MACIAS GINI & O'CONNELL LLP 111 PACIFICA, SUITE 300 IRVINE, CA 92618

> A PERFECT LOVE 14725 FINISTERRA PL HACIENDA HEIGHTS, CA 91745

llılınılllırılılırlılılılılı

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



DECEMBER 14, 2022

A PERFECT LOVE 14725 FINISTERRA PL HACIENDA HEIGHTS, CA 91745

DEAR STEVEN:

ENCLOSED ARE YOUR COMPLETED INCOME TAX RETURNS FOR THE YEAR ENDED DECEMBER 31, 2021 WHICH INCLUDE FEDERAL FORM 990 AND ALL STATE FORMS.

EACH RETURN SHOULD BE FILED IN ACCORDANCE WITH THE ENCLOSED FILING INSTRUCTIONS.

WE PREPARED RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS. EXEMPTION APPLICATION AND RELATED DOCUMENTS SHOULD BE AVAILABLE FOR PUBLIC INSPECTION. IN ADDITION, PROPERLY SIGNED ANNUAL INFORMATION RETURNS (EXCEPT FOR CONTRIBUTOR LIST) SHOULD ALSO BE MADE AVAILABLE FOR PUBLIC INSPECTION FOR THREE YEARS FROM FILING DATE.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURNS.

VERY TRULY YOURS,

enny have

PENNY CHAN

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JANUARY 31, 2022

PREPARED FOR:

A PERFECT LOVE 14725 FINISTERRA PL HACIENDA HEIGHTS, CA 91745

PREPARED BY:

MACIAS GINI & O'CONNELL LLP 111 PACIFICA, SUITE 300 IRVINE, CA 92618

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY DECEMBER 15, 2022.

Form 8879-TE	1	RS e-file Signature for a Tax Exem	Authorization ot Entity		OMB No. 1545-0047
	For calendar year 2021,	or fiscal year beginning $\ \ \ \ \ \ \ \ \ \ \ \ \ $	2021, and ending JAN 31	, 20 <u>2 2</u>	2021
Department of the Treasury		Do not send to the IRS. Keep			
Internal Revenue Service		Go to www.irs.gov/Form8879TE fo	or the latest information.		
Name of filer				EIN or S	
	ECT LOVE			83-	3467376
Name and title of officer or pe	, i i i i i i i i i i i i i i i i i i i	STEVEN SHEN PRESIDENT			
Part I Type of I	Return and Ret	urn Information			
Form 5330 filers may enter or 10a below, and the amo	r dollars and cents. I ount on that line for t	using this Form 8879-TE and enter th For all other forms, enter whole dollar he return being filed with this form w). But, if you entered -0- on the return	s only. If you check the box o as blank, then leave line 1b ,	n line 1a, 2 2b, 3b, 4b,	2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 5b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere ► X	b Total revenue, if any (Form 990)	Part VIII, column (A), line 12)		1b 305,324.
2a Form 990-EZ che		b Total revenue, if any (Form 990			
3a Form 1120-POL	check here 🕨	b Total tax (Form 1120-POL, line 2			
4a Form 990-PF che	ck here 🛄 🕨	b Tax based on investment incor	ne (Form 990-PF, Part V, line	5)	4b
5a Form 8868 check	here 🕨	b Balance due (Form 8868, line 36	c)		5b
6a Form 990-T checl	k here 🕨	b Total tax (Form 990-T, Part III, lin			
7a Form 4720 check		b Total tax (Form 4720, Part III, lin	e 1)		7b
8a Form 5227 check		b FMV of assets at end of tax year	ar (Form 5227, Item D)		8b
9a Form 5330 check		b Tax due (Form 5330, Part II, line			9b
10a Form 8038-CP ch		b Amount of credit payment requ			10b
		re Authorization of Officer of			
Under penalties of perjury, of entity)	, I declare that X	I am an officer of the above entity or , (
of any refund. If applicable entry to the financial institu- financial institution to debi- later than 2 business days payment of taxes to receiv- personal identification num PIN: check one box only	e, I authorize the U.S ution account indicat t the entry to this ac prior to the paymen re confidential inform nber (PIN) as my sign	ction of the transmission, (b) the real . Treasury and its designated Financi ted in the tax preparation software fo count. To revoke a payment, I must of t (settlement) date. I also authorize the lation necessary to answer inquiries a hature for the electronic return and, if & O'CONNELL LLP	al Agent to initiate an electror r payment of the federal taxes contact the U.S. Treasury Fina e financial institutions involve and resolve issues related to t	nic funds wi s owed on t ancial Agen ed in the pro he paymen	ithdrawal (direct debit) this return, and the t at 1-888-353-4537 no ocessing of the electronic it. I have selected a nds withdrawal.
					Enter five numbers, but
					do not enter all zeros
with a state age on the return's o As an officer or p return. If I have i	ncy(ies) regulating cl lisclosure consent so person subject to ta: ndicated within this	I electronically filed return. If I have in narities as part of the IRS Fed/State p creen. with respect to the entity, I will enter return that a copy of the return is bein ny PIN on the return's disclosure con	program, I also authorize the a r my PIN as my signature on t ng filed with a state agency(ie	aforementio the tax year	ned ERO to enter my PIN r 2021 electronically filed
	-	.,		г	Date 🕨
Signature of officer or person subject Part III Certifica	tion and Auther	ntication		L	
ERO's EFIN/PIN. Enter yo					
number (EFIN) followed by	-	-	6860599261 Do not enter all zer		
-		l, which is my signature on the 2021 equirements of Pub. 4163, Moderniz	electronically filed return indic	ated above	
ERO's signature	enny have		Date ►1	2/14/202	22
		RO Must Retain This Form			
	Do Not Su	bmit This Form to the IRS U	nless Requested To D	o So	
LHA For Privacy act and	Paperwork Reduc	tion Act Notice, see instructions.			Form 8879-TE (2021)
102521 01-11-22					

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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.

•••	r Name of exempt organization or other filer, see instru	ctions.		Taxpayer	ridentificatior	n number (TIN)
print	A PERFECT LOVE				83-346	57376
due date filing you	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.			
Print A PERFECT LOVE File by the due date for filing your return. See instructions. Number, street, and room or suite 14725 FINISTERRA City, town or post office, state, ar HACIENDA HEIGHTS, Enter the Return Code for the return that this Application Is For Form 990 or Form 990-EZ Form 4720 (individual) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (corporation) Form 990-T (corporation) STEVE Telephone No. ▶ (626) 377 – 88 If the organization does not have an office If the organization does not have an office If it is for part of the group, chooks 1 I request an automatic 6-month extensist the organization named above. The exture back year or part of the group, chooks 1 I request an automatic 6-month extensist the organization named above. The exture back year or part of the group, chooks 2 If the tax year entered in line 1 is for less Change in accounting period 3a If this application is for Forms 990-PF, Se any nonrefundable credits. See instruct b If this application is for Forms 990-PF, Se any nonrefundable credits. See instruct b If this application is for Forms 990-PF, Se any nonrefundable credits. See instruct b If this application is for Forms 990-PF, Se any nonrefundable credits. See instruct			ress, see instructions.			
Enter t	he Return Code for the return that this application is for (file	e a separat	te application for each return)			
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 9		07				
 If th If th box 1 t t J 	e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶	Group Exe and atta DECE1 anization's	mption Number (GEN) I ch a list with the names and TINs of MBER 15, 2022 , to file return for: d ending _JAN 31, 2022	f this is fo all memb	r the whole g ers the extens npt organizati 	roup, check this sion is for.
	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less	3a	\$	0.
b ľ	this application is for Forms 990-PF, 990-T, 4720, or 6069					
-	stimated tax payments made. Include any prior year overp			3b	\$	0.
	Salance due. Subtract line 3b from line 3a. Include your pa	•				•
	ising EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
	 If you are going to make an electronic funds withdrawal tions. 	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-	TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2022)

