Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization	Employer identification number
Love Beyond Belief Inc.	82-5390395

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 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

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 General Rule and a Special Rule. See instructions.

General Rule

- ☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33⅓% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during 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; 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 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 **General Rule** applies to this organization because it received *nonexclusively* 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 doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 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 that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	John B. Cobb, Jr. deceased December 26, 2024	$ 11,800	**Person** ✔ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
		$	**Person** ☐ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
		$	**Person** ☐ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
		$	**Person** ☐ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
		$	**Person** ☐ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)
		$	**Person** ☐ **Payroll** ☐ **Noncash** ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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	(c) FMV (or estimate) (See instructions.)	(d) Date received
-------		$_____	------------------------
-------		$_____	------------------------
-------		$_____	------------------------
-------		$_____	------------------------
-------		$_____	------------------------
-------		$_____	------------------------

Name of organization	Employer identification number

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 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	(d) Description of how gift is held
---------	_____	_____	_____

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---------	_____	_____	_____

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---------	_____	_____	_____

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---------	_____	_____	_____

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____