 1h) Revenue 105,061. 40,475. Program service revenue (Part VIII, line 2g) 9 160, 152.0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11,398. 26,668. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,811,923. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 10,796,825. n. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 5,552,651. 6,998,702. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 3,310,375 4,038,808. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,863,026. 11,037,510. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,933,<mark>799.</mark> 3,225,587. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 11,401,294. 8,049,610. 20 Total assets (Part X, line 16) 638,492. 21 Total liabilities (Part X, line 26) 764,589. let und 10.636.705. 7,411,118. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Julie Myers Signature of officer Sign JULIE MYERS, CEO Here Type or print name and title Date PTIN Check Print/Type preparer's name 07/17/24 P02024184 MIKE SCHALL Paid self-employed Firm's EIN 81-2950760 SAX LLP Preparer Firm's name

Firm's address 1040 AVENUE OF THE AMERICAS,

NEW YORK, NY 10018

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

Phone no. 212-268-2804

16TH

	THE ONE LOVE FOUNDATION		
	1990 (2022) IN HONOR OF YEARDLEY LOVE, INC.	27-2904497	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE MISSION OF THE FOUNDATION IS TO EDUCATE YOUNG PEOPLE	ABOUT THE	
	DIFFERENCES BETWEEN HEALTHY AND UNHEALTHY RELATIONSHIPS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X No
Ü	If "Yes," describe these changes on Schedule O.		140
4	Describe the organization's program service accomplishments for each of its three largest program services, as	magazirad by avnancas	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		rs, the total expenses, a	nu
_	revenue, if any, for each program service reported.	4.0	<b>475.</b> )
4a	(Code:) (Expenses \$ 7,625,253. including grants of \$) (Rever		<u>4/3.</u> )
	THE ONE LOVE FOUNDATION IN HONOR OF YEARDLEY LOVE, INC.	(THE	
	"FOUNDATION") WAS FOUNDED IN JUNE 2010 AND INCORPORATED		
	NOT-FOR-PROFIT ORGANIZATION UNDER THE LAWS OF THE STATE		
	THE MISSION OF THE FOUNDATION IS TO EDUCATE YOUNG PEOPLE		
	DIFFERENCES BETWEEN HEALTHY AND UNHEALTHY RELATIONSHIPS.		
	PROVIDES YOUNG PEOPLE WITH TOOLS AND RESOURCES THAT EDUC		,
	AND ACTIVATE THE NEXT GENERATION TO BRING ONE LOVE'S LIF		
	PREVENTION EDUCATION TO THEIR COMMUNITIES. ONE LOVE HAS		
	2.3 MILLION PEOPLE THROUGH IN-PERSON AND ONLINE EDUCATIO	NAL WORKSHOP	S.
4b	(Code:) (Expenses \$	iue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Rever	ue \$	)
4d	Other program services (Describe on Schedule O.)		

including grants of \$ 7 , 625 , 253 .

#### 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	X	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	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,			
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
ızu	, , , , , , , , , , , , , , , , , , ,	12a	Х	
h	Schedule D, Parts XI and XII	IZa		
b		12b		v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا بيرا		Х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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			٦,
	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		X
20a	and the second s	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

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#### THE ONE LOVE FOUNDATION IN HONOR OF YEARDLEY LOVE, INC.

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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٦,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لہ	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			.,
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			٠,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	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? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	_	· <u> </u>	_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_		1		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
C	(gambling) winnings to prize winners?	1c	х	
	\U \U \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		,	

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Form 990 (2022) IN HONOR OF YEARDLEY LOVE, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

ı aı	Statements Regarding Other Ind Fillings 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 67						
		OI:	Х				
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		х			
<b>h</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a					
D	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).						
52		5a		Х			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	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		x			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
-	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х			
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	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.	40-					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
<b>h</b>	<b>Note:</b> 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						
D	organization is licensed to issue qualified health plans						
•							
	Enter the amount of reserves on hand	14a		Х			
	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	. 10					
	excess parachute payment(s) during the year?	15		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

IN HONOR OF YEARDLEY LOVE, INC. 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 6 **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. 6 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization 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 Х taxable entity during the year? 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O 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

X 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.

State the name, address, and telephone number of the person who possesses the organization's books and records JULIE MYERS - 434-981-6711

