Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2022 calendar year, or tax year beginning $JUL 1$, 2022 and ending	<u> </u>	
В	Check if applicable	C Name of organization	D Employer identifi	cation number
Г	Addres	S WATTS OF LOVE		
	Name change	Doing business as	45-54044	20
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 990 WARREN AVENUE Room/si	uite E Telephone numbe 630-835-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,451,206.
	Amend return	DOWNERS GROVE, IL 00313	H(a) Is this a group re	eturn
	Applica tion pending	Finame and address of principal officer: NANC1 ECONOMOO	for subordinates	? Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates in	
		THE III BEGON OF OUR		list. See instructions
	Website		H(c) Group exemptio	
_		organization: X Corporation Trust Association Other L Y Summary	ear of formation: 2012	/ State of legal domicile: 11
		Briefly describe the organization's mission or most significant activities: TO ACT A	S A VEHICLE T	HROUGH
Governance	1 1	WHICH DONATIONS AND PLEDGES CAN BE COLLECTED	FOR THE PURP	OSE OF
'n	-	Check this box if the organization discontinued its operations or disposed of n		-
Š		· · · · · · · · · · · · · · · · · · ·	3	10
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		8
Activities &		Fotal number of individuals employed in calendar year 2022 (Part V, line 2a)		15
ξį		Total number of volunteers (estimate if necessary)		3500
Ç		Total unrelated business revenue from Part VIII, column (C), line 12		3,311.
_	1 d	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
Revenue			Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)	1,023,743.	2,085,085.
		Program service revenue (Part VIII, line 2g)	24,238.	138,977.
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	31.	797.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,283.	215,349.
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,049,295.	2,440,208.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	275,038.	500,052.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	383,014.	716,024.
ses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	363,014.	710,024.
Expenses	loar	Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25) 228,043.	0.	0.
Ä	17 (Fotal fundraising expenses (Part IX, column (D), line 25) 228, 043. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	451,947.	787,785.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,109,999.	2,003,861.
		Revenue less expenses. Subtract line 18 from line 12	-60,704.	436,347.
Jo.	3	10701d0 1000 0xparioos. Gastraot lino 10 from lino 12	Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	1,102,182.	1,459,710.
ASS	21 1	Fotal liabilities (Part X, line 26)	109,947.	31,128.
Net Assets or Fund Balances	22 1	Net assets or fund balances. Subtract line 21 from line 20	992,235.	1,428,582.
P	art II	Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
	-	Cinnatura at afficar	Doto	
Sig	ın	Signature of officer	Date	
He	re	Type or print name and title		
			Date Check	II PTIN
Pai		Print/Type preparer's hame JOHN T. WOJCIK Preparer's higharture	11/12/2022 If	
		Firm's name SELDEN FOX, LTD.		6-2985770
		Firm's address ONE PARKVIEW PLAZA, SUITE 710	FIIIII S EIN 3	3 2703770
	,	OAKBROOK TERRACE, IL 60181	Phone no 63	0-954-1400
Ma	v the IR	S discuss this return with the preparer shown above? See instructions	11 110110 110.0 3	X Yes No
ivia	, aicin	S alcoase and retain with the proparet shown above: See instructions		163 140

Pa	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:	
•	OUR MISSION IS TO BRING PEOPLE THE POWER TO RAISE THEMSELVES O	UT OF
	THE DARKNESS OF POVERTY THROUGH SOLAR LIGHTING.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes 🕰 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	/ AVDANSAS
_	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	
	revenue, if any, for each program service reported.	mponooo, and
4a	(Code:) (Expenses \$ 1,529,170 • including grants of \$ 500,052 •) (Revenue \$	141,216.)
	WATTS OF LOVE IS A GLOBAL NONPROFIT DELIVERING SOLAR LIGHTS AN	
	FINANCIAL LEARNING TO HELP PEOPLE RAISE THEMSELVES OUT OF THE	
	OF POVERTY. WE PROVIDE THOSE LIVING IN LAST MILE COMMUNITIES	
	DURABLE, MULTI-FUNCTIONAL SOLAR LIGHTS, BREAKING THE DEPENDENC	
	TOXIC KEROSENE AND OTHER ALTERNATIVE LIGHT SOURCES WHILE SUPPORTED WHILE SUPPORTED THE WHITE ECONOMIC EMPONENT TRAINING THE PROJECT OF THE PR	
	THEM WITH ECONOMIC EMPOWERMENT TRAINING. THROUGH OUR PROGRAM IMMEDIATE AND LONG-LASTING CHANGE FOR THOSE LIVING IN EXTREME	
	THMEDIATE AND LONG-DASTING CHANGE FOR THOSE DIVING IN EXTREME	POVERTI.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		_
4c	(Code:) (Expenses \$)
		_
4d	Other program services (Describe on Schedule O.)	-
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,529,170.	- 000
		Form 990 (2022)