11471214 759947 22063

			EXTENDED TO DECEMBER 15, 20		OMB No. 1545-0047
_	0	90	Return of Organization Exempt From		
For	m J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (
Depa	artment	of the Treasury	Do not enter social security numbers on this form as it may be a security number on this form as it may be a security of the instructions and the later of the security of the instructions and the later of the security of the instructions and the later of the security		Open to Public Inspection
-		enue Service	► Go to www.irs.gov/Form990 for instructions and the lat ar year, or tax year beginning FEB 1, 2021 and ending	JAN 31, 2022	Inspection
_	Check if		organization	D Employer identifica	tion number
	applicat	le:	organization		uon number
	Addr chan Name	ge APE.	RFECT LOVE		
	chan	ge Doing bu	usiness as	83-346737	6
	returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/s 5 FINISTERRA PL	uite E Telephone number 626-377-88	879
	returi termi ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	305,324.
	Amer		ENDA HEIGHTS, CA 91745	H(a) Is this a group retu	
	Appli tion		nd address of principal officer: STEVEN SHEN	for subordinates?	
	pend		FINISTERRA, HACIENDA HEIGHTS, CA 917		····· — —
1	Tax-e>			527 If "No," attach a lis	
			FECTLOVE.ORG	H(c) Group exemption r	
ĸ	orm o	f organization:	X Corporation Trust Association Other ► L Y	/ear of formation: 2019 M	State of legal domicile: CA
Pa	art I	Summary			
	1	Briefly describ	e the organization's mission or most significant activities: FINANCIA	L SUPPORT TO AN	IERICAN
Governance		FAMILIE	S WITH FINANCIAL DIFFICULTIES AFTER AD	OPTING CHINESE	
rna	2	Check this bo	if the organization discontinued its operations or disposed of m	nore than 25% of its net asset	S.
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)	3	1
		Number of ind	ependent voting members of the governing body (Part VI, line 1b)		1
8 8	5	Total number	of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
/itie	6	Total number	of volunteers (estimate if necessary)	6	0
Activities &	7 a		business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)	92,419.	287,119.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	0.	0.
ě	10	Investment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)	9,804.	18,205.
£	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102,223.	305,324.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	3,520.	29,104.
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 3,116.	0.	0.
ed y	. b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 3,116.		
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	11,761.	32,300.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,281.	61,404.
	19	Revenue less	expenses. Subtract line 18 from line 12	86,942.	243,920.
Net Assets or				Beginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)	273,042.	515,030.
tAs	21	Total liabilities	(Part X, line 26)	57,800.	75,868.
			und balances. Subtract line 21 from line 20	215,242.	439,162.
	art II				
			declare that I have examined this return, including accompanying schedules and star		nowledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Director	of officer	Data	
Sig	n	· ·		Date	
Lles			EN SHEN PRESIDENT		

Here	SIEVEN SHEN, PRESIDENT					
	Type or print name and title					
	Print/Type preparer's name	Prep. Ignature	Date	Check	PTIN	
Paid	PENNY CHAN	tenny have	12/14/202	2 If self-employed	P00358355	
Preparer	Firm's name 🕨 MACIAS GINI & O'		Firn	n's EIN ▶ 68	-0300457	
Use Only	Firm's address 🖌 111 PACIFICA, SU	ITE 300				
	IRVINE, CA 92618		Pho	one no. (949) 910-425	5
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No
132001 12-00		e see the senarate instructions			Form 990 (20	121)

 12-09-21
 LHA For Paperwork Reduction Act Notice, see the separate instructions.
 Form 990 (2021)

 SEE
 SCHEDULE
 O
 FOR
 ORGANIZATION
 MISSION
 STATEMENT
 CONTINUATION

	990 (2021) A PERFECT LOVE	83-3 4 67376 Pa
Pa	t 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 PURPOSE OF A PERFECT LOVE IS TO PROVIDE FINANCIAL	
	AMERICAN FAMILIES WITH FINANCIAL DIFFICULTIES AFTER A	
	CHILDREN WITH DISABILITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	16
	prior Form 990 or 990-EZ?	V
	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 service	ces?Yes 🔀
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	s, 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 \$42,068. including grants of \$29,104.)	
	A PERFECT LOVE HAS VARIOUS PROJECTS TO FURTHER THIER M	
	UNDERPRIVILEGED CHILDREN AND FAMILIES. THE SIX MAJOR	R PROJECTS ARE:
	1. HERITAGE LANGUAGE LEARNING PROGAM - PROVIDE FREE (CHINESE LANGUAGE
	EDUCATION	
	2. WISH EXPRESS PROJECT - COMPLETING AND PURCHASING IT	LEWS ON ADOLLINE
	FAMILIES WISH LIST 3. ANGELS MEDICAL AID PROJECT - MEDICAL AND RELATED EX	מסה מדגם מסאמע
		VLENDED LAID LOK
	ASSIST ADOPTED CHILDREN WITH SPECIAL NEEDS	
	4. FOREVER HOME PROJECT - RENOVATE OLD HOMES OF ADOPT	
	5. A PERFECT LOVE SERIAL DOCUMENTARY - DOCUMENTARIES 7 (Code:) (Expenses \$ including grants of \$)	TO TELLING STORIE
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$
4-1	O they program convices (Describe on Set $-t_{\rm s}$ $t_{\rm s}$ O)	
4d	Other program services (Describe on Schedule O.)	١
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 42,068.)
4e	Total program service expenses ► 42,068.	Form 990 (
32002	SEE SCHEDULE O FOR CONTINUATIO	
/12	14 759947 22063 2021.05010 A PERFECT L	OVE 22

__1

Form	aan	(2021)
гопп	990	(2021)

 Form 990 (2021)
 A
 PERFECT
 LOVE

 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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 Roy. Proc. 98 192. If IVan II according to Cabactula C. Part IV	5		х
6	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
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,	•		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
-	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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		<u>X</u>
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		х
102	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 11		
12a	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	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			v
40	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? <i>If</i> "Yes,"			v
20-	complete Schedule G, Part III	19 20a		<u>x</u> x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<u> </u>
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
~ 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
132003			990 (2021)

132003 12-09-21

Form	990	(2021)

Form	990 (2021) A PERFECT LOVE 83-3467	376	P	age 4
Par	t 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		v	
00	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? <i>If</i> "Yes," <i>complete</i>			
		23		х
2 4a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
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		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
22	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
35 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>55a</u>		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	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			
0.	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?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	12-09-21	Form	990	(2021)

Form	990 (2021) A PERFECT LOVE		83-3467	376	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	s		-		37
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			4-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?		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 A	ccounts (ER/	(D)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax years.	ction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	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 contributi					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided	to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required				
	to file Form 8282?	1 1		7c		X
	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 co			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fc			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		rm 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. Did the sponsoring organization make any taxable distributions under section 4966?			9a		
				9b		
10	Section 501(c)(7) organization make a distribution to a donor, donor advisor, or related persons			50		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	LI				
а	Gross income from members or shareholders	11a				
	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
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				
	Enter the amount of reserves on hand	13c				77
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			15		x
	excess parachute payment(s) during the year?			15		
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?		16		x
10	If "Yes," complete Form 4720, Schedule O.			10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
132005	12-09-21 6			Form	990	(2021)
712	14 759947 22063 2021.05010 A PERFEC	F LOVE				063

11471214	759947	2206
/	/ 3 3 3 4 /	2200.