P.O. BOX 69589 , BALTIMORE. MD 21264

# Form 990 (2022) IN HONOR OF YEARDLEY LOVE, INC. 27-3 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.

(A)	(B)			(( Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per					s both r/trus		compensation	compensation	amount of
	week (list any	Tot					Ĺ	from the	from related organizations	other compensation
	hours for	director				9		organization	(W-2/1099-MISC/	from the
	related	tee or	trustee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrus	nal trı		oyee	om of		1099-NEC)		and related
	below	Individual trustee or	Institutional	Officer	Key employee	Highest compensated employee	Former			organizations
//	line)	Pul	Inst	0#!	Key	e Fig	For			
(1) KATHERINE HOOD	40.00	-		,,				270 520	0	
CEO UNTIL JUNE 2023	40.00			Х				278,538.	0.	0
(2) DAVID GALLAGHER	40.00	-		,,				010 101	0	
PRESIDENT UNTIL JUNE 2023	40.00		_	Х				213,121.	0.	0 .
(3) VANESSA CREWS	40.00	-		<b>37</b>				170 274	0	0
CHIEF GROWTH OFF. UNTIL JUNE 2023 (4) TRACEY BROADHEAD	40.00	<u> </u>		Х				178,374.	0.	0
	40.00	1				x		169,356.	0.	0
ED, CA UNTIL JUNE 2023 (5) TARA SMALL	40.00					^		109,330.	0.	U
ED BOSTON UNTIL JUNE 2023	40.00	1				x		163,133.	0.	0
(6) MEGAN SHACKLETON	40.00							103,133.	0.	<u> </u>
CHIEF PROGRAM OFF. UNTIL JUNE 2023	40.00	1		Х				161,008.	0.	0
(7) JENNIFER LESCOTT	40.00							101/0001		
COO UNTIL JUNE 2023	2000	1		x				159,747.	0.	0
(8) OJEDA HALL	40.00									
ED, MID-ATLANTIC		1				x		157,193.	0.	0
(9) ELLEN BLAIS	40.00							,		
ED, NY TRI-STATE UNTIL JUNE 2023						x		151,400.	0.	0
(10) MICHELE HEFFRON	40.00									
ED, SEATTLE UNTIL JUNE 2023						Х		119,923.	0.	0
(11) SHARON LOVE	4.00									
CHAIR		Х		Х				0.	0.	0
(12) LEXIE LOVE HODGES	2.00									
VICE CHAIR		Х		Х				0.	0.	0
(13) JAMISON HODGES	4.00									
TREASURER		Х		Х				0.	0.	0
(14) VIRGINIA JEFFERY	4.00									
SECRETARY		Х		X				0.	0.	0
(15) HERBERT MAY	4.00	ļ								_
VICE CHAIR UNTIL JUNE 2023	1	Х	_	Х				0.	0.	0
(16) CHRIS SOLOMON	4.00	<b> </b>						_		_
TREASURER UNTIL JUNE 2023	<b>+</b> • • • •	Х	_	Х		_		0.	0.	0
(17) ELIZABETH KLEIN	2.00	٠.,							•	_
DIRECTOR		Х						0.	0.	Form <b>990</b> (202)

232007 12-13-22

	N OF IEAR	עט	IC I		V	Ŀ,		NC.	27-2304	491 Page 0
Part VII   Section A. Officers, Directors, T	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) JENNIFER ZATINA	2.00									
DIRECTOR		Х						0.	0.	0.
(19) COLIN MCLANE	2.00							_	_	
DIRECTOR UNTIL JUNE 2023		Х						0.	0.	0.
(20) DAVID OUTCALT	2.00	1						_	_	
DIRECTOR UNTIL JUNE 2023		Х						0.	0.	0.
(21) CHRISTINE J. CHAO	4.00									
DIRECTOR UNTIL JUNE 2023		Х						0.	0.	0.
(22) MICHAEL WARD	2.00									
DIRECTOR UNTIL JUNE 2023		Х						0.	0.	0.
(23) ALEXIS LOVE HODGES	2.00							_	_	_
DIRECTOR UNTIL JUNE 2023		Х						0.	0.	0.
(24) MARIE-LOUISE SKAFTE	2.00									
DIRECTOR UNTIL JUNE 2023		Х						0.	0.	0.
(25) DENISE CASSIDY	4.00									
DIRECTOR UNTIL JUNE 2023		Х						0.	0.	0.
(26) OLACHI OPARA	2.00									
DIRECTOR UNTIL JUNE 2023		Х						0.	0.	0.
1b Subtotal								1,751,793.	0.	0.
c Total from continuation sheets to Par	t VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)	d Total (add lines 1b and 1c) 1,751,793. 0. 0.									
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(B) Description of services	<b>(C)</b> Compensation
CONSULTING	533,363.
CONSULTING	331,673.
DEVELOPMENT APP	168,000.
PUBLIC RELATIONS	166,000.
CONSULTING	128,994.
d above) who received more than	
·	
	Description of services  CONSULTING  CONSULTING  DEVELOPMENT APP  PUBLIC RELATIONS  CONSULTING

