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Form 990
Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

- B Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
LOVELOUD FOUNDATION
% TRIBECA BUSINESS MGMT
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
420 LEXINGTON AVE NO 1756
City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10170

D Employer identification number
82-2274937
E Telephone number
(646) 254-6920
G Gross receipts \$ 368,778

F Name and address of principal officer:
DANIEL REYNOLDS
TRIBECA 420 LEXINGTON AVE 1756
NEW YORK, NY 10170

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.LOVELOUDFEST.COM

K Form of organization: Corporation Trust Association Other

L Year of formation: 2017

M State of legal domicile: UT

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Each section contains numbered rows with descriptions and corresponding values for Prior Year and Current Year.

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.

Sign Here

Signature of officer	2021-07-10
Date	
DANIEL REYNOLDS DIRECTOR	
Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00095649
Firm's name ▶ TRIBECA BUSINESS MANAGEMENT LLC			Firm's EIN ▶ 56-2529430	
Firm's address ▶ 420 LEXINGTON AVENUE SUITE 1756 NEW YORK, NY 10170			Phone no. (646) 254-6920	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2020)

Part 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:

TO IGNITE THE VITAL CONVERSATION ABOUT WHAT IT MEANS TO LOVE, UNDERSTAND AND ACCEPT AND SUPPORT OUR LGBTQ+ FRIENDS AND FAMILY.

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 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? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 463,500 including grants of \$ 463,500) (Revenue \$ 368,778)

LOVELOUD FESTIVAL WAS AN EVENT HELD JUNE 29,2019 AT USANA AMPHITHEATRE IN WEST VALLEY CITY, UTAH. THE EVENT FEATURED MANY ARTISTS AND SPEAKERS EDUCATING THE ATTENDEES ON THE FACTS ABOUT TEEN SUICIDES BEING THE LEADING CAUSE OF DEATH FOR TEENS IN THIS REGION AMONG THE LGBTQ+ COMMUNITY. THE MISSION OF THE FESTIVAL IS AN EDUCATIONAL AND COMMUNITY BUILDING PROGRAM OF THE LOVELOUD FOUNDATION.ALL NET PROCEEDS FROM THE PROGRAM BENEFIT LBGTQ+ YOUTH THROUGH GRANTS FROM THE LOVELOUD FOUNDATION.DUE TO THE COVID 19 2020 PANDEMIC, THERE WAS NO FESTIVAL IN 2020.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

463,500

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Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

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 res

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a and 1b regarding Form 1096 and Form W-2G.

Enter the number of Forms W-2 included in line 2a. Enter 0 if not applicable.				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
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).				
a	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			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			

14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

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Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	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? <i>If "Yes," provide the names and addresses in Schedule O</i>		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		No
12c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
13	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>		No
14	Did the organization have a written whistleblower policy?		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		No
15b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed▶
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
▶CO TRIBECA BUSINESS MANAGEMENT 420 LEXINGTON AVE 1756 NEW YORK, NY 10170 (646) 254-6920

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANIEL REYNOLDS PRESIDENT	10.00	X						0	0	0
(2) CORRIE MARTIN FESTIVAL CHAIR	40.00			X				0	0	0
(3) TEGAN QUIN BOARD MEMBER	10.00			X				0	0	0
(4) TYLER GLEN VICE CHAIR	10.00			X				0	0	0
(5) STEPHANIE LARSEN BOARD MEMBER	10.00			X				0	0	0
(6) CARMEN CARRERA BOARD MEMBER	10.00			X				0	0	0
(7) AJA VOLKMMAN BOARD MEMBER	10.00			X				0	0	0
(8) EVAN LAMBERG BOARD MEMBER	10.00			X				0	0	0
(9) ANTHONY RAMOS BOARD MEMBER	10.00			X				0	0	0

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.

	(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

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Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns				
1b Membership dues				
1c Fundraising events				
1d Related organizations				
1e Government grants (contributions)				
1f All other contributions, gifts, grants, and similar amounts not included above	329,222			
1g Noncash contributions included in lines 1a - 1f:\$				
h Total. Add lines 1a-1f	329,222			

2a Program Service Revenue	Business Code				
f All other program service revenue.					
g Total. Add lines 2a-2f.					