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Form 990 (2022) WATTS OF 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	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,		Х	
L	Part VI	11a		
D	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		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			X
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		^
b	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	Х	
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	טדו		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	امدا		~
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	demosts getermient entracting committy y, and it is now, complete conceder, i and i annual manual ma			

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Form 990 (2022) WATTS OF LOVE Part IV Checklist of Required Schedules (continued)

 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year that was issued after December 31, 2003? If "Yes," answer lines 24b through 24d and complete. 	22 23 24a 24b		X
 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 Schedule J</i> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the 	23 24a		
and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i> 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	24a		v
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	24a		v
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	24a		v
			X
last day of the year that was issued after December 21, 20022 If "Vos." analysis lines 24h through 24d and complete			
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	246		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
c 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		X
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		X
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):			
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
"Yes," complete Schedule L, Part IV	28a		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			37
"Yes," complete Schedule L, Part IV	28c	37	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
contributions? If "Yes," complete Schedule M	30		X
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
Schedule N, Part II	32		<u> </u>
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
	34		х
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		 -
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?			
If "Yes," complete Schedule R, Part V, line 2	36		х
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		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 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	1c	Х	

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Form **990** (2022)

022) WATTS OF LOVE Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No			
2 a	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	15						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? \dots		2b	X				
3a			3a		X			
	•		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-						
	financial account in a foreign country (such as a bank account, securities account, or other financial account	t)?	4a		X			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	, ,			37			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X			
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a second did the organizati		•		Х			
	any contributions that were not tax deductible as charitable contributions?		6a					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ŭ	C L					
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b					
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pr	ovided to the navor?	7a		Х			
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		- 25			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ		7.0					
·	to file Form 8282?		7c		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	.7	7e		Х			
f			7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889		7g					
h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.							
a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders 11a							
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)							
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		124					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	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							
С	Enter the amount of reserves on hand							
14a			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration							
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incompanies to the section 4968 excise tax on net investment incompanies.	ne?	16		X			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

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Form 990 (2022) WATTS OF LOVE 45-5404420

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

					X
<u>Sec</u>	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 10	<u> </u>		
	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 8	<u>]</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	es," describe			
	on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	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	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	ınization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	$Section\ 6104\ requires\ an\ organization\ to\ make\ its\ Forms\ 1023\ (1024\ or\ 1024\ A,\ if\ applicable),\ 990,\ and\ applicable),\ 990,\ and\ applicable)$	and 990-T (section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain	n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of interest policy, a	nd finai	ncial	
	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 be	ooks and records			
	NANCY ECONOMOU - 630-835-8444				
	900 WARREN AVENUE. DOWNERS GROVE. IL 60515				

Form **990** (2022)

Form 990 (2022) WATTS OF LOVE 45-5404420 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			(C Posi	C) ition	1		(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle:	heck ss pe	more rson	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer B	Key employee	Highest compensated transfer sembloyee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) NANCY ECONOMOU	60.00							105 001	•	10 000
PRESIDENT	1 00	Х		X				105,021.	0.	10,800
(2) KEVIN KUSTER	1.00	Į.,		v					0	0
DIRECTOR	1.00	X		Х				0.	0.	0
(3) MARY KAY KAUFMANN CHAIRWOMAN	1.00	x						0.	0.	0
(4) DOUG ROSELIEB	1.00							0.	0.	
VICE CHAIRMAN	1.00	X						0.	0.	0
(5) MARIA HEY	1.00							3.		
SECRETARY		Х						0.	0.	0
(6) DALE MANCUSO	1.00									
TREASURER		Х						0.	0.	0
(7) AUDREY ELISHA	1.00									
DIRECTOR		Х						0.	0.	0
(8) BRIAN WALSH	1.00									
DIRECTOR		Х						0.	0.	0
(9) CANDICE MISHKIN	1.00									
DIRECTOR	1 00	Х						0.	0.	0
(10) MATT HOWARD	1.00	,,							0	•
FINANCE AND AUDIT CHARIMAN		Х						0.	0.	0
		_								
		-								