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

17

Form 990 IN HONOR	OF YEAR	DL	ιΕΥ		١ΟΛ	Έ,		NC.	27-290	4497
Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
<b>(A)</b> Name and title	(B) Average hours	(cl		Pos	C) ition that	ı app	ly)	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) DEBBIE WEIR DIRECTOR UNTIL JUNE 2023	2.00	Х						0.	0.	0
DIRECTOR UNITE SUME 2023		Λ						0.	0.	0
Fotal to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to anv lin	e in this Part VIII			
		·	<b>,</b>	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 9	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
رج ال			465,201.				
fts, Ar		•	<del>1</del> 03,201•				
ig ig		Related organizations 1d					
ns, Sim		Government grants (contributions) 1e					
utio er (	Ť	All other contributions, gifts, grants, and	110 /27				
Ĕ			119,427.				
ont od (	_	Noncash contributions included in lines 1a-1f	24,222.	7 504 600			
<u>0 g</u>	h	Total. Add lines 1a-1f		7,584,628.			
			Business Code	40 455	40 455		
e S	2 a	FEE FOR SERVICE INCOME	900099	40,475.	40,475.		
e Ķ	b						
S	c						
am	d	l					
Program Service Revenue	е	·					
P	f	All other program service revenue					
	g	Total. Add lines 2a-2f		40,475.			
	3	Investment income (including dividends, intere					
		other similar amounts)		160,152.			160,152.
	4	Income from investment of tax-exempt bond p					_
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		I. Not reptal income or (loca)					
		Gross amount from sales of (i) Securities	(ii) Other				
	ı a		(ii) Garior				
		assets other than inventory  Less: cost or other basis					
o o	L)						
ň		and sales expenses					
eve	C	Gain or (loss)					
her Revenue		Net gain or (loss)	 I				
Othe	8 a	Gross income from fundraising events (not including \$1,465,201 of					
		contributions reported on line 1c). See					
		' ' '	735,129.				
	h		735,129.				
		Net income or (loss) from fundraising events	,	0.			
		Gross income from gaming activities. See		3.			
		Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	IU a	• • • • • • • • • • • • • • • • • • • •					
		and allowances 10a					
		Less: cost of goods sold 10b					
$\rightarrow$		Net income or (loss) from sales of inventory	Pusings Ond				
જ		OMUED INCOME	Business Code	26 660			26 660
eor Te	11 a	OTHER INCOME		26,668.			26,668.
Miscellaneous Revenue	b						
Sev Sev	C						
Mis	d	All other revenue		26.662			
	е	Total. Add lines 11a-11d		26,668.	40 455		106 000
	12	Total revenue. See instructions		7,811,923.	40,475.	0.	186,820.

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ipicio coluitili (A).	Г
	·	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,043,562.	632,371.	219,504.	191,68
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,663,834.	3,551,798.	367,658.	744,37
B	Pension plan accruals and contributions (include	, , , , , ,	, ,	,	,
	section 401(k) and 403(b) employer contributions)	45,786.	33,567.	4,710.	7,50
9	Other employee benefits	748,402.	548,664.	4,710. 76,993.	7,50 122,74
0	Payroll taxes	497,118.	364,444.	51,142.	81,53
1	Fees for services (nonemployees):				
' a	Management				
b		66,793.	11,890.	54,903.	
	Legal Accounting	5,000.	21,0301	5,000.	
d		3,000.		3,0001	
	Lobbying Professional fundraising services. See Part IV, line 17				
e •	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	•	884,534.	587,613.	287,312.	9,60
^	column (A), amount, list line 11g expenses on Sch 0.)	189,119.	168,943.	20,176.	5,00
2	Advertising and promotion	39,969.	29,302.	4,112.	6,55
3	Office expenses	323,341.	237,046.	33,264.	53,03
1	Information technology	343,341.	237,040.	33,204.	55,05
5	Royalties	251 504	257 750	26 171	E7 66
6	Occupancy	351,594.	257,758. 212,470.	36,171.	57,66
7	Travel	275,310.	212,470.	42,195.	20,64
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
)	Interest				
I	Payments to affiliates	E 056	4 000	500	~ -
2	Depreciation, depletion, and amortization	5,856.	4,293.	603.	96
3	Insurance	17,096.	12,533.	1,759.	2,80
ŀ	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	CONTENT DISTRIBUTION	599,398.	464,562.		134,83
b	MEDIA AND PRODUCT DEVEL	442,626.	440,256.	1,070.	1,30
С	SPECIAL EVENT EXPENSE	325,432.			325,43
d	OTHER EXPENSES	258,084.	57,331.	114,320.	86,43
е	All other expenses	254,656.	10,412.	169,747.	74,49
<u> </u>	Total functional expenses. Add lines 1 through 24e	11,037,510.	7,625,253.	1,490,639.	1,921,61
6	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)				