3 Investment income (including dividends, interest, and other similar amounts)				
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
6a Gross rents	(i) Real	(ii) Personal		
b Less: rental expenses				

Other Revenue	6c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7b Less: cost or other basis and sales expenses				
		7c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
	8b Less: direct expenses					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19					
	9b Less: direct expenses					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		39,556				
10b Less: cost of goods sold		33,075				
c Net income or (loss) from sales of inventory			6,481	6,481		
11a Miscellaneous Revenue	Business Code					
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			335,703	6,481		

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	463,500	463,500		
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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(a)(2)(B)				

7	Other salaries and wages	53,210		53,210	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,205		4,205	
11	Fees for services (non-employees):				
a	Management	83,288		83,288	
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	151,035		151,035	
12	Advertising and promotion	626		626	
13	Office expenses	1,658		1,658	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	2,559		2,559	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,964		2,964	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	DUES AND SUBSCRIPTIONS	1,514		1,514	
b	BANK FEES	663		663	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	765,222	463,500	301,722	0
26	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part X **Balance Sheet**

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

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	493,002	1	59,031
2 Savings and temporary cash investments		2	
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net		4	
5 Loans and other 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		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	
7 Notes and loans receivable, net		7	

Asset	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
			10b		10c	
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 33)	493,002	16	59,031	
	Liabilities	17	Accounts payable and accrued expenses		17	
		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	
		22	Loans and other 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		22	
23		Secured mortgages and notes payable to unrelated third parties		23		
24		Unsecured notes and loans payable to unrelated third parties		24		
25		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	5,001	25	549	
26		Total liabilities. Add lines 17 through 25	5,001	26	549	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		27		
	28	Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds	0	29	0	
	30	Paid-in or capital surplus, or land, building or equipment fund	0	30	0	
	31	Retained earnings, endowment, accumulated income, or other funds	488,001	31	58,482	
	32	Total net assets or fund balances	488,001	32	58,482	
33	Total liabilities and net assets/fund balances	493,002	33	59,031		

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	335,703
2	Total expenses (must equal Part IX, column (A), line 25)	2	765,222
3	Revenue less expenses. Subtract line 2 from line 1	3	-429,519
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	488,001
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	58,482

Part XII Financial Statements and Reporting

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

1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

- Separate basis
- Consolidated basis
- Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

- Separate basis
- Consolidated basis
- Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

2a		No
2b		No
2c		
3a		No
3b		

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Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

efile Public Visual Render ObjectID: 202141979349300639 - Submissior

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public
Complete if the organization is a section 501(c)(3) organ
4947(a)(1) nonexempt charitable trust
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the I

Department of the Treasury
Internal Revenue Service

Name of the organization
LOVELOUD FOUNDATION
% TRIBECA BUSINESS MGMT

Part I Reason for Public Charity Status (All organizations must complete thi

The organization is not a private foundation because it is: (For lines 1 through 12, check only on

- 1 A church, convention of churches, or association of churches described in section 1
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or
3 A hospital or a cooperative hospital service organization described in section 170(b)
4 A medical research organization operated in conjunction with a hospital described in
name, city, and state:
5 An organization operated for the benefit of a college or university owned or operate
170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170
7 An organization that normally receives a substantial part of its support from a gover
section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in cc
non-land grant college of agriculture. See instructions. Enter the name, city, and sta
10 [checked] An organization that normally receives: (1) more than 33 1/3% of its support from cc
from activities related to its exempt functions—subject to certain exceptions, and (2
investment income and unrelated business taxable income (less section 511 tax) fr
30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See se
12 An organization organized and operated exclusively for the benefit of, to perform th
more publicly supported organizations described in section 509(a)(1) or section
in lines 12a through 12d that describes the type of supporting organization and com
a Type I. A supporting organization operated, supervised, or controlled by its support
organization(s) the power to regularly appoint or elect a majority of the directors or
complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its s
management of the supporting organization vested in the same persons that contro
must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connecti
supported organization(s) (see instructions). You must complete Part IV, Sectio
d Type III non-functionally integrated. A supporting organization operated in con
functionally integrated. The organization generally must satisfy a distribution requir
instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS tha
integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 4 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organizat in your governing do. Includes Yes/No columns and a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if th
If the organization failed to qualify under the tests listed below, please

Section A. Public Support

Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018

(or fiscal year beginning in)			
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")			
2 Tax revenues levied for the organization'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			
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).			
6 Public support. Subtract line 5 from line 4.			