Form 990 (2022)

WATTS OF LOVE 45-5404420 Page 8 Form 990 (2022) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per	Position (do not check more than one box, unless person is both an			than o		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	week (list any hours for related organizations below line)				irecto	Highest compensated shaployee		from the organization (W-2/1099-MISC/1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	cc	other ompens from the organization and relation	ation ne tion ted
										-		
1b Subtotal		<u> </u>				<u> </u>		105,021.	0		10,8	
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								105,021.	0		10,8	0.
Total number of individuals (including but r compensation from the organization	ot limited to th	ose	liste	ed al	bov	e) wł	no re	eceived more than \$100	0,000 of reportable			1
3 Did the organization list any former officer			-		-		_		•		Yes	No X
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15 	um of reportab	le co	omp	ensa	atior	n and	otl		the organization			X
 5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," con 	accrue compei	nsat	ion f	rom	any	/ unr				5		X
Section B. Independent Contractors							1		\$100,000 of a compa		•	
the organization. Report compensation for	•							n the organization's tax		isalio		
(A) Name and business	address	NC	ONE	3				(B) Description of s	services	Com	(C) pensation	on
2 Total number of independent contractors (includina but n	ot lii	mite	d to	tho	se lis	stec	d above) who received n	nore than			
\$100,000 of compensation from the organ	Ū					0		,		For	m 990	(2022)

232008 12-13-22

Form 990 (2022) WATTS O
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	noto to any lin	o in this Dart VIII			
		Check if Schedule O Contains a response of	Tiole to any iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under sections 512 - 514
<u> </u>							300000113 3 12 3 14
ant		Federated campaigns 1a					
اري ق		Membership dues 1b					
fts,		Fundraising events 1c					
를 증		Related organizations 1d					
ns,		Government grants (contributions) 1e					
er tio	f	All other contributions, gifts, grants, and					
들는			85,085.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f 1g \$ 3	10,277.				
<u>a</u> <u>C</u>	h	Total. Add lines 1a-1f		2,085,085.			
			usiness Code				
Se			900099	81,014.	81,014.		
Program Service Revenue	b		900099	50,256.	50,256.		
Su	С	PRODUCT SPONSORSHIP	900099	7,707.	7,707.		
ran ev	d						
60	е						
4	f	All other program service revenue					
	g	Total. Add lines 2a-2f		138,977.			
	3	Investment income (including dividends, interest,	, and				
		other similar amounts)		30.			30.
	4	Income from investment of tax-exempt bond prod	ceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 3,311.					
	b	Less: rental expenses 6b 0 •					
	С	Rental income or (loss) 6c 3,311.					
	d	Net rental income or (loss)		3,311.		3,311.	
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 8,138.					
	b	Less: cost or other basis					
e n		and sales expenses 7b 7,371. Gain or (loss) 7c 767.					
her Revenue	С	Gain or (loss) 767 •					
Be		Net gain or (loss)		767.			767.
ЭĒ		Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a 2	13,426.				
	b	Less: direct expenses 8b	3,627.				
	С	Net income or (loss) from fundraising events		209,799.			209,799.
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
<u>"</u>	-		usiness Code				
اٌ فَ	11 a	MISCELLANEOUS	900099	2,239.	2,239.		
ang ju	b			- -	-		
Miscellaneous Revenue	c						
Jis A		All other revenue					
_		Total. Add lines 11a-11d		2,239.			
	12	Total revenue. See instructions		2,440,208.	141,216.	3,311.	210,596.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	500,052.	500,052.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	115,821.	71,738.	21,995.	22,088
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	518,183.	320,958.	98,403.	98,822
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	00 445	16 505	F 140	- 1-1
9	Other employee benefits	27,115.	16,795.	5,149.	5,171 10,470
10	Payroll taxes	54,905.	34,008.	10,427.	10,4/0
11	Fees for services (nonemployees):				
а	Management	145 174	70 (10	41 270	22 270
b	Legal	145,174.	70,618.	41,278.	33,278
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch O.)	29,256.			29 256
12	Advertising and promotion	56,897.	53,931.		29,256 2,966
13	Office expenses	13,857.	7,375.	6,384.	98
14	Information technology	30,854.	12,274.	14,094.	4,486
15	Royalties	00,000	,_,		
16	Occupancy	12,037.		12,037.	
17	Travel	419,131.	419,131.		
18	Payments of travel or entertainment expenses		•		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	33,955.	11,560.	14,206.	8,189
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,304.		10,304.	
23	Insurance	20,371.	10,635.	9,736.	
24	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	OUTSIDE SERVICES	13,100.	0.	0.	13,100
b	MISCELLANEOUS	2,849.	95.	2,635.	119
c d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,003,861.	1,529,170.	246,648.	228,043
<u>25</u> 26	Joint costs. Complete this line only if the organization	_, ,	_,, _, _,	= = = 7 7 2 2 7	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2022)
Part X Balance Sheet