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	3,924,464.	1	1,795,388
	2	Savings and temporary cash investments		2	1,525,952
	3	Pledges and grants receivable, net		3	515,327
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	23,523.	8	12,821
ĕ	9	Prepaid expenses and deferred charges	1 60 207	9	66,299
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,096,723	<u>.</u>		
	b	Less: accumulated depreciation 10b 780,637		10c	316,086
	11	Investments - publicly traded securities	1,465,715.	11	3,699,683
	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	65,824.	15	118,054
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	8,049,610
	17	Accounts payable and accrued expenses		17	554,738
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S)	22	Loans and other payables to any current or former officer, director,			
Ĭ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	•	23	F0 000
	24	Unsecured notes and loans payable to unrelated third parties		24	50,000
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			22 754
		of Schedule D	764 590	25	33,754
	26	Total liabilities. Add lines 17 through 25	764,589.	26	638,492
S		Organizations that follow FASB ASC 958, check here			
၁၁		and complete lines 27, 28, 32, and 33.	0 672 240		6 506 020
<u>a</u>	27	Net assets without donor restrictions		27	6,586,039 825,079
Ö	28	Net assets with donor restrictions	1,904,330.	28	045,019
Š		Organizations that do not follow FASB ASC 958, check here			
<u></u>		and complete lines 29 through 33.			
£	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	7,411,118
ž	32	Total net assets or fund balances	11 401 204	32	
	33	Total liabilities and net assets/fund balances		33	8,049,610

2

3

4

5

6

7

8

9

10

column (B))

consolidated basis, or both: X Separate basis

THE ONE LOVE FOUNDATION IN HONOR OF YEARDLEY LOVE, INC. 27-2904497 Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 7,811,923. Total revenue (must equal Part VIII, column (A), line 12) 1 11,037,510. Total expenses (must equal Part IX, column (A), line 25) 2 -3,225,587. Revenue less expenses. Subtract line 2 from line 1 3 10,636,705. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 7 Investment expenses 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 0. 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 7,411,118. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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 Х **b** Were the organization's financial statements audited by an independent accountant? 2b

Both consolidated and separate basis

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Consolidated basis

Form	990	(2022

Х

Х

2c

За

3b

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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.

THE ONE LOVE FOUNDATION

Attach to Form 990 or Form 990-ΕΔ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

IN HONOR OF YEARDLEY LOVE 27-2904497 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 IN HONOR OF YEARDLEY LOVE, INC. 27-2904

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

	=			
(Complete only if ye	ou checked the box on line 5, 7, or	8 of Part I or if the organizati	ion failed to qualify und	ler Part III. If the organization
fails to qualify unde	er the tests listed below, please con	nolete Part III )		

Sed	ction A. Public Support		•	•					
	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.")	5785176.	7502528.	8355900.	10680366.	7584628.	39908598.		
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	5785176.	7502528.	8355900.	10680366.	7584628.	39908598.		
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)						9947200.		
6	Public support. Subtract line 5 from line 4.						29961398.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	5785176.	7502528.	8355900.	10680366.	7584628.	39908598.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources					160,152.	160,152.		
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.)	63,597.	72,682.	15,890.	11,398.		190,235.		
11	Total support. Add lines 7 through 10						40258985.		
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	463,981.		
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)			
	organization, check this box and stop	here							
Sec	ction C. Computation of Publi								
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	74.42 %		
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	77 <b>.</b> 50 %		
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and		
	stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2021. If the								
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion					
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported o	rganization				
b	10% -facts-and-circumstances test	- <b>2021.</b> If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	t <b>op here.</b> Explain ir	Part VI how the			
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation			
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 1 <mark>7</mark> b	o, check this box ar	nd see instructions	s		
						Schedule A	(Form 990) 2022		

#### Schedule A (Form 990) 2022

	Support Schedule for C	)rganizations	Described in S	Section 509(a)	(2)		
	(Complete only if you checked	the box on line 10	of Part I or if the o	organization failed	to qualify under F	Part II. If the organiza	ation fails to
	qualify under the tests listed b	elow, please comp	olete Part II.)				
ection A	A. Public Support		1	T			
alendar yea	r (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
. 0	rants, contributions, and						
	ership fees received. (Do not						
	any "unusual grants.")						
mercha formed any act	receipts from admissions, andise sold or services per- , or facilities furnished in ivity that is related to the ation's tax-exempt purpose						
3 Gross r	eceipts from activities that						
are not	an unrelated trade or bus-						
iness u	nder section 513						
ization's	renues levied for the organ- s benefit and either paid to						
•	ended on its behalf						
	ue of services or facilities						
	ed by a governmental unit to anization without charge						
·	•						
	Add lines 1 through 5ts included on lines 1, 2, and						
	ved from disqualified persons						
<b>b</b> Amounts in from other exceed the	included on lines 2 and 3 received r than disqualified persons that e greater of \$5,000 or 1% of the n line 13 for the year						
	es 7a and 7b						
	support. (Subtract line 7c from line 6.)						
	3. Total Support						
alendar yea	r (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ts from line 6						
dividen securiti	ncome from interest, ds, payments received on es loans, rents, royalties, come from similar sources						
<b>b</b> Unrelate	d business taxable income						
(less sec	ction 511 taxes) from businesses						
acquired	d after June 30, 1975						
Net inca activitie whethe	es 10a and 10b ome from unrelated business es not included on line 10b, er or not the business is ly carried on						
Other in	ncome. Do not include gain from the sale of capital (Explain in Part VI.)						
	<b>pport.</b> (Add lines 9, 10c, 11, and 12.)						
4 First 5	years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
check t	his box and stop here						
ection C	C. Computation of Publi	c Support Per	rcentage				
	support percentage for 2022 (I		•	column (f))		15	%
16 Publics	support percentage from 2021 D. Computation of Inves	Schedule A, Part	III, line 15			16	<u>%</u>
	nent income percentage for 20			ne 13. column (f)		17	%
	nent income percentage from					18	<del>/</del> 6
	% support tests - 2022. If the	·					
	nan 33 1/3%, check this box ar	-					
	% support tests - 2021. If the	-	-	•			nd
line 18	is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	nization qualifies a	as a publicly supp	orted organization	