22063_1

-	990 (2021) A PERFECT LOVE t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to	83-34			^D ag
i ai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C		or a "No" i	respor	าร
	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				-
				Yes	I
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1		I
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other			
	officer, director, trustee, or key employee?		. 2		
3	Did the organization delegate control over management duties customarily performed by or under th				
	of officers, directors, trustees, or key employees to a management company or other person?		3		
4	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 as	sets?	5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				1
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				j
a	The governing body?		8a	х	1
	Each committee with authority to act on behalf of the governing body?			X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				-
•	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	avenue Code)			•
				Yes	
10a	Did the organization have local chapters, branches, or affiliates?		10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
~		laptoro, annatoo,	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing bod		···	X	-
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				1
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ." <i>qo to line 13</i>		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			X	-
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>		120		-
C		,	10-	х	
	on Schedule O how this was done		. <u>12c</u>		-
13	Did the organization have a written whistleblower policy?			X	-
14	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official				+
b	Other officers or key employees of the organization		. 15 b		
	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 arrange				
	taxable entity during the year?		. <u>16a</u>		Ī
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		16 b		
ec.	tion C. Disclosure				_
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA				_
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 501(c))(3)s only)	availa	ł
	for public inspection. Indicate how you made these available. Check all that apply.				
		n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy,	and finan	cial	
	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 bo	oks and records 🕨 🚬			_
	STEVEN SHEN - (626) 377-8879				_
	14725 FINISTERRA PL, HACIENDA HEIGHTS, CA 91745				_
32006	3 12-09-21		Forn	ז 990	J
	7				
112	14 759947 22063 2021.05010 A PERFEC			22)

Form 990 (202	21) A PERFECT LOVE	83-3467376	Page 7					
Part VII C	compensation of Officers, Directors, Trustees, Key Employees, Highest (Compensated						
E	Employees, and Independent Contractors							
CI	heck if Schedule O contains a response or note to any line in this Part VII							
Section A. C	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 endir	ng with or within the organization's	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, 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.

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one box, unless person is both a			Reportable	Reportable	Estimated			
	hours per			ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	offic			director/trustee)		tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				G		organization	(W-2/1099-MISC/	from the
	related	tee ol	Istee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trus	al tri		oyee	0 m D		1099-NEC)		and related
	below	Individual trustee or director	In stitutio nal tru stee	er	em pl	est c loyee	ler			organizations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN SHEN	40.00									
PRESIDENT				x				0.	0.	0.
(2) SOFIA SHEN	40.00							•••	••	
SECRETARY				x				0.	0.	0.
SECRETARI								0.	0.	0.
				<u> </u>						
		1								
				<u> </u>		-				
100007 10 00 01										Form 990 (2021)

8

132007 12-09-21

	990 (2021) A PERFECT	LOVE								83-34	1673	876	P	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c , unle:	ss per	itior more rson i) than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related		an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	I	fr org and	pensa om th anizat d relat anizati	e ion ed
	Subtatal								0.		0.			0.
	Subtotal Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				0
													Yes	No
3	Did the organization list any former officer,	-		-	•	-		Ŭ	• •	2		-		v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
F	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com											5		х
	tion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t									, 1	ensat	on tro	om	
	(A) (B) Name and business address NONE Description of services						C	(C ompei	;) nsatio	n				
					-									
								_						
2	Total number of independent contractors (in \$100,000 of compensation from the organized strength of the organized strength	•	ot lin	niteo	d to t	thos (ted	above) who received me	ore than				
							-					orm ⁴	990 (;	2021)

132008 12-09-21

Form	ו 99	90 (2	2021) A P	ERFECT L	OVE			83-3467	376 Page 9
Pa	rt \	/	Statement of Rev	venue					
			Check if Schedule O co	ontains a respo	nse 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
ŝ	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	-			1b		-			
<u>n</u> G			Fundraising events						
àifts ar A			Related organizations						
s, o		е	Government grants (contril	butions) 1e					
r Si		f	All other contributions, gifts, g	rants, and					
ibut			similar amounts not included a		287,119	•			
ontr		-	Noncash contributions included in lin			007 110			
<u>aŭ</u>		h	Total. Add lines 1a-1f			287,119.			
					Business Coo	le			
ice	2	a							
er v ue		b							
m S ven		c d							
Program Service Revenue		u e							
Pro		-	All other program service re	evenue					
			Total. Add lines 2a-2f			•			
	3		Investment income (includi						
			other similar amounts)	-					
	4		Income from investment of			18,205.			18,205.
	5		Royalties			•			
				(i) Real	(ii) Persona				
	6	а		<u>6a</u>		_			
		b		6b		_			
		c	· · · ·	6c					
	7		Net rental income or (loss) Gross amount from sales of	(i) Securit	ies (ii) Other	•			
	'	d		7a		-			
		b	Less: cost or other basis	70					
e		~		7Ь					
venue		с		7c		-			
Rev			Net gain or (loss)			•			
Other	8	а	Gross income from fundraising	g events (not					
₹			including \$	of					
			contributions reported on I	,					
			Part IV, line 18			_			
			Less: direct expenses		8b				
	~		Net income or (loss) from fi			►			
	9	a	Gross income from gaming Part IV, line 19	-	9a				
		h	Less: direct expenses		9a 9b				
			Net income or (loss) from g			•			
	10		Gross sales of inventory, le	-					
			and allowances		10a				
		b	Less: cost of goods sold		10b				
		с	Net income or (loss) from s	ales of inventor	у 🕨	•			
s					Business Coo	le			
Miscellaneous Revenue	11	а							
lan.		b							
Bev		С							
Mis			All other revenue			_			
	12		Total. Add lines 11a-11d Total revenue. See instruction			305,324.	0.	0.	18,205.
132009									Form 990 (2021

132009 12-09-21

A PERFECT LOVE

Do r	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, i	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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	29,104.	29,104.		
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(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	3,730.		3,730.	
d	Lobbying				
е	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 Sch 0.)				
2	Advertising and promotion	6,200.	5,000.		1,200
3	Office expenses	7,265.		7,265.	
4	Information technology				
5	Royalties				
6	Occupancy	666.		666.	
7	Travel	3,317.	1,489.	1,828.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	995.		995.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	449.		449.	
3	Insurance				
4	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	PROGRAM EXPENSES	6,475.	6,475.		
b	MEALS	1,916.			1,916
c	BANK CHARGES AND FEES	1,217.		1,217.	·
d	GOVERNMENT FEE	70.		70.	
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	61,404.	42,068.	16,220.	3,11
<u> </u>	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 Fight and following SOP 98-2 (ASC 958-720)				

132010 12-09-21

22063_1

Form 990 (2021)

Α	PERFECT	LOVE	
О сс	ontains a respon	se or note to any line in this Part X	

83-3467376 Page 11

-

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			29,365.	1	22,366.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ns		5	
	6	Loans and other receivables from other disqualit	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Description of a second s				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,404. 730.			
	b	Less: accumulated depreciation		730.	<u>1,123.</u> 229,804.	10c	674.
	11	Investments - publicly traded securities			229,804.	11	475,001.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		12,750.	15	16,989.	
	16	Total assets. Add lines 1 through 15 (must equa			273,042.	16	16,989. 515,030.
	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 I				21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
abil		controlled entity or family member of any of the	se perso	ns		22	
Ë	23	Secured mortgages and notes payable to unrela	ted thir			23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			57,800.	25	75,868.
	26	Total liabilities. Add lines 17 through 25			57,800.	26	75,868.
		Organizations that follow FASB ASC 958, che	ck here				
Ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions				27	
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC 9					
Net Assets or Fund Balances		and complete lines 29 through 33.					
sor	29	Capital stock or trust principal, or current funds			0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or ec			0.	30	0.
As	31	Retained earnings, endowment, accumulated in			215,242.	31	439,162.
Net	32	Total net assets or fund balances			215,242.	32	439,162.
-	33	Total liabilities and net assets/fund balances			273,042.	33	515,030.
							Form 990 (2021

Form	A PERFECT LOVE	83-346	7376	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	305	, 32	24.
2	Total expenses (must equal Part IX, column (A), line 25)	2	61	.,4(04.
3	Revenue less expenses. Subtract line 2 from line 1	3	243	, 92	20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	215	, 24	42.
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 on Schedule O)	9	-20	,00	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	439	,10	62.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	200	

Form **990** (2021)

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	Name of the organization Employer identification number									
			RFECT LOVE						3-3467376	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		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 gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:								
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	-	•	•					
12		An organization organized a	-	•	-			•		
		more publicly supported or	-						Check the box on	
		lines 12a through 12d that	• •			-		-		
а		Type I. A supporting orga		-	• • • •	-				
		the supported organization			i majority c	of the direc	tors or truste	es of the su	ipporting	
	_	organization. You must o	-							
b		Type II. A supporting org	-				-		-	
		control or management o			ame perso	ns that co	ntroi or mana	ge the supp	Dorted	
_		organization(s). You mus	-				un al fu un attinum al			
С		J Type III functionally inte its supported organization	• • •					ly integrate	ea with,	
d		Type III non-functionally	.,.,	•				tod organi	zation(s)	
u		that is not functionally int						-		
		requirement (see instructi	с с	• •	•		•	anallenin	7611633	
е		Check this box if the orga	-	-						
e		functionally integrated, or					турет, туре	п, туре п		
f	Ente	er the number of supported of			0 0					
		vide the following information	•							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount or	fmonetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)	
<u>Tota</u>	I									