Га	rt X	Charlest Calendaria Charlest a management		The alter alate Device M			
		Check if Schedule O contains a response or	note to any	/ line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			157,330.	1	199,209.
	2	Savings and temporary cash investments				2	<u> </u>
	3	Pledges and grants receivable, net			217,552.	3	581,500.
	4	Accounts receivable, net	76,848.	4	16,654.		
	5	Loans and other receivables from any curren		-			
	`	trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
	"	under section 4958(f)(1)), and persons descri		· ·		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			255,989.	8	165,969.
As	9	Prepaid expenses and deferred charges			101,249.	9	215,165.
		Land, buildings, and equipment: cost or othe					
	lua	basis. Complete Part VI of Schedule D		345,000.			
	١,	Less: accumulated depreciation		63,787.	287,917.	10c	281,213.
		Investments - publicly traded securities		5,297.	11	0.	
	11 12	Investments - publicly traded securities Investments - other securities. See Part IV, lir	3,257.	12	0.		
				13			
	13	Investments - program-related. See Part IV, lin					
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		ı	1,102,182.	15	1,459,710.
	16	Total assets. Add lines 1 through 15 (must e			73,418.	16 17	11,213.
	17	Accounts payable and accrued expenses	73,410•		11,215		
	18	Grants payable			18 19		
	19	Deferred revenue					
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
Liabilities	22	Loans and other payables to any current or fo					
ij		trustee, key employee, creator or founder, su					
Lia		controlled entity or family member of any of t				22	
	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X	26 520		10 015
		of Schedule D			36,529.		19,915.
	26	9			109,947.	26	31,128.
S		Organizations that follow FASB ASC 958, o	heck here	e X			
ဋ		and complete lines 27, 28, 32, and 33.			774 602	_	047 000
ala	27				774,683.	27	847,082.
e B	28	Net assets with donor restrictions			217,552.	28	581,500.
Ë		Organizations that do not follow FASB ASC	358, che	ck here			
P		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Ϋ́	31	Retained earnings, endowment, accumulated			000 005	31	1 400 500
Š	32	Total net assets or fund balances			992,235.	32	1,428,582.
	33	Total liabilities and net assets/fund balances			1,102,182.	33	1,459,710.