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018
7 Amounts from line 4.			
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.			
9 Net income from unrelated business activities, whether or not the business is regularly carried on.			
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).			
11 Total support. Add lines 7 through 10			

12 Gross receipts from related activities, etc. (see instructions)

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year, check the box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage for 2019 Schedule A, Part II, line 14

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, and if the organization is a private foundation, check this box and **stop here.** See instructions

Schedule A (Form 990 or 990-EZ) 2020

Part III Support Schedule for Organizations Described in Section 509(c)(3)
 (Complete only if you checked the box on line 10 of Part I or if the organization fails to qualify under the tests listed below, please check the appropriate box on line 18.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		521,730	1,639,308
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			1,020,053
3 Gross receipts from activities that are not an unrelated trade or business under section 513			
4 Tax revenues levied for the			

organization's benefit and either paid to or expended on its behalf. . .			
5 The value of services or facilities furnished by a governmental unit to the organization without charge			
6 Total. Add lines 1 through 5		521,730	2,659,361
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.			
c Add lines 7a and 7b. . .			
8 Public support. (Subtract line 7c from line 6.)			

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018
9 Amounts from line 6. . .		521,730	2,659,361
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .			
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.			
c Add lines 10a and 10b.			
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.			
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .			131,001
13 Total support. (Add lines 9, 10c, 11, and 12.) . .		521,730	2,790,361
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth check this box and stop here.			

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . .	
16 Public support percentage from 2019 Schedule A, Part III, line 15	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f)) . .	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 12 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 12 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and stop here.	

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination letter? If "Yes," explain in **Part VI** how the organization determined that the organization is a supported organization.
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6) below?
 - Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization determined this.
 - Did the organization ensure that all support to such organizations was used exclusively for the organization's exempt purpose? 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 or 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 grant organization? If "Yes," describe in **Part VI** how the organization had such control and disc supervised by or in connection with its supported organizations.
- c** Did the organization support any foreign supported organization that does not have an IRS 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization to the foreign supported organization was used exclusively for section 170(c)(2)(B) purpo:
- 5a** Did the organization add, substitute, or remove any supported organizations during the ta and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and E. organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) th organization's organizing document authorizing such action; and (iv) how the action was a amendment to the organizing document).
- b Type I or Type II only.** Was any added or substituted supported organization part of a c organization's organizing document?
- c Substitutions only.** Was the substitution the result of an event beyond the organization's
- 6** Did the organization provide support (whether in the form of grants or the provision of ser than (i) its supported organizations, (ii) individuals that are part of the charitable class bei supported organizations, or (iii) other supporting organizations that also support or benefi 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 su section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by on defined in section 4946 (other than foundation managers and organizations described in s provide detail in **Part VI**.
- b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in a organization had an interest? If "Yes," provide detail in **Part VI**.
- c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive ar 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 becau certain Type II supporting organizations, and all Type III non-functionally integrated supp answer line 10b below.
- b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, the organization had excess business holdings).

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons describe governing body of a supported organization?
- b** A family member of a person described in 11a above?
- c** A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 1. **VI**.

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supported organization appoint or elect at least a majority of the organization's directors or trustees at all times d describe in **Part VI** how the supported organization(s) effectively operated, supervised, or activities. If the organization had more than one supported organization, describe how the remove directors or trustees were allocated among the supported organizations and what applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the s operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part I** carried out the purposes of the supported organization(s) that operated, supervised or cor organization.

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majo each of the organization's supported organization(s)? If "No," describe in **Part VI** how con supporting organization was vested in the same persons that controlled or managed the s

Supporting organization was vested in the same persons that controlled or managed the st

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the tax year, (i) a written notice describing the type and amount of support provided during the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected organization(s) or (ii) serving on the governing body of a supported organization? *If "No," organization maintained a close and continuous working relationship with the supported or*
- 3 By reason of the relationship described in line 2 above, did the organization's supported or voice in the organization's investment policies and in directing the use of the organization's during the tax year? *If "Yes," describe in Part VI the role the organization's supported org*