Sch	Schedule A (Form 990) 2021 A PERFECT LOVE 83-3467376 Page 2							
Pa	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)							
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization							
	fails to qualify under the tests listed below, please complete Part III.)							
Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")			141,000.	92,419.	287,119.	520,538.	
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 \dots							
4	Total. Add lines 1 through 3			141,000.	92,419.	287,119.	520,538.	
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)							
	Public support. Subtract line 5 from line 4.						520,538.	
	ction B. Total Support	1		<u> </u>				
	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4			141,000.	92,419.	287,119.	520,538.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,				0 004	10 205	20 000	
	and income from similar sources				9,804.	18,205.	28,009.	
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.)						548,547.	
11	Total support. Add lines 7 through 10		(ma)			10	J40, J47.	
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	fourth or fifth toy u				
13	-	•					X	
Se	organization, check this box and stor ction C. Computation of Publi							
14	Public support percentage for 2021 (I			column (f))		14	%	
15						15	<u>%</u>	
	15 Public support percentage from 2020 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and %							
100								
ł	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
•	and stop here. The organization qualifies as a publicly supported organization							
17:	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the fact							
	meets the facts-and-circumstances te			-	-	withow the organiz		
ŀ	10% -facts-and-circumstances test	-		• • • •				
•	more, and if the organization meets the							
	organization meets the facts-and-circu							
18	•		•					
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2021

132022 01-04-22

A PERFECT LOVE

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			T		1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the						nization,
_	check this box and stop here						>
	ction C. Computation of Publi					<u> </u>	
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
198	33 1/3% support tests - 2021. If the	-					
۲.	more than 33 1/3%, check this box ar	-					
D	33 1/3% support tests - 2020. If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	пана пос спеска	box on line 14, 19	a, UL 190, CHECK t	THE DUX AND SEE INS		dule A (Form 990) 2021
13202	3 01-04-22		16	5		Scile	aue A (Fui 11 990) 202 1

A PERFECT LOVE

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

132024 01-04-21

Schedule A (Form 990) 2021	А	PERFECT	LOVE
----------------------------	---	---------	------

1

2

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i>			

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If* "Yes," *explain in* **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated,

Fail VI now providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	. Or controlled the	Supporting organizatio	<i>)</i> //.
Section C. Ty	pe II Support	ting Organization	s

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the support of the same persons that control or managed
 Image: Control of the support of the support of the same persons that control or managed
 Image: Control of the support of the support of the same persons that control or managed
 Image: Control of the support of the supp

	Section D	. All Typ	e III Sup	porting	Organizations
--	-----------	-----------	-----------	---------	---------------

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	I that the organization used to sati	sty the Integral Part Test duri	ng the year (see instructions).
•	Check the box heat to the method			

- 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.*

c [The organization supported a governmental entity.	Describe in Part VI how	you supported a governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

- 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 exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

Schedule A (Form 990) 2021

132025 01-04-22

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organi	zations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	1	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
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			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Section 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				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see	

A PERFECT LOVE

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

83-3467376 Page 6

132026 01-04-22

11471214 759947 22063

Schedule A (Form 990) 2021

A PERFECT LOVE

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continu	ued)	
<u>Secti</u>	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
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 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 A PERFECT LOVE	83-3467376 Page 8
Part VI	Supplemental Information. Provide the explanations required by Par Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also com (See instructions.)	t II, line 10; Part II, line 17a or 17b; Part III, line 12; 1c; Part IV, Section B, lines 1 and 2; Part IV, Section C, , and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
132028 01-04-2	2	Schedule A (Form 990) 2021

SCHEDULE I	D
------------	---

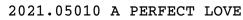
Department of the Treasury

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 **Open to Public** Inspection

Nam	e of the organization		Em		entificatio	
Do	A PERFECT LOVE t I Organizations Maintaining Donor Advise	d Funda ar Athar Similar Funda ar	<u> </u>		-34673	
Pa	organization answered "Yes" on Form 990, Part IV, lin		Accour	ILS. Cor	mplete if tr	ie
		(a) Donor advised funds	(h) [do ond of	ther accou	nto
		(a) Donor advised funds	(b) Fui	ius anu oi	iner accou	ms
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	-			\neg	
•	are the organization's property, subject to the organization's			L	Yes	No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of		•	_		 .
Pa	impermissible private benefit? t II Conservation Easements. Complete if the or	againstian answered "Veg" on Form 000 Der		<u></u>	Yes	No
			t IV, line 7	<u>. </u>		
1	Purpose(s) of conservation easements held by the organizati	· · · · · ·				
	Preservation of land for public use (for example, recrea			-		1
	Protection of natural habitat	Preservation of a c	certified hi	storic stru	icture	
•	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	i conserva			e last e Tax Year
	day of the tax year.					
a						
b						
C	Number of conservation easements on a certified historic str		<u>2c</u>			
d	Number of conservation easements included in (c) acquired a					
-	listed in the National Register			<u> </u>		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the org	ganization	during th	e tax	
_	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per			_		 .
•	violations, and enforcement of the conservation easements in				_ Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserv	ation ease	ents au	iring the ye	ear
-						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easemen	ts during	the year	
•						
8	Does each conservation easement reported on line 2(d) abov					
•	and section 170(h)(4)(B)(ii)?				_ Yes	└── No
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 statements	s that des	cribes the		
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or Othe	r Simila	r Asset	<u>د</u>	
1 4	Complete if the organization answered "Yes" on Form			I AUUUU	0.	
10	If the organization elected, as permitted under FASB ASC 95		halanaa a	hoot work		
Id					5	
	of art, historical treasures, or other similar assets held for put	, ,	erance or	public		
L	service, provide in Part XIII the text of the footnote to its finar			hundrig of		
a	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ince of pu	DIIC Servic	e,	
	provide the following amounts relating to these items:			<u></u>		
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
~						
2	If the organization received or held works of art, historical tre		un, provid	5		
_	the following amounts required to be reported under FASB A	-	•	¢		
a L	Revenue included on Form 990, Part VIII, line 1					
		o for Form 000	🕨		0 D / C arrest	000\ 0004
	For Paperwork Reduction Act Notice, see the Instruction	5 IUI 1 ⁻ UIIII 330.		Schedul	rorm) ש	990) 2021
13205	10-28-21	22				



Sche	dule D (Form 990) 2021 A PERFE							83-34	6737	6 Ра	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historio	cal Tre	asures, or	r Othe	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any	/ of the f	ollowing that	make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	l 📃 Loa	n or excl	hange progra	am					
b	Scholarly research	e	e 🗌 Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they f	urther th	e organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, histori	cal treas	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the org	janizatio	n answered "	'Yes" on	Form 990), Part IV,	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi		2						-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table):					A		
									Amoun	τ	
C.	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
T 0-	Ending balance								Yes		
	Did the organization include an amount on Fe						•				_ No □
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i								<u></u>		
		(a) Current year	(b) Prior		(c) Two year			years back	(e) Fou	r vears	back
1a	Beginning of year balance	(1) 0 1 0) 0 1	(<i>j</i> • α.	(0)	o suon	()	jouro suori	(0) ! 04	jouro	Juon
h	Contributions										
c	Net investment earnings, gains, and losses										
b b	Grants or scholarships										
e	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a. co	olumn (a)) held as:						
а	Board designated or quasi-endowment		%	()	,						
b	Permanent endowment		_								
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are	e held an	nd administer	ed for th	ne organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schee	dule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fund	s.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)	• •	ccumulat preciation		(d) Boo	k valu	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment				1,404.		7	30.		6	74.
e	Other										0.
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, column (E</u>	<u>3), line 1(</u>	0c.)						74.
								~ · · ·		000	0004