Form **990** (2022)

WATTS OF LOVE 45-5404420 Page **12** Form 990 (2022)

Pai	t XI Reconciliation of Net Assets			,	<u>, </u>	
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments	1 2	2,44 2,00 43	0,2	61. 47.	
6 7 8 9	Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	6 7 8 9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10 1	.,42	8,5	82.	
Pai	t XII Financial Statements and Reporting				77	
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No	
1 2a	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 O. Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	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 Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits	ired audit	3a 3b		X	
	, and the same state of the sa			990	(2022)	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

WATTS OF LOVE

Employer identification number

45-5404420 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	1,608,446.	1,123,651.	1,293,070.	1,047,981.	2,224,062.	7,297,210.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,608,446.	1,123,651.	1,293,070.	1,047,981.	2,224,062.	7,297,210.
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)						1,529,553.
6	Public support. Subtract line 5 from line 4.						5,767,657.
Sec	ction B. Total Support	•	•			·	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,608,446.	1,123,651.	1,293,070.	1,047,981.	2,224,062.	7,297,210.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6.	7.	82.	31.	30.	156.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	2,408.	3,913.	3,311.	3,010.	3,311.	15,953.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		3,724.	2,162.	2,466.	2,239.	10,591.
11							7,323,910.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, fo	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Per	centage				
14			-			14	78.75 %
15	Public support percentage from 2021					15	84.52 %
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						X
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop here	e. Explain in Part \	/I how the organiza	ation
	meets the facts-and-circumstances to	est. The organizatio	n qualifies as a pul	olicly supported or	ganization		Ш
b	10% -facts-and-circumstances tes	t - 2021. If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box a	nd see instructions	<u></u>

Schedule A (Form 990) 2022

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7 6	Amounts included on lines 1, 2, and						
ı	3 received from disqualified persons Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		ı			1	_
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						_
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inve						
17	7 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %						
	I8 Investment income percentage from 2021 Schedule A, Part III, line 17						
	33 1/3% support tests - 2022. If the						
•	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2021. If the		-				and
•	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
4.		
4a		
4b		
4c		
5a		
5b 5c		
3		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	TIV 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		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Ŭ	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
	Did the gavering hady marshays of the gavering hady officers esting in their official conseits, or marshayship of one or		162	INO
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? If "No," describe in Part VI how the supported organization(s)			
	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.	1		
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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting 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			
3				
	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			
	•	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
a	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
b		notruotio	nol	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	Struction		NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		

Sche	edule A (Form 990) 2022 WATTS OF LOVE			45-5404420 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

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

Schedule A (Form 990) 2022

5

6

Income tax imposed in prior year

instructions).

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

emergency temporary reduction (see instructions).

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior - pr	rovide 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 organization is responsive	e		
	(provide details in Part VI). See instructions.	σ. σ		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Elifo o arriodite dividod by lino o arriodite	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u> </u>	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
·	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
,	-				
8	and 4c. Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

	4 (Form 990)					LOVE									04420	Page 8
Part VI	Part IV, Se line 1; Par	ection A, lir t IV, Sectio , lines 5, 6,	nes 1, 2, on D, line	, 3b, 3c, es 2 and	4b, 4c, { 3; Part	the explana 5a, 6, 9a, 9 IV, Section ion E, lines	b, 9c, 1 [.] E, lines	1a, 11b, a 1c, 2a, 2	and 11c; F b, 3a, and	Part IV, Se I 3b; Part	ection : V, line	B, lines 1 : 1; Part \	l and /, Sec	2; Par tion B	t IV, Sectic , line 1e; P	on C, art V,
SCHED	ULE A															
THE O	RGANIZA	ATION	ELEC	CTED	то с	CHANGE	ITS	TAX	YEAR	END	ТО	JUNE	30		THE	
2021	COLUMN	INCLU	JDES	THE	SHOF	RT PER	IOD	OCTO	BER 1	, 202	21 Т	HROU	GH	JUN	E 30,	
2022.																

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

WATTS OF LOVE

Employer identification number 45-5404420

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
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 v		sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor o		-
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated	tion or education) 🔲 Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
•	Described and the control of the con		0/L)/4)/D)/)
8	Does each conservation easement reported on line 2(d) abov		
•			
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	nents that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	f Art. Historical Treasures, or C	Other Similar Assets
. u	Complete if the organization answered "Yes" on Form		7.1101 Oli III. 7.000101
	If the organization elected, as permitted under FASB ASC 95.		and halance sheet works
·u	of art, historical treasures, or other similar assets held for pub	· '	
	service, provide in Part XIII the text of the footnote to its finar		'
h	If the organization elected, as permitted under FASB ASC 95.		
	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:	oxination, education, or research in fact	riorarioe or public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A	·	g, p. 0
а	Revenue included on Form 990, Part VIII, line 1	_	\$
	Assets included in Form 990, Part X		