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### 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
	. 55	
4		
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
134		
10b	n 990)	2000

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he 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,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		the organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	_	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sect	ion (	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			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion l	D. All Type III Supporting Organizations	•		
		<i>y</i> 11 0 0		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
		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		
	-	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			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	ion l	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	一	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s)	
2	Activi	ities Test. Answer lines 2a and 2b below.	in a o trorr	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		- /i <b>y</b> // / / / / / / / / / / / / / / / / /			

232025 12-09-22

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

	ty Two III New Two ties all the swater 1500(a)(0) Owner atti			17 2304437 Page <b>6</b>
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	<u> </u>
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4 unless subject to			

Schedule A (Form 990) 2022

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

instructions).

emergency temporary reduction (see instructions).

IN HONOR OF YEARDLEY LOVE, INC.

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exer	1						
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
_3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	s <b>3</b>					
_4	Amounts paid to acquire exempt-use assets		4					
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
_6_	Other distributions (describe in Part VI). See instructions.		6					
_7_	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	e 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							
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	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							
a	From 2017							
b	From 2018							
c	From 2019							
d	From 2020							
е	From 2021							
f_	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	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: \$							
<u>a</u>	Applied to underdistributions of prior years							
<u> </u>	Applied to 2022 distributable amount							
<u>c</u>	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:							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
е	Excess from 2022							

Schedule A (Form 990) 2022

## THE ONE LOVE FOUNDATION

IN I	HON	OR	OF	ΥE	ARD	LEY	LC	VE	Ξ,	IN	IC.		2	7 –	290	44	97	Page 8
rmotion	•											 	 	_				

Part VI	Cumplemental Information
r art 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 A (Form 990) 2022

## Schedule B

#### Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

(Form 990)

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE ONE LOVE FOUNDATION IN HONOR OF YEARDLEY LOVE, INC.

Employer identification number

27-2904497

Organization type (check one):								
Filers of: Section:								
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 990	)-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$							
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990)						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2** 

Name of organization
THE ONE LOVE FOUNDATION
IN HONOR OF YEARDLEY LOVE, INC.

Employer identification number

27-2904497

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 600,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 500,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization
THE ONE LOVE FOUNDATION
IN HONOR OF YEARDLEY LOVE, INC.

Employer identification number
27-2904497

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

THE ONE LOVE FOUNDATION

IN HONOR OF YEARDLEY LOVE, INC.

27-2904497

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Employer identification number Name of organization THE ONE LOVE FOUNDATION IN HONOR OF YEARDLEY LOVE, 27-2904497 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE ONE LOVE FOUNDATION

IN HONOR OF YEARDLEY LOVE, INC.

**Employer identification number** 27-2904497

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) I unds and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	I ised funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the forn	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a	•	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	ne organization during the tax
_	year		
4	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		
0	Stan and volunteer riours devoted to monitoring, inspecting,	rialiding of violations, and emorcing con	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ration easements during the year
•	, and an expenses meaned in memoring, mepeeting, name	amig or violations, and emercing concerv	and reasonner daring the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	nents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	I balance sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under FASB A	·	•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.	Schedule D (Form 990) 2022