Schedule D (Form 990) 2021

11471214 759947 22063

1) Financial derivatives	(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of	of-year market value
2) Closely held equity interests				
a) Other				
(A) Image: Constraint of the sector of th				
(B) (C) (C) (C) (D) (C) (E) (C) (E) (C) (E) (C) (E) (C) (E) (C) (E) (C) (G) (
CI CI CI (D) CI CI (E) CI CI (F) CI CI (G) CI CI (G) CI CI (G) CI CI (G) Complete if the organization answered Yes' on Form 990, Part IX, line 13. CI (a) (b) Book value (c) Method of valuation: Cost or end-of year market value (1) (c) (c) CI (3) (c) (c) (c) (4) (c) (c) (c) (5) (c) (c) (c) (c) (6) (c) (c) (c) (c) (6) (c) (c) (c) (c) (g) <				
(D) (E) (E) (F) (F) (F) (G) (F) (F) (A) (F) (F) (B) (F) (F) (G) (F) (F) (F) (F) (F)				
(E) (G) (G)				
(F) (G) (G) (G) (G) (G) (G) (G) (a) Description of investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 1tc. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) (c) Method of valuation: Cost or end-of-year market value (1) (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (b) Book value (c) Must equal Form 990, Part X, col. (B) line 13.) ► (Fith (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► (c) (a) Description (b) Book value (1) (c) (c) Book value (1) (c) (c) Book value (2) (c) (c) Book value (1) (c) Description (b) Book value (1) (c) Description (c) must equal Form 990, Part X, col. (G) line 15.) (c) Book value (6) (c) Description (c) must equal Form 990, Part X, col. (G) line 15.) (c) Book value				
(G) (G) (H) (G) Part VIII Investments - Program Related. (G) Method of valuation: Cost or end-of-year market value (G) Description of investment (G) Book value (G) Method of valuation: Cost or end-of-year market value (1) (G) Description of investment (G) Method of valuation: Cost or end-of-year market value (1) (G) Description of investment (G) Method of valuation: Cost or end-of-year market value (1) (G) Description of investment (G) Method of valuation: Cost or end-of-year market value (1) (G) Description (G) Method of valuation: Cost or end-of-year market value (1) (G) Description (G) Method of valuation: Cost or end-of-year market value (G) (G) Description (G) Method of valuation: Cost or end-of-year market value (G) (G) Description (G) Method of valuation: Cost or end-of-year market value (G) (G) Description (G) Method of valuation: Cost or end-of-year market value (G) (G) Description (G) Description (I) (G) Description (D) Book value (I) (G) Description (D) Book value (G) (G) Description (D) Method of valuation answered "Yes" on Form 990, Part IV				
(H) (a) (dat. (Col. (b) must equal Form 990, Part X, col. (b) line 12.) ► (b) Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) (c) (c) (a) (c) (c) (c) (c) (a) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (c) (f) (c) (c) (c) (c) (c) (c) (c) (f) (c) (c) (c) (c) (c) (c) (c) (f) (c) (c) (c) (c) (c) (c) <td></td> <td></td> <td></td> <td></td>				
Total. (Job. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Ves" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (e) (f) (f) (f) (g) (g)				
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c: See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (a) (b) (c) (c) (3) (c) (c) (c) (c) (4) (c) (c) (c) (c) (6) (c) (c) (c) (c) (c) (7) (c) (c) (c) (c) (c) (c) (c) (7) (c)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (c) (c) (c) (c) (c) (3) (c) (c) <td>Part VIII Investments - Program Related</td> <td></td> <td></td> <td></td>	Part VIII Investments - Program Related			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (2) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (3) (c) (c) (c) (c) (4) (c) (c) (c) (c) (6) (c) (c) (c) (c) (c) (7) (c) (c) (c) (c) (c) (c) (c) (c) (9) (c) (c) <td></td> <td>on Form 000 Part IV line</td> <td>11c Soc Form 990 Part X line 13</td> <td></td>		on Form 000 Part IV line	11c Soc Form 990 Part X line 13	
(1) Image: Constraint of the second sec				of voor market value
(2) (3) (4) (3) (4) (5) (4) (5) (7) (6) (7) (7) (8) (7) (7) (9) (7) (7) (9) (7) (7) (9) (7) (7) (9) (7) (7) (9) (7) (9) (1) (9) (9) (1) (9) (9) (2) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (1) (1) (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (2) (1) (1) (1) Fotal (Column (b) must equal Form 990, Part X, col. (B) line 15.) (1) (1) Fodarin answered "Yes" on Form 99		(b) BOOK Value		Diyear market value
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(8) (9) fold. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (a) Description (2) (b) Book value (3) (b) Book value (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Part X, col. (B) line 15.) Fortal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (c) (a) Description of liabilities. (c) Description of liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (c) Book value (1) Federal income taxes (c) LOANS PAYABLE 8 , 205 (3) (a) Description of liability (b) Book value (1) Federal income taxes (c) CRED IT CARDS PAYABLE 8 , 768 (4) SBA LOAN 58 , 895 (c) (6) (c) (c) (c) (6) (c) (c) (c) (9) (c)	(6)			
(9) Image: space of the	(7)			
Intel (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (b) Book value (a) Description (b) Book value (1) (a) Description (2) (b) Book value (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (a) Description (c) (b) Book value (c) (c) (c) (c) (c) (c) (c) (c) (c) (b) Book value (c) (c) (c) (c) (c) (d) (c) (e) (c) (f) (c) (g) (c) Intel Labilities. (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (c) (2) LOANS PAYABLE 8, 205 (5) (c) (6) (c) (7) (c)	(8)			
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) Description (b) Book value (a) Description (c) Description (a) Description (c) Description (b) Book value (c) Description (c) Description (c) Description (c) Description (c) Description (c) Description (c) Description (c) Description (c) Description (c) Description of liability (b) Book value (c) Description of liability (b) Book value (c) Description of liability (b) Book value (c) Description of liability (c) Book value (c) Description of liability (c) Book value (c) DESCREDIT CARDS PAYABLE 8, 205 (c) C (c) Description (c) DESCREDIT CARDS PAYABLE 8, 768 (c) DESCREDIT CARDS PAYABLE (c) DESCREDIT (c) DESCREDIT CARDS PAYABLE (c) DESCREDIT </td <td>(9)</td> <td></td> <td></td> <td></td>	(9)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (a) Description (b) Book value (2) (a) (a) (3) (b) Book value (c) (4) (b) Book value (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (c) Part X Other Liabilities. (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (c) (c) (2) LOANS PAYABLE 8 , 205 (c) (3) CREDIT CARDS PAYABLE 8 , 768 (c) (6) (c) (c) (c) (7) (c) (c) (c) (8) (c) (c) (c) (6) (c) <t< td=""><td>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►</td><td></td><td></td><td></td></t<>	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
(a) Description (b) Book value (1)				
(1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Fortal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (6) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (1) Federal income taxes 8, 205 (3) CREDIT CARDS PAYABLE 8, 768 (4) SBA LOAN 58, 895 (5) (6) (7) (7) (8) (7) (9) (7) (8) (7) (9) (7)			11d. See Form 990, Part X, line 15.	
(2) (3) (3) (4) (4) (5) (5) (7) (6) (7) (7) (8) (9) (9) Fortal. (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 or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LOANS PAYABLE 8, 205 (3) CREDIT CARDS PAYABLE 8, 768 (4) SBA LOAN 58, 895 (5) (6) (7) (7) (8) (9)	(a)	Description		(b) Book value
(3) (4) (5) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (6) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (c) LOANS PAYABLE (2) LOANS PAYABLE 8, 205 (3) CREDIT CARDS PAYABLE 8, 768 (4) SBA LOAN 58, 895 (5) (6) (7) (8) (9) (7)	(1)			
(4)	(2)			
(5)	(3)			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (a) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (b) Book value (2) LOANS PAYABLE 8, 205 (3) CREDIT CARDS PAYABLE 8, 768 (4) SBA LOAN 58, 895 (5) (6) (7) (7) (8) (9)	(4)			
(7)	(5)			
(7)	(6)			
(8) (9) Fotal. (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 or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (b) Book value (2) LOANS PAYABLE 8, 205 (3) CREDIT CARDS PAYABLE 8, 768 (4) SBA LOAN 58, 895 (5) (6) (7) (8) (9) (9)				
(9) Fotal. (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 or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (b) Book value (2) LOANS PAYABLE 8, 205 (3) CREDIT CARDS PAYABLE 8, 768 (4) SBA LOAN 58, 895 (5) (6) (7) (8) (9) (9)	(7)			
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 or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LOANS PAYABLE (3) CREDIT CARDS PAYABLE (4) SBA LOAN (5) (6) (7) (8) (9)				
Part X Other Liabilities. Complete if the organization answered "Yes" on 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) LOANS PAYABLE (3) CREDIT CARDS PAYABLE (4) SBA LOAN (5) 58,895 (5) 6 (7) 6 (8) 6 (9) 75.010	(8)			
(a) Description of liability (b) Book value (1) Federal income taxes (2) LOANS PAYABLE 8,205 (3) CREDIT CARDS PAYABLE 8,768 (4) SBA LOAN 58,895 (5) (6) (7) (8) (9) (7)	(8) (9)	. 15)		
(1) Federal income taxes 8,205 (2) LOANS PAYABLE 8,768 (3) CREDIT CARDS PAYABLE 8,768 (4) SBA LOAN 58,895 (5) 58 (6) 7 (7) 6 (8) 9 (9) 75,050	(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	. 15.)		
(1) Federal income taxes 8,205 (2) LOANS PAYABLE 8,768 (3) CREDIT CARDS PAYABLE 8,768 (4) SBA LOAN 58,895 (5) 58 (6) 7 (7) 6 (8) 9 (9) 75,050	(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(2) LOANS PAYABLE 8,205 (3) CREDIT CARDS PAYABLE 8,768 (4) SBA LOAN 58,895 (5) 58,895 (6) 7 (7) 7 (8) 9 (9) 75,262	(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
(3) CREDIT CARDS PAYABLE 8,768 (4) SBA LOAN 58,895 (5) (6) (6) (7) (7) (7) (8) (9)	(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1. (a) Description of liability			(b) Book value
(4) SBA LOAN 58,895 (5) (6) (6) (7) (7) (8) (8) (9)	(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes			
(5) (6) (6) (7) (8) (9)	(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) LOANS PAYABLE			8,205
(6) (7) (8) (9)	(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) LOANS PAYABLE (3) CREDIT CARDS PAYABLE			8,205 8,768
(7) (8) (8) (9)	(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) LOANS PAYABLE (3) CREDIT CARDS PAYABLE (4) SBA LOAN			8,205 8,768
(8) (9)	(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) LOANS PAYABLE (3) CREDIT CARDS PAYABLE (4) SBA LOAN (5)			8,205 8,768
(9)	(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) LOANS PAYABLE (3) CREDIT CARDS PAYABLE (4) SBA LOAN (5) (6)			8,205 8,768
	(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (a) Description of liability (1) Federal income taxes (2) LOANS PAYABLE (3) CREDIT CARDS PAYABLE (4) SBA LOAN (5) (6) (7)			8,205
	(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) LOANS PAYABLE (3) CREDIT CARDS PAYABLE (4) SBA LOAN (5) (6) (7) (8)			8,205 8,768