232051 09-01-22

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

Schedule D (Form 990) 2022

Par	rt III Organizations Maintaining C	ollections of Art, His	torical Treasures, o	or Other S	Similar As	sets(continued)
3	Using the organization's acquisition, accession	on, and other records, checl	k any of the following tha	at make signi	ificant use of	its
	collection items (check all that apply):			_		
а	Public exhibition	d \square	Loan or exchange progra	am		
b	Scholarly research		Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain how th	ney further the organizati	ion's exempt	t purpose in F	Part XIII.
5	During the year, did the organization solicit o					
	to be sold to raise funds rather than to be ma					Yes No
Par	rt IV Escrow and Custodial Arran	gements. Complete if the	organization answered	"Yes" on Fo	rm 990, Part I	IV, line 9, or
	reported an amount on Form 990, Par	t X, line 21.				
1a	Is the organization an agent, trustee, custodi	an or other intermediary for	contributions or other as	ssets not inc	luded	
	on Form 990, Part X?				[Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	table:	,		
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
	Did the organization include an amount on Fo			•	·[Yes No
	If "Yes," explain the arrangement in Part XIII.					
Par	rt V Endowment Funds. Complete it				Three weers he	ok () Four years book
		(a) Current year (b) P	rior year (c) Two yea	rs back (a)	Tillee years ba	ck (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the curr		g, column (a)) held as:			
а	Board designated or quasi-endowment					
b	Permanent endowment	%				
С		%				
0-	The percentages on lines 2a, 2b, and 2c sho					
Sa	Are there endowment funds not in the posse	ssion of the organization tha	at are neid and administe	ered for the		Yes No
	organization by:					
	(i) Unrelated organizations					3a(i)
h	(ii) Related organizations	tions listed as required as S				
<i>1</i>	Describe in Part XIII the intended uses of the					3b
Par	rt VI Land, Buildings, and Equipm		iurius.			
ı uı	Complete if the organization answered		/ line 11a See Form 990) Part X line	e 10	
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accu		(d) Book value
	Description of property	basis (investment)	basis (other)	depred		(d) Dook value
10	Land	` ` `	145,000.	300.00		145,000.
	Buildings		125,000.	2.	5,270.	99,730.
	Leasehold improvements			_	- , • •	
	Equipment Equipment		41,538.	3	3,401.	8,137.
	Other		33,462.		5,116.	28,346.
	L Add lines 1a through 1e (Column (d) must e				, == • •	281,213.

Schedule D (Form 990) 2022

	(Form 990) 2022 WATTS OF LC	VE	4.	5-5404420 _{Page}
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
(a) Descript	ion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
) Financia	l derivatives			
) Closely I	neld equity interests			
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
_ ` ') must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)		·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) lin	e 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 2	25.
	(a) Description of liability	, ,	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
	eral income taxes			1
	CRUED PAYROLL			19,31
(-)	CURITY DEPOSIT			60
(4)				
				1
(5)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's 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) 2022

(7) (8)

19,915.

Par	EXI Reconciliation of Revenue per Audited Financial St		Revenue per P	Return	l .
	Complete if the organization answered "Yes" on Form 990, Part IV, I				
	Total revenue, gains, and other support per audited financial statements			1	2,443,835.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	Net unrealized gains (losses) on investments			_	
	Donated services and use of facilities			_	
	Recoveries of prior year grants		2 607	_	
	Other (Describe in Part XIII.)	2d	3,627.	_	2 607
	Add lines 2a through 2d			2e	3,627. 2,440,208.
	Subtract line 2e from line 1			3	2,440,208.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)	<u></u>			0
	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5	2,440,208.
Par	Reconciliation of Expenses per Audited Financial S		Expenses per	netu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, I				2 007 400
	Total expenses and losses per audited financial statements			1	2,007,488.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
	Donated services and use of facilities			-	
	Prior year adjustments			-	
	Other losses		3,627.	-	
	Other (Describe in Part XIII.)	-			2 627
	Add lines 2a through 2d			2e	3,627. 2,003,861.
3	Subtract line 2e from line 1			3	2,003,001.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)	·		+ ,	0.
	Add lines 4a and 4b			4c	2,003,861.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information.	18.)		5	2,003,001.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1 1: Part IV lines 1h s	and 2h: Part V. line	1. Dart	Y line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			4, Fait	Λ, III 6 2, Γαιτ Λί,
111103 2	to provide	arry additional imorn	ation.		
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
FUN	DRAISING - DIRECT COSTS				3,627.
					<u> </u>
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				
	·				
FUN	DRAISING - DIRECT COSTS				3,627.
					·