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

Par	t III Organizations Maintaining Coll	ections of Art	, Histo	rical Tre	asures, or	Other	Simila	r Assets	contin	ued)	age –
3	Using the organization's acquisition, accession,								,		
	collection items (check all that apply):			·							
а	Public exhibition	d		oan or exc	hange progra	m					
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's collection	ctions and explain	how the	y further th	ne organizatio	n's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or re	·		•	J						
	to be sold to raise funds rather than to be mainta								Yes		No
Par	t IV Escrow and Custodial Arrange								ine 9, or		
	reported an amount on Form 990, Part X			Ü				,	,		
	Is the organization an agent, trustee, custodian	or other intermedi	arv for c	ontributions	s or other asse	ets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII and										
-	ii roo, oxplain illo altaligomone illi alt xiii alto		ownig to	D10.					Amount	:	
С	Beginning balance						1c				
	Additions during the year										
e	Distributions during the year										
f											
	Ending balance								Yes		No
	If "Yes," explain the arrangement in Part XIII. Ch										] NO
Par											
		a) Current year		ior year	(c) Two years			ears back	(e) Four	vears	hack
10		a) carrone year	(2) 1 1	ioi youi	(O) Two yours	5 Buok (	( <b>a)</b> 111100 )	ouro buon	(C) i dai	youro	buok
1a	Beginning of year balance					+					
b	Contributions					+					
С.	Net investment earnings, gains, and losses					+					
d	Grants or scholarships					+					
е	Other expenditures for facilities										
	and programs					-					
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	year end balance	(line 1g,	column (a)	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment%										
	The percentages on lines 2a, 2b, and 2c should	equal 100%.									
За	Are there endowment funds not in the possession	on of the organizat	tion that	are held ar	nd administere	ed for the	)		_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as require	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the organization		vment fu	nds.							
Par	t VI Land, Buildings, and Equipmen	ıt.									
	Complete if the organization answered "\	Yes" on Form 990,	, Part IV,	line 11a. S	See Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or ot	her	(b) Cost	or other	( <b>c</b> ) Ac	cumulate	ed	(d) Bool	c value	е
	<u> </u>	basis (investm	nent)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements			4	7,575.		44,5	50.		3,0	25.
d	Equipment				3,617.		5,5				37.
	Other				5,531.	7	30,50				24.
	Add lines 1a through 1e (Column (d) must oque	J. Farm OOO Dort	/ a a l	•			•				86.

Schedule D (Form 990) 2022

	a a	
schedule D (Form 990) 2022	IN HONOR OF YEARDLEY LOVE, I	INC
	THE ONE HOVE LOOMDWITON	

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" o	n Form 990. Part IV. line	-	IJCIIJ, Tago
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(4) Financial dominations	(-,	(-)	
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Table (Col. (h) must squal Form 000, Port V. col. (D) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 000 Part IV line	11c See Form 990 Bart V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) book value	(c) Method of Valuation. Cost of end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITIES			33,754.
(3)			•
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	25.)		33,754.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	∠ਹ.)		55,154.

Schedule D (Form 990) 2022

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

ı u	Treconomication of revenue per Addited 1 manetal etatement		toronae per me		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				E 026 002
1				1	7,836,923.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments	2a	25 222		
b	Donated services and use of facilities	2b	25,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			25 222
е	Add lines 2a through 2d			2e	25,000.
3	Subtract line 2e from line 1			3	7,811,923.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			0
С	Add lines 4a and 4b			4c	0.
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	sto With	Evnoposo por B	5	7,811,923.
Pa	T XII Reconciliation of Expenses per Audited Financial Statemen	its with	Expenses per H	etur	Π.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				11 000 510
1	Total expenses and losses per audited financial statements			1	11,062,510.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	05 000		
а	Donated services and use of facilities	2a	25,000.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			05 000
е	Add lines 2a through 2d			2e	25,000.
3	Subtract line 2e from line 1			3	11,037,510.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	11,037,510.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			Part 2	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal inform	ation.		
PAI	RT X, LINE 2:				
THI	E FOUNDATION DOES NOT BELIEVE ITS FINANCIAL	STATE	MENTS INCL	UDE	ANY
					~ 22
MA'	TERIAL, UNCERTAIN TAX POSITIONS. TAX FILINGS	5 FOR	PERIODS EN.	DIN	G JUNE 30,
				_	
202	20 AND LATER ARE SUBJECT TO EXAMINATION BY A	APPLIC	ABLE TAXIN	<u>G</u>	
AU'	THORITIES.				

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

THE ONE LOVE FOUNDATION **Employer identification number** Name of the organization IN HONOR OF YEARDLEY LOVE 27-2904497 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 IN HONOR OF YEARDLEY LOVE, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18.

ГС		of fundraising event contributions and gro	•	·		•
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			ONE NIGHT	CHURCH PARTY	3	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
une			-			
Revenue	1	Gross receipts	1,354,369.	373,190.	472,771.	2,200,330.
_	2	Less: Contributions	965,375.	241,133.	258,693.	1,465,201.
	3	Gross income (line 1 minus line 2)	388,994.	132,057.	214,078.	735,129.
	4	Cash prizes				
ø	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	75,000.			75,000.
Ö	8	Entertainment	49.061.	6.950.		56,011.
	9	Other direct expenses	49,061. 264,933.	6,950. 125,107.	214,078.	604,118.
	10				-	735,129.
		Net income summary. Subtract line 10 from li				0.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	(1) Dull take (in stant		( N Tatal mania a /a dal
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				3 1 3		(-) 3 (-)
æ	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		Not gaming income ourses are Cultural Page 7	from line 1 1 1			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No
		Too, Oxpidit.				