2. 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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 A PERFECT LOVE		83-3467376 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12		
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

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

132054 10-28-21

SCHEDU	JLEI	G	arants and Oth	ner Assistan	ce to Organ	izations,		OMB No. 1545-0047						
(Form 99	90)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.												
Department	of the Treasury	Compi	ete if the organizatio	Attach to For		rt IV, line 21 or 22.		2021 Open to Public						
	enue Service		Go to www.in	rs.gov/Form990 fo		nation.		Inspection						
Name of	the organization A PERFECT	LOVE						Employer identification number 83-3467376						
Part I	General Information on Grants a	nd Assistance												
	es the organization maintain records t teria used to award the grants or assis													
2 De	scribe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.									
Part II	Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any						
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance						
	ter total number of section 501(c)(3) a						1	········· È						
	ter total number of other organizations													

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

Schedule I (Form 990) 2021

A PERFECT LOVE

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOREVER HOME PROJECT - FINANCIAL ASSISTANCE TO					
RENOVATE HOME OF AN ADOPTIVE FAMILY.	1	29,104.	0.		

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

SCHEDULE O (Form 990)

Name of the organization

FORM 990, PART

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

83-3467376

A PERFECT LOVE

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILDREN.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

ANOTHER PROJECT OF A PERFECT LOVE IS TO PROVIDE INTERNATIONAL SUPPORT

FOR THE TREATMENT AND EDUCATION OF CHILDREN WITH CEREBRAL PALSY AND

AUTISM IN SUZHOU BO'AI SCHOOL, AN ORGANIZATION WITH 21 YEARS OF HISTORY

LOCATED IN SUZHOU INDUSTRIAL PARK. (BEGINNING IN 2022).

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OF ADOPTIVE FAMILIES IN THE US TO TO BRING MORE ATTENTION TO ADOPTIVE

FAMILIES IN THE UNITED STATES.

I,

6. DISASTER RELIEF - EMEGENCY ASSISTANCE TO FAMILIES WHOSE LIFES ARE

DISRUPTED DUE TO NATURAL DISASTER.

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

THE ORGANIZATION PROVIDES A COPY OF THE RETURN TO THE BOARD FOR REVIEW.

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

THE BOARD MEETS REGULARLY TO REVIEW ANY CONFLICTS.

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

THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization A PERFECT LOVE	Page Employer identification numb 83-3467376
ORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
RIOR PERIOD ADJUSTMENT - CORRECTION OF PRIOR YEAR	
IISPOSTING OF LOAN	-20,000
2212 11-11-21 29	Schedule O (Form 990) 2

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	DRM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
2	COMPUTER	10/13/20	200DB	5.00	нү	16	1,404.				1,404.	281.		449.	730.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						1,404.				1,404.	281.		449.	730.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,404.				1,404.	281.		449.	730.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JANUARY 31, 2022

PREPARED FOR:

A PERFECT LOVE 14725 FINISTERRA PL HACIENDA HEIGHTS, CA 91745

PREPARED BY:

MACIAS GINI & O'CONNELL LLP 111 PACIFICA, SUITE 300 IRVINE, CA 92618

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$ 	0
PLUS: INTEREST AND PENALTIES	\$ 	0
NO PAYMENT IS REQUIRED	\$ 	

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED	\$ 0
OTHER AMOUNT	\$ 0
REFUNDED TO YOU	\$ 0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

JANUARY 31, 2022

PREPARED FOR:

A PERFECT LOVE 14725 FINISTERRA PL HACIENDA HEIGHTS, CA 91745

PREPARED BY:

MACIAS GINI & O'CONNELL LLP 111 PACIFICA, SUITE 300 IRVINE, CA 92618

AMOUNT OF TAX:

BALANCE DUE OF \$100

MAKE CHECK PAYABLE TO:

DEPARTMENT OF JUSTICE

MAIL TAX RETURN TO:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

RETURN MUST BE MAILED ON OR BEFORE:

DECEMBER 15, 2022

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

128941 12-29-21 FORM

TAXABLE YEAR	California Exempt Organization
2021	Annual Information Return

	202	21	Annual Informatic	on Return							199	1
Calenda	ar Year	r 2021 o	or fiscal year beginning (mm/dd/yyyy)	02/01/2	021	, and ending ((mm/dd/yy	уу)	01	L/31/2	022	
Corporat	tion/Org	ganization	name				Cal	lifornia corp	oration	number		
			1.0115					4000		7		
			LOVE ee instructions.				F	4237	447	/		
Addition	armorn	nation. Se					''	83-3	467	1376		
Street ac	ddress (s	suite or ro	pom)					PMB no.	101	570		
147	25	FINI	ISTERRA PL									
City							State	ZIP code				-
HAC	IEN	DA F	HEIGHTS				CA	9174	5			
Foreign	country	name		Foreign province/state	/county			Foreign p	ostal c	ode		
	st retu		•	Yes X No Yes X No		e organization hav		•	•		Yes X	Z No
			• 7(a)(1) trust			ported to the FTB? mpt under R&TC S					res 🗖	
			return?			jed in political activ					Yes X	ΣNO
•		Dissolved		rged/Reorganized		organization exem					Yes X	
Ent	ter date:	: (mm/dd/	ýyyyy) •			s," enter the gross						
			g method: (1) Cash (2) X Accrual		L Is the	organization a lim	ited liability	/ company	/ ?	•	Yes 🛛	۸O
			ed? (1) ● 990T (2) ● 990PF (3) ●	Sch H (990)		e organization file						_
• • •			90 series			taxable income?					Yes 🛛 🗙	🕻 No
			ling? See instructions	Yes 👗 No Yes 🛣 No		organization unde					Vac 🛐	No
			on in a group exemption			udited in a prior ye eral Form 1023/10						
	103, 1	what is t				iled with IRS					103 🗳	
					Duto							
Part	t i o	Complet	e Part I unless not required to file this for	n. See General Info	ormation E	8 and C.						
		1 0	Gross sales or receipts from other sources.	From Side 2, Part II	, line 8 🛄			•	1		18,20	5 00
			Gross dues and assessments from member						2		207 11	00
			Gross contributions, gifts, grants, and simila					•	3		287,11	.9 00
Rece	eipts		Total gross receipts for filing requirement te This line must be completed. If the result i		•	ral Information B		•	4		305,32	24 00
an	nd		Cost of goods sold				<u></u>	00	-		505752	
Reve	nues	1	Cost or other basis, and sales expenses of a					00	-			
		1							7			00
		8 1	Total gross income. Subtract line 7 from lin	e 4				•	8		305,32	
Expe	nses		Total expenses and disbursements. From Si					•	9		61,40	
			Excess of receipts over expenses and disbu				<u></u>	•	10		243,92	
								•	11 12			00
			Payments balance. If line 11 is more than lin	ne 12 subtract line				_	12			00
Filina	ı Fee		Use tax balance. If line 12 is more than line						14			00
	,		Penalties and interest. See General Informat						15			00
		16 E	Balance due. Add line 12 and line 15. Then penalties of perjury, I declare that I have examined the e, correct, and complete. Declaration of preparer (other the state of the state of t	subtract line 11 fro	m the resu	ılt			16			00
Sign		it is true	enalities of perjury, I declare that I have examined the correct, and complete. Declaration of preparer (other the correct is a second to the correct is a s	is return, including acco her than taxpayer) is bas	ed on all inf	chedules and stateme ormation of which prep	oarer has any	knowledge	y know	ledge and belie	эт,	
Here		Signatu	re .		Title		Date			• Telephon		
		Signatu of office	er 🕨		PRES	IDENT Date				(626) ● PTIN	377-8	879
		Prepare signatur	er's tenny have			12/14/202	2 Check	t if mployed		P0035	8355	
Paid		Firm's n					3011101		-	● Firm's FE		
Prepar	er's	(or your:		CONNELL L	LP					68-03	00457	
Use On		employe	ed) 111 PACIFICA, SU							Telephon	ie	
		and add	dress IRVINE, CA 92618							(949)	910-4	255
		May th	ne FTB discuss this return with the preparer	shown above? See	instructio	ns	<u></u>	• X	Yes	No		

Γ

022

A PERFECT LOVE

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

243,920

		1	Gross sales or rec	ceipts from all	busines	s activities. See	e instruction	s			•	1			00
		2	Interest								•	2			00
		3	Dividends								•	3			00
Recei	ipts	4	Gross rents								•	4			00
from		5	Gross royalties												00
Other	·	6	Gross amount rec	eived from sa	le of ass	ets (See instru	ctions)				•	6		10.00	00
Sourc	es	7										7		18,205	2 00
		8	Total gross sales				•					8		18,205	
		9	Contributions, gift									9		29,104	
		10	Disbursements to	or for membe	ers						•	10			00
		11	Compensation of									11			00
-		12	Other salaries and									12		0.01	<u>00</u> 5 00
Exper	nses	13	Interest									13			
and		14	Taxes									14 15		666	00 5 00
Disbu		15	Rents	daplation (Ca		tiona)						15			9 00
ment	5	16 17	Depreciation and o Other expenses ar	uepieliuii (Set	e msu uc onto	uons)		c	የ ም የ ጥ ፖ	ᠬᢑᢂᢑᠬᠬ	3	17		30,190	
			Total expenses an									18		61,404	
Sch	edul				ciiio. Au		ning of taxa			arti, inic 5	Enc		able yea		<u>* 00</u>
Asset						(a)		(b)			(C)			(d)	
	N I-					()			29,365		(-)		•	22,3	366
			s receivable										•		
			ceivable										•		
													•		
			state government ol										•		
6 li	nvestm	nents	in other bonds	-									•		
													•		
8 N	/lortga	ge loa	ans										•		
9 C)ther in	ivesti	ments S	STMT 4				2	29,804				•	475,()01
10 a	Depre	eciab	le assets				404				1,4				
b	Less	accu	mulated depreciatio	on	(2	81)		1,123	(73	0)		E	<u>674</u>
11 L	and .												•		
12 C	Other as	ssets	,	STMT 5					12,750				•	16,9	
13 T	fotal as	ssets						2	73,042					515,0)30
			et worth												
			yable										•		
			s, gifts, or grants pa										•		
			otes payable										•		
17 N	<i>Nortga</i>	ges p	ayable										•	75	
			es 🥵						57,800					75,8	308
			or principal fund										•		
			al surplus. Attach reco					2	15,242				•	120 1	162
			nings or income fu						73,042				•	<u>439,1</u> 515,0	
			ies and net worth			le with income		Z	/ J , 0 4 2					JIJ,(130
001	cuur					ks with incom he amount on S		ine 13 colu	mn (d) is les	s than \$50 000	ו				
1 1	let inco	י מתר	per books	-			43,920	a		l on books this					
			me tax			•	10,520			nis return. Atta	-	le	•		
			pital losses over ca			•				is return not ch					
			ecorded on books t							ome this year.	ai you				
			lule	-		•		- ·					•		
			corded on books thi						al. Add line 7						

deducted in this return. Attach schedule

6 Total. Add line 1 through line 5

022

•

3652214

243,920

10 Net income per return.

Subtract line 9 from line 6

A PERFECT LC	VE
--------------	----

83-3467376

Ο.

		
CA 199 OTH	ER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
INCOME FROM INVESTMENT OF TAX-EXEMPT	BOND PROCEEDS	18,205.
TOTAL TO FORM 199, PART II, LINE 7		18,205.
CA 199 COMPENSATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT 2
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
STEVEN SHEN 14725 FINISTERRA PL HACIENDA HEIGHTS, CA 91745	PRESIDENT 40.00	0.
SOFIA SHEN	SECRETARY	0.

40.00

SOFIA SHEN 14725 FINISTERRA PL HACIENDA HEIGHTS, CA 91745

TOTAL TO FORM 199, PART II, LINE 11

CA 199	OTHER EXPENSES	STATEMENT 3
DESCRIPTION		AMOUNT
PROGRAM EXPENSES MEALS BANK CHARGES AND FEES GOVERNMENT FEE ACCOUNTING FEES ADVERTISING AND PROMOTION OFFICE EXPENSES TRAVEL		6,475. 1,916. 1,217. 70. 3,730. 6,200. 7,265. 3,317.
TOTAL TO FORM 199, PART II, LINE	3 17	30,190.

A PERFECT LOVE

83-3467376

57,800. 75,868.