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Te
 - a The organization satisfied the Activities Test. Complete **line 2** below.
 - b The organization is the parent of each of its supported organizations. Complete **lin**
 - c The organization supported a governmental entity. Describe in **Part VI** how you su
- 2 Activities Test. **Answer lines 2a and 2b below.**
 - a Did substantially all of the organization's activities during the tax year directly further the supported organization(s) to which the organization was responsive? *If "Yes," then in Part organizations and explain how these activities directly furthered their exempt purposes responsive to those supported organizations, and how the organization determined that th substantially all of its activities.*
 - b Did the activities described in line 2a constitute activities that, but for the organization's in organization's supported organization(s) would have been engaged in? *If "Yes," explain in organization's position that its supported organization(s) would have engaged in these act involvement.*
- 3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**
 - a Did the organization have the power to regularly appoint or elect a majority of the officers the supported organizations? *If "Yes" or "No" provide details in Part VI.*
 - b Did the organization exercise a substantial degree of direction over the policies, programs supported organizations? *If "Yes," describe in Part VI. the role played by the organization*

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or **instructions**. All other Type III non-functionally integrated supporting organization:

Section A - Adjusted Net Income

1	Net short-term capital gain	1
2	Recoveries of prior-year distributions	2
3	Other gross income (see instructions)	3
4	Add lines 1 through 3	4
5	Depreciation and depletion	5
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6
7	Other expenses (see instructions)	7
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8

Section B - Minimum Asset Amount

1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1
a	Average monthly value of securities	1a
b	Average monthly cash balances	1b
c	Fair market value of other non-exempt-use assets	1c
d	Total (add lines 1a, 1b, and 1c)	1d
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	
2	Acquisition indebtedness applicable to non-exempt use assets	2

2	Acquisition indebtedness applicable to non-exempt use assets	2
3	Subtract line 2 from line 1d	3
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5
6	Multiply line 5 by 0.035	6
7	Recoveries of prior-year distributions	7
8	Minimum Asset Amount (add line 7 to line 6)	8

Section C - Distributable Amount

1	Adjusted net income for prior year (from Section A, line 8, Column A)	1
2	Enter 85% of line 1	2
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4	Enter greater of line 2 or line 3	4
5	Income tax imposed in prior year	5
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated organization (see instructions)	

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga

Section D - Distributions

1	Amounts paid to supported organizations to accomplish exempt purposes
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organ excess of income from activity
3	Administrative expenses paid to accomplish exempt purposes of supported organizations
4	Amounts paid to acquire exempt-use assets
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)
6	Other distributions (describe in Part VI). See instructions
7	Total annual distributions. Add lines 1 through 6.
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions
9	Distributable amount for 2020 from Section C, line 6
10	Line 8 amount divided by Line 9 amount

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	U
1 Distributable amount for 2020 from Section C, line 6		
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015.		
b From 2016.		
c From 2017.		
d From 2018.		
e From 2019.		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		
i Carryover from 2015 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
a Applied to underdistributions of prior years		
b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
d Remaining underdistributions for years prior to 2020		

5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2021. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2016.		
b Excess from 2017.		
c Excess from 2018.		
d Excess from 2019.		
e Excess from 2020.		

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part IV, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete instructions).

Facts And Circumstances Test	
Return Reference	Explanation

Additional Data

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202141979349300639 - Submission: 2021-07-16
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to www.irs.gov/Form990 for the latest info

Name of the organization
LOVELOUD FOUNDATION
% TRIBECA BUSINESS MGMT**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a priv
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the Gen**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the money or other property) from any one contributor. Complete Parts I and II. See contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 received from any one contributor, during the year, total contributions of the greater 990, Part VIII, line 1h, or (ii) Form 990-EZ, 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 during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ during the year, contributions *exclusively* for religious, charitable, etc., purposes, but only if this box is checked, enter here the total contributions that were received during the year for that purpose. Don't complete any of the parts unless the **General Rule** applies to this organization. If checked, religious, charitable, etc., contributions totaling \$5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check "No" on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Form 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)Name of organization
LOVELOUD FOUNDATION
% TRIBECA BUSINESS MGMT

% TRIBECA BUSINESS MGMT

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is:

Contributors

(a) No.	(b) Name, address, and ZIP + 4	T
RESTRICTED		—
(a) No.	(b) Name, address, and ZIP + 4	T
-		—
(a) No.	(b) Name, address, and ZIP + 4	T
-		—
(a) No.	(b) Name, address, and ZIP + 4	T
-		—
(a) No.	(b) Name, address, and ZIP + 4	T
-		—
(a) No.	(b) Name, address, and ZIP + 4	T
-		—

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
LOVELOUD FOUNDATION
% TRIBECA BUSINESS MGMT

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given

-	
(a) No. from Part I	(b) Description of noncash property given
-	
(a) No. from Part I	(b) Description of noncash property given
-	
(a) No. from Part I	(b) Description of noncash property given
-	
(a) No. from Part I	(b) Description of noncash property given
-	
(a) No. from Part I	(b) Description of noncash property given
-	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
LOVELOUD FOUNDATION
% TRIBECA BUSINESS MGMT

Part III Exclusively religious, charitable, etc., contributions to organizations describe than \$1,000 for the year from any one contributor. Complete columns (a) thro organizations completing Part III, enter the total of exclusively religious, char year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift
-		
	(e) Transfer of gift	
	Transferee's name, address, and ZIP 4	
		Rel
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift
-		
	(e) Transfer of gift	
	Transferee's name, address, and ZIP 4	
		Rel
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift
-		

-	_____		_____	
	_____		_____	
	Transferee's name, address, and ZIP 4			(e) Transfer of gift Rel
	_____		_____	
	_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		
-	_____		_____	
	_____		_____	
	Transferee's name, address, and ZIP 4			(e) Transfer of gift Rel
	_____		_____	
	_____		_____	

Additional Data

Software ID:
Software Version:

efile Public Visual Render ObjectID: 202141979349300639 - Submission: .

SCHEDULE D (Form 990)

Supplemental Financial Statement

Complete if the organization answered "Yes," on Form Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 1 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest

Department of the Treasury Internal Revenue Service

Name of the organization LOVELOUD FOUNDATION % TRIBECA BUSINESS MGMT

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: Question (1-6) and (a) Donor advised funds. Questions cover total number, aggregate value, and donor notification requirements.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in easement on the last day of the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminal tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, o

3 Using the organization's acquisition, accession, and other records, check any of the following items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exch, e Other

4 Provide a description of the organization's collections and explain how they further the organi Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or assets to be sold to raise funds rather than to be maintained as part of the organization's coll

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, o line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or oth included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provide

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 4 columns: (a) Current year, (b) Prior year, (c) Two, and rows for 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held :

- a Board designated or quasi-endowment ▶
b Permanent endowment ▶
c Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and admir organization by:

- (i) Unrelated organizations
(ii) Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Ac, and rows for 1a-1e: Land, Buildings, Leasehold improvements, Equipment, Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b

(a) Description of security or category (including name of security)	(b) Book value	
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.

(a) Description of investment

(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d.

(a) Description

(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e

(a) Description of liability

1.
(1) Federal income taxes
(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(9)

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of

Schedule D (Form 990) 2020

Part XI Reconciliation of Revenue per Audited Financial Statements With R Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for descriptions and sub-headers 2a, 2b, 2c, 2d, 4a, 4b.

Part XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for descriptions and sub-headers 2a, 2b, 2c, 2d, 4a, 4b.

Part XIII Supplemental Information

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

Table with 2 columns: Return Reference and description area.

Additional Data

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

Name of the organization LOVELOUD FOUNDATION % TRIBECA BUSINESS MGMT

Employer identification number 82-2274937

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Contains 16 rows of grant data.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation, (f) Description of noncash assistance. Contains 7 rows.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
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Schedule I (Form 990) 2020

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SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.**
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization LOVELOUD FOUNDATION % TRIBECA BUSINESS MGMT	Employer identification number 82-2274937
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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PART VI, SECTION B, LINE 11B: NO REVIEW WAS OR WILL BE CONDUCTED BY THE BOARD. THE RETURN IS PREARED BY AN OUTSIDE CPA WITH INFORMATION PROVIDED BY THE DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19	ALL INFORMATION AVAILABLE UPON REQUEST
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 150000. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 150000. PAYROLL SERVICE FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 346. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 346. LICENSES AND FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 689. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 689.

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Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

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