SCHEDULE F

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Department of the Treasury

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

Inspection

Internal Revenue Service	Go to w	ww.irs.gov/Forn	1990 for instructions and the latest	information.	Inspe	ection
Name of the organization					Employer identif	ication number
WATTS OF LOVE					45-540442	20
	rmation on A	Activities Ou	tside the United States. Comple	oto if the organ		
Form 990, Part I		totivities ou	tolde the officed states. Compr	ete ii tile organ	iization answered	163 011
	•	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility f	for the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes X No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
			an be duplicated if additional space is			1
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro- describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	PROGRAM SERVICES	SOLAR LIGHT	DISTRIBUTION	3,286.
EAST ASIA AND THE						
PACIFIC	0	0	PROGRAM SERVICES	SOLAR LIGHT	DISTRIBUTION	162,377.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SOLAR LIGHT	DISTRIBUTION	652,998.
MIDDLE EAST AND						
NORTH AFRICA -						
ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	SOLAR LIGHT	DISTRIBUTION	8,101.
						•,===
3 a Subtotal	0	(826,762.
b Total from continuation						
sheets to Part I	0	(0.
c Totals (add lines 3a]				926 762

232071 10-17-22

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 WATTS OF LOVE

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Schedule F (Form 990) 2022	Sched	A A	recognized as a tax quivalency letter	foreign country, tion 501(c)(3) ec	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	ns listed above that are or for which the grantee	recipient organization inization by the IRS, other organizations o	Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for which there total number of other organizations or entities.
(i) Method of valuation (book, FMV, appraisal, other)	(h) Description of noncash assistance	(g) Amount of noncash assistance	(f) Manner of cash disbursement	(e) Amount of cash grant	(d) Purpose of grant	(c) Region	(b) IRS code section and EIN (if applicable)	1 (a) Name of organization

Page 3

WATTS OF LOVE

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

أ بار)							2022
(h) Method of valuation (book, FMV, appraisal, other)							Schedule F (Form 990) 2022
(h) (b) appl	FMV	FMV	FMV	FMV			ule F (F
(g) Description of noncash assistance	0. SOLAR LIGHTS	0. SOLAR LIGHTS	SOLAR LIGHTS	0. SOLAR LIGHTS			Schec
	SOLAR.	SOLAR.	SOLAR.	SOLAR.			
(f) Amount of noncash assistance	0	0	•0	0			
nner of ursement							
(e) Manner of cash disbursement							
(d) Amount of cash grant	0.	0.	0	.0			
(c) Number of recipients	8	113	333	8			
(b) Region	CENTRAL AMERICA AND THE CARRIBEAN	EAST ASIA AND THE PACIFIC	SUB-SAHARAN AFRICA	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,			
(a) Type of grant or assistance	LIGHTING EQUIPMENT	LIGHTING EQUIPMENT	LIGHTING EQUIPMENT	LIGHTING EQUIPMENT			

45-5404420 Page 4

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

WATTS O	F LOVE					45-5404	420
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-EZ	' filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	sed funds through any of the following solicitates of Solicitates of Solicitates of Special solicitates or oral agreement with any individual start VII) or entity in connection with providuals or entities (fundraisers) pursuances.	tion of tion of fundra (inclu- irofess	non-g gover aising ding o sional t	overnment grants nment grants events fficers, directors, true fundraising services?	stees ?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is	exempt from re	egistration