= :

CA 199	OTHER INVESTMENT	rs	STATEMENT 4
DESCRIPTION		BEG. OF YEAR	END OF YEAR
OTHER PUBLICLY TRADED S	SECURITIES	229,804.	475,001.
TOTAL TO FORM 199, SCH	EDULE L, LINE 9	229,804.	475,001.
CA 199	OTHER ASSETS		STATEMENT 5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DE	EFERRED CHARGES	12,750.	16,989.
TOTAL TO FORM 199, SCH	EDULE L, LINE 12	12,750.	16,989.
CA 199	OTHER LIABILITIE	IS	STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
LOANS PAYABLE CREDIT CARDS PAYABLE SBA LOAN		0. 0. 57,800.	8,205 8,768 58,895

TOTAL TO FORM 199, SCHEDULE L, LINE 18

TAXABLE YEAR 2021	Col	rporat d Amo	ion Dep rtizatior	reciatio 1	n							CALIFORN 38	11A FORM 8 85
Attach to Form 100 or	Form 1	00W.			FORM	199				E	FEIN	83-34	67376
Corporation name											Calif	ornia corporati	on number
A PERFECT	LOV	Е										423744	7
Part I Election To Exp													
1 Maximum deduction under IRC Section 179 for California													\$25,000
 2 Total cost of IRC Section 179 property placed in service 3 Threshold cost of IRC Section 179 property before reduction in limitation 											_		
					•								\$200,000
4 Reduction in limitat				-								_	
5 Dollar limitation for		e year. Subtra Description of		ne 1. It zero or		ousiness use o) Elected c		5		
6	(a) L		i property			JUSITIESS USE O		(0		051	_		
											_		
7 Listed property (ele	ected IF	C Section 17	79 cost)				- T	7					
8 Total elected cost o	of IRC S	Section 179 p	roperty. Add am	ounts in colum	n (c). line 6 and	d line 7	····· L	· .			8		
9 Tentative deduction													
10 Carryover of disallo	wed de	eduction from	n prior taxable ye										
11 Business income lin	mitatio	n. Enter the s	maller of busine	ss income (not	less than zero)	or line 5					11		
12 IRC Section 179 ex	pense	deduction. Ad	dd line 9 and line	e 10, but do not	enter more tha	an line 11					12		
13 Carryover of disallo	wed de	eduction to 2	022. Add line 9 a	and line 10, less	s line 12			13					
Part II Depreciation a	and Ele		itional First Yea	r Depreciation	Deduction Und	ler R&TC Sect	ion 24356		1				
(a) Description of prop	ortu	(b) Date acqu	irod C	(c) Cost or	d) Depreciatior	i) a allowed or	(e)		(f) Life c	r	Don	(g) reciation	(h)
	GILY	(mm/dd/y		er basis	allowable in		Deprecia metho		rate		for	this year	Additional first year depreciation
14 2 COMP	TIME	D III				-		-					depreciation
<u>14 2 COMP</u>		10/13/	/20	1,404		281	200D	D	5.00			449	
		10/13/	20	1,404		201	20001		5.00			449	
15 Add the amounts in	n colum	in (g) and co	lumn (h). The to	tal of column (I	n) may not exce	ed \$2,000.							
See instructions for	r line 14	4, column (h))	· · · · · · · · · · · · · · · · · · ·	· · ·					15		449	
Part III Summary													
16 Total: If the corpora IRC Section 179 ex	ation is pense,	electing: add the amo	unt on line 12 aı	nd line 15, colu	mn (g) or								
Additional first year Depreciation (if no	deprei	ciation under	R&TC Section 2	24356, add the	amounts on line	e 15, columns	(g) and (h) or			16		449
17 Total depreciation of					0 1 00						1 47		449
18 Depreciation adjust													
If line 17 is less that		-											
amounts are used t		-									18		0
Part IV Amortization						•							
(a) Description of	f prope	rty	(b) Date acquired (mm/dd/yyyy)	Co	(c) st or r basis	() Amortizatio allowable in			(e) R&TC Section (see instructio	De	(f) Period or ercentage		ization
19									(
20 Total. Add the amo		(0)											
21 Total amortization of			-								21		
22 Amortization adjust		-											
Side 1, line 6. If line	e 21 IS	iess than line	e 20, enter the di	illerence here al	iiu on Form 100	J OF FORM 100V	v, Side 2,	iine	12	<u></u>	22		

	21 California e-file Return Authorization for Exempt Organizations		FORM 8453-EO
Exempt C	ganization name	Identifying number	
<u>A PE</u>	RFECT LOVE	83-34673	76
Part I	Electronic Return Information (whole dollars only)		
1 To	tal gross receipts (Form 199, line 4)	1	305,324
2 To	tal gross income (Form 199, line 8)	0	305,324
3 To	tal expenses and disbursements (Form 199, line 9)	0	61,404
Part II	Settle Your Account Electronically for Taxable Year 2021		
4	Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/y	ууу)	
Part III	Banking Information (Have you verified the exempt organization's banking information?)		
5 Ro	iting number		
6 Ac	ount number 7 Type of account: Checking	Savings	
Part IV	Declaration of Officer		
Lauthor	ze the exempt organization's account to be settled as designated in Part II. If I check Part II, hox 4. Lauthorize an electronic fun	nds withdrawal for t	he amount listed

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign			PRESIDENT
Here	Signature of officer	Date	Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	nu have		Date 12/14/2022	Check if also paid preparer	Check if self- employe	ero's ptin P00358355
Must	Firm's name (or yours	MACIAS GINI &	O'CONNELL	LLP			Firm's FEIN $68 - 0300457$
Sign	if self-employed) and address	111 PACIFICA,	SUITE 300				
		IRVINE, CA					ZIP code 92618
		e that I have examined the above Id complete. I make this declarat					and to the best of my knowledge
Paid	Paid proporto			Date		Check	Paid preparer's PTIN

Preparer	preparer's signature		if self- employed	
Must	Firm's name (or yours		F	irm's FEIN
Sign	if self-employed) and address			
			Z	IP code

FTB 8453-EO 2021

129021 12-29-21

STATE OF CALIFORNIA					DEPARTMENT					
RRF-1 (Rev. 02/2021) ANNUAL REGISTRATION RENEW					(For Registry Use Only)	PAG	GE 1 of t			
MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sections 12586 and 12587, California										
Sacramento, CA 94203-4470 STREET ADDRESS:	1	309, 311,	and 312							
1300 I Street Sacramento, CA 95814 (916)210-6400	organizatio	kemption and t	s after the end of the he assessment of a							
WEBSITE ADDRESS: www.oag.ca.gov/charities		of \$800, plus interest, and/or fines or filing penalties 23703; Government Code section 12586.1. IRS exter								
			Check if:							
			ange of address							
A PERFECT LOVE Name of Organization		An	nended report							
List all DBAs and names the organization										
Address (Number and Street)	А РЦ	State Charity Registration Number CT0266419								
HACIENDA HEIGHT; City or Town, State, and ZIP Code	5, CA 9	91745	Corporation or Organization No. 4237447							
626-377-8879			Federal Employer ID No. 83-3467376							
Telephone Number	E-mail Addres	55								
ANNUAL RE	GISTRATION	RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departm			311, and 312)					
Total Revenue	Fee	Total Revenue	Fee	Total Revenue		Fee				
Less than \$50,000 \$25 Between \$250,001 and \$1 million Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million					001 and \$100 million),001 and \$500 million	\$80 1\$1,	,000			
Between \$100,001 and \$250,	000 \$75	Between \$5,000,001 and \$20 millio	on \$400	Greater than \$500	million	\$1,	,200			
PART A - ACTIVITIES For your most recent full accounting period (beginning02/01/2021 ending01/31/2022) list:										
Total Revenue O Total Assets \$							30			
· _ ·		GANIZATION DURING THE PERIOD (01,101					
		you answer "yes" to any of the ques ils for each "yes" response. Please re				Yes	No			
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization										
and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?							x			
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?							x			
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?										
 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or 										
commercial coventurer used?										
5. During this reporting period, did the organization receive any governmental funding?										
6. During this reporting period, did the organization hold a raffle for charitable purposes?							x			
7. Does the organization conduct a vehicle donation program?							x			
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?							x			
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?										
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.										
			-							
Signature of Authorized Agent		EVEN SHEN		PRESIDENT	Date					