232082 10-27-22

Schedule G (Form 990) 2022

## THE ONE LOVE FOUNDATION IN HONOR OF YEARDLEY LOVE

Sch	edule G (Form 990) 2022 IN HONOR OF YEARDLEY LOVE, INC. 27-2	<u> 290449</u>	7 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	s No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	•	
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s No
	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$   If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Coming manager componentian \$		
	Gaming manager compensation \$		
	Description of continuous and ideal		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
a	retain the state gaming license?	Yes	s No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. linge (	2 9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, III ICS S	9, 90, 100,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

# THE ONE LOVE FOUNDATION IN HONOR OF YEARDLEY LOVE, INC

Schedule G	G (Form 990) IN HONOR OF	YEARDLEY	LOVE,	INC.	27-2904497	Page 4
Part IV	Supplemental Information (continued)					
	(continued)					
					-	

#### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

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

Attach to Form 990.

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

Open to Public Inspection

Internal Revenue Service Name of the organization

THE ONE LOVE FOUNDATION IN HONOR OF YEARDLEY LOVE, INC.

Employer identification number 27-2904497

OMB No. 1545-0047

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KATHERINE HOOD	(i)	278,538.	0.	0.	0.	0.	278,538.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DAVID GALLAGHER	(i)	213,121.	0.	0.	0.	0.	213,121.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) VANESSA CREWS	(i)	178,374.	0.	0.	0.	0.	178,374.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) TRACEY BROADHEAD	(i)	169,356.	0.	0.	0.	0.	169,356.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) TARA SMALL	(i)	163,133.	0.	0.	0.	0.	163,133.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) MEGAN SHACKLETON	(i)	161,008.	0.	0.	0.	0.	161,008.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) JENNIFER LESCOTT	(i)	159,747.	0.	0.	0.	0.	159,747.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) OJEDA HALL	(i)	157,193.	0.	0.	0.	0.	157,193.	0.	
ED, MID-ATLANTIC	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) ELLEN BLAIS	(i)	151,400.	0.	0.	0.	0.	151,400.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

#### SCHEDULE O (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.

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE ONE LOVE FOUNDATION
IN HONOR OF YEARDLEY LOVE, INC.

Employer identification number 27-2904497

FORM 990, PART 1, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND INCORPORATED AS A NOT-FOR-PROFIT ORGANIZATION UNDER THE LAWS OF THE
STATE OF MARYLAND. THE MISSION OF THE FOUNDATION IS TO EDUCATE YOUNG
PEOPLE ABOUT THE DIFFERENCES BETWEEN HEALTHY AND UNHEALTHY
RELATIONSHIPS. THE FOUNDATION PROVIDES YOUNG PEOPLE WITH TOOLS AND
RESOURCES THAT EDUCATE, EMPOWER, AND ACTIVATE THE NEXT GENERATION TO
BRING ONE LOVE'S LIFE-SAVING PREVENTION EDUCATION TO THEIR COMMUNITIES.
FORM 990, PAGE 1 BOX B - REASON FOR AMENDED RETURN
THE ORIGINAL 2022 FORM 990 WAS FILED PRIOR TO THE COMPLETION OF THE
FINANCIAL STATEMENT AUDIT. SUBSEQUENT TO THE COMPLETION OF THE AUDIT,
IT WAS DETERMINED THAT SEVERAL AMOUNTS REQUIRED RECLASSIFICATION ON THE
FORM 990 IN ORDER TO BE CONSISTENT WITH THE AUDITED FINANCIAL
STATEMENTS. WHILE THE OVERALL CHANGE IS NOT MATERIAL TO THE FORM 990
AS A WHOLE, THE ORGANIZATION ELECTED TO AMEND THE 2022 FORM 990 TO
PROVIDE A MORE ACCURATE REPRESENTATION OF THE INCOME AND EXPENSES.
THE FOLLOWING IS A LIST OF THE CHANGES MADE TO THE AMENDED FORM 990:
1 - 990, PT IV, LINE 12A - THE RESPONSE WAS CHANGED FROM "NO" TO "YES"
AS A RESULT OF THE COMPLETION OF THE AUDIT.
2 - 990, PT VIII, LINE 1 - THE TOTAL AMOUNT OF CONTRIBUTIONS RECEIVED
WAS REDUCED BY \$20,000 AS THIS AMOUNT WAS RELATED TO IN-KIND SERVICES
PROVIDED. ADDITIONALLY, THE AUDITED FINANCIAL STATEMENTS REFLECTED
\$24,222 IN CONTRIBUTIONS THAT WERE ACTUALLY NON-CASH CONTRIBUTIONS.

232211 10-28-22

Schedule O (Form 990) 2022

THIS AMOUNT IS NOW REPORTED ON LINE 1G.

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

Schedule O (Form 990) 2022 Page 2

Name of the organization THE ONE LOVE FOUNDATION
IN HONOR OF YEARDLEY LOVE, INC.

Employer identification number 27-2904497

3 - 990, PART VIII, LINE 11A - THE AUDITED FINANCIAL STATEMENTS

REFLECTED AN ADDITIONAL \$14,055 OF OTHER INCOME NOT PREVIOUSLY REPORTED

ON THE 990. THEREFORE, LINE 11A INCREASED FROM \$12,613 TO \$26,668.