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

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 WATTS OF LOVE 45-5404420 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events GLOBAL UKWATI FILM (add col. (a) through 1 TRAVEL TEAMSPREMIERE col. (c)) (event type) (event type) (total number) Revenue 189,856. 16,077. 7,493. 213,426. 1 Gross receipts 2 Less: Contributions 16,077. 213,4<u>26.</u> 189,856. 7,493. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs **7** Food and beverages 8 Entertainment $2,\overline{641}$ 9 Other direct expenses 986. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:	Yes No
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year b If "Yes," explain:	?Yes
232082 10-27-22	Schedule G (Form 990) 2022

36

Schedule G (Form 990) 2022 WATTS OF LOVE 45-	3404420	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility	13b	——————————————————————————————————————
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
Enter the hame and address of the person who prepares the organization's garning/special events books and records.		
No		
Name		
Address		
		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Yes	└─ No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
Director/officer Employee Independent contractor		
ATT 1		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		<u> </u>
retain the state gaming license?	∴ L Yes	└── No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990)	WATTS OF LOVE	45-5404420 Page 4
Schedule G (Form 990) Part IV Supplemental Info	rmation (continued)	
-		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

Employer identification number

	WATTS OF LOVE 45-5							404	420		
Par	t I Ty	pes of Property									
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	rted on	nor	(d) Method of do cash contrib	etermin		s
1	Art - Works	of art									
2	Art - Histor	ical treasures									
3	Art - Fraction	onal interests									
4	Books and	publications									
5	Clothing ar	nd household goods									
6	Cars and c	ther vehicles									
7	Boats and	planes									
8	Intellectua	l property									
9	Securities	- Publicly traded									
10	Securities	- Closely held stock									
11	Securities	- Partnership, LLC, or									
	trust intere	ests									
12	Securities	- Miscellaneous									
13	Qualified c	onservation contribution -									
	Historic str										
14		onservation contribution - Other									
15		e - Residential									
16	Real estate	e - Commercial									
17		e - Other									
18		s									
19		ntory									
20	Drugs and	medical supplies									
21											
22		artifacts									
23		specimens									
24		cal artifacts	77	1 77	011	246		773 T TTT			
25	Other (TRAVEL	X	17				VALUE			
26	Other (SHIPPING	X	30				VALUE VALUE			
27	Other (SERVICES	_ A		3	,414.	FAIR	VALUE			
28	Other ()									
29		Forms 8283 received by the organ		-							
	tor which t	he organization completed Form 82	283, Part V, L	Jonee Acknowledg	jement	29				V	NIa
20-	During the	year did the avancianties receive h	aanteihi ti		acutad in Daut I lin	oo 1 throu	~h 00 +h	at it		Yes	No
Sua	_	year, did the organization receive to						iai ii			
		for at least 3 years from the date of							30a		Х
h		rposes for the entire holding period escribe the arrangement in Part II.	ı						30a		
31		rganization have a gift acceptance	nolicy that r	equires the review	of any nonstanda	rd contribu	ıtions?		31		Х
		rganization have a gift acceptance							31		
uza	contributio	•		-	•				32a		Х
b		escribe in Part II.							JZa		
33	,	nization didn't report an amount in o	column (c) fo	r a type of propert	v for which column	n (a) is cha	ecked				
-	describe in		00, 10	. a type of propert	y 101 WINDII COIGIIII	(u) 13 OHE	Jonea,				
LHA		erwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.			Schedule I	/I (Forr	n 990)	2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
Open to Public Inspection

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

Name of the organization

WATTS OF LOVE

Employer identification number 45-5404420

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PURCHASING SOLAR POWERED LIGHTS TO CONTRIBUTE TO PEOPLE WITHOUT ELECTRICITY IN THIRD WORLD COUNTRIES. FORM 990, PART VI, SECTION A, LINE 2: NANCY ECONOMOU, PRESIDENT, IS THE SISTER OF KEVIN KUSTER, DIRECTOR. FORM 990, PART VI, SECTION B, LINE 11B: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS REVIEWED AND RECERTIFIED ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD REVIEWS COMPENSATION ON AN ANNUAL BASIS. COMPENSATION IS DETERMINED BY THE AMOUNT OF TIME DEVOTED TO THE ORGANIZATION AND BASED ON COMPARABLE DATA FROM ONLINE RESOURCES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Schedule O (Form 990) 2022