4 - 990, PART IX, LINE 11B DECREASED BY \$20,000 AS A RESULT OF

ADDITIONAL IN-KIND LEGAL FEES REFLECTED IN THE AUDITED FINANCIAL

STATEMENTS.

5 - 990, PART IX, LINE 24 - THERE WERE SEVERAL RECLASSIFICATIONS

BETWEEN INDIVIDUAL LINE ITEMS, BUT THE OVERALL TOTAL OF OTHER EXPENSES

DID NOT CHANGE.

6 - 990, PART LINE XII, LINE 2 A AND B WERE ANSWERED IN THE AFFIRMATIVE DUE TO THE FACT THAT THE AUDIT WAS COMPLETED.

FORM 990, PART VI, SECTION A, LINE 2:

SHARON LOVE IS CHRIS SOLOMON'S AUNT.

ALEXIS LOVE HODGES IS SHARON LOVE'S DAUGHTER.

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

THE FOUNDATION HAS ONE CLASS OF MEMBERSHIP CONSISTING OF 4 FOUNDING

INDIVIDUALS. THE MEMBERS HAVE THE EXCLUSIVE AUTHORITY TO ADMIT ADDITIONAL

MEMBERS OR REMOVE MEMBERS. IN THE EVENT OF THE DEATH OR DISABILITY OF ALL

OF THE MEMBERS, THE DIRECTORS THEN IN OFFICE SHALL BE THE MEMBERS.

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

UNLESS DIRECTORS ARE ELECTED BY WRITTEN CONSENT OF MEMBERS IN LIEU OF A

MEETING, THE MEMBERS HOLD AN ANNUAL MEETING FOR THE PURPOSE OF ELECTING

DIRECTORS TO SUCCEED ANY WHOSE TERMS ARE EXPIRING.

Schedule O (Form 990) 2022 Page 2

Name of the organization THE ONE LOVE FOUNDATION
IN HONOR OF YEARDLEY LOVE, INC.

Employer identification number 27-2904497

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

AFTER THE RETURN IS PREPARED BY THE TAX PREPARER A DRAFT COPY OF THE RETURN

IS PROVIDED TO THE FOUNDATION FOR REVIEW. THE BOARD OF DIRECTORS AND AUDIT

COMMITTEE REVIEW THE DRAFT AND THEN DISCUSS ANY QUESTIONS WITH THE TAX

PREPARER. ALL REQUIRED CHANGES ARE THEN MADE BY TAX PREPARER AND A FINAL

RETURN IS REVIEWED AND SIGNED BY AN OFFICER.

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

THE ORGANIZATION HAS A BOARD APPROVED CONFLICT OF INTEREST POLICY. EACH

BOARD MEMBER MUST FILL OUT AN ANNUAL DECLARATION STATING THEY HAD NO

CONFLICT OR IDENTIFYING THE NATURE OF THEIR INTERESTED PARTY TRANSACTIONS.

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO REVIEWED COMPARABLE SALARIES AND REVIEWED THE PERFORMANCE OF THE

PRESIDENT. THE PRESIDENT REVIEWED COMPARABLE SALARIES AND REVIEWED THE

PERFORMANCE OF THE COO. AFTER A DELIBERATION OF THIS MATTER, A NEW PROPOSED

SALARY AND BENEFIT PACKAGE IS DETERMINED. THE BOARD OF DIRECTORS APPROVED

THE SALARY METHODOLOGY USED BY THESE PARTIES.

THE BOARD OF DIRECTORS REVIEWED COMPARABLE SALARIES AND REVIEWED THE

PERFORMANCE OF THE CEO TO DETERMINE IF THE EXISTING SALARY FALLS WITHIN

THESE RANGES. AFTER A DELIBERATION OF THIS MATTER, A NEW PROPOSED SALARY

AND BENEFIT PACKAGE IS VOTED ON.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,MO,MS,NH,NJ,NM,NY,NC,ND

NV,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

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

Sched	<u>ıle O (Form 990</u>	) 2022											Page 2
Name	of the organizati			FOUNDATION YEARDLEY I		INC.						ntification n 04497	umber
THE	FOUNDAT:	ION'S	GOVERNING	DOCUMENTS	ARE	FILED	IN	MARYLA	AND	AND	AVA	ILABLE	то
THE	PUBLIC.	AUDIT	ED FINANC	IAL STATEM	ENTS	AND C	ONFL	ICT OF	II '	NTERI	EST I	POLICY	
ARE	AVAILAB	LE UPO	N REQUEST	•									

#### 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. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) THE ONE LOVE FOUNDATION print IN HONOR OF YEARDLEY LOVE, INC. 27-2904497 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your P.O. BOX 69589 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions BALTIMORE, MD 21264 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) JULIE MYERS - BALTIMORE, MD 21264 Telephone No. ► 434-981-6711 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔙 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or , and ending JUN 30, 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

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

Form 8868 (Rev. 1-2022)