** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

ΑI	For the	e 2022 calendar year, or tax year beginning ar	nd ending		
	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	BELIEVE FOUNDATION			
	Name change	Doing business as		83-05453	56
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1907 WAYZATA BLVD	Room/suite 180	E Telephone number 612-255-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	537,794.
	Ameno			H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: CLARK GASSEN		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u>1</u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemptio	
	orm of art I	organization: X Corporation Trust Association Other Summary	L Year	of formation: 2018 N	1 State of legal domicile: MN
_	1	Briefly describe the organization's mission or most significant activities: PRO	VIDE FI	NANCIAL SUP	PORT AND
Governance		GRIEF SUPPORT TO GRIEVING FAMILIES AFTER	R THE DI	EATH OF THEI	R CHILD
rna	2	Check this box if the organization discontinued its operations or disp	osed of more	than 25% of its net ass	
ove	3			3	8
		Number of independent voting members of the governing body (Part VI, line 1b)			8
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
Ĭ	6	Total number of volunteers (estimate if necessary)			28
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	0. Current Year
		Ocatalisations and sugarts (Dout VIII. line 41s)		327,896.	537,746.
Revenue	8	Contributions and grants (Part VIII, line 1h)		0.	0.
	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	48.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		327,896.	537,794.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		177,938.	303,114.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		0.	0.
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		34,271.	50,135.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		212,209.	353,249.
	19	Revenue less expenses. Subtract line 18 from line 12		115,687.	184,545.
Net Assets or	3		Ве	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		432,247.	550,685.
t As	21	Total liabilities (Part X, line 26)		8,936.	11,969.
	22	Net assets or fund balances. Subtract line 21 from line 20		423,311.	538,716.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedu			knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	wnich preparer	nas any knowledge.	
C:~	_	Signature of officer		I Date	
Sig Her		CLARK GASSEN, PRESIDENT/DIRECTOR		2410	
пеі	е	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	d	ANN NEIL ANN NEIL)5/25/23 if self-employ	
	parer	Firm's name CLIFTONLARSONALLEN LLP			1-0746749
	Only	Firm's address 220 S 6TH STREET, SUITE 300			
	,	MINNEAPOLIS, MN 55402		Phone no. 61	2-376-4500
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No
				-	

Form 990 (2022) BELIEVE FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	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>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	L	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
_	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''-		
13		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		^
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		_V
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

232003 12-13-22

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			₩.
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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		X
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
Га	Check if Schoolule O contains a reappease or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V			
.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	Х	
23200	4 12-13-22			(2022)

Form 990 (2022)

BELIEVE FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 83-0545356

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	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 Actions are selected as the second s	counts (FBAR).			
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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv			-	X
b			7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	_		. .
	to file Form 8282?	l	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file For		7g		125
9 h	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/		
Ū			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	5111		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b			
_	organization is licensed to issue qualified health plans	13c	-		
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	•	14a		х
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Scheduli</i>		14b		1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		170		
	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	income?	16		х
	If "Yes," complete Form 4720, Schedule O.		_		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

232005 12-13-22

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

	Check if Schedule O contains a response or note to any line in this Part VI						X			
Sec	tion A. Governing Body and Management									
				_	Υ	es	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8						
	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						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other							
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the									
	of officers, directors, trustees, or key employees to a management company or other person?			3			Х			
4	, , , , , , , , , , , , , , , , , , , ,									
5										
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 applications are considered as a second control of the contr	point	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, sto	ockho	lders, or							
	persons other than the governing body?			7b	,		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?			88	. 2	X				
b	Each committee with authority to act on behalf of the governing body?			8b)		Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			. 9			X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev									
			,		Υ	es	No			
10a	Did the organization have local chapters, branches, or affiliates?			10	а		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such cha									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	5					
11a										
b										
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				5	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe							
	on Schedule O how this was done			12	c 2	X				
13	Did the organization have a written whistleblower policy?			13	:]	X				
14	Did the organization have a written document retention and destruction policy?			14	.]	X				
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15	а		Х			
b	Other officers or key employees of the organization			15	o		X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent w	ith a							
	taxable entity during the year?			16	а		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zatior	ı's							
	exempt status with respect to such arrangements?			16	5					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed MN									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (section 501(c)(3)s onl	/) ava	ailab	le			
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain	on Sc	chedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor			nd fina	ncia	l				
	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 boo	ks and	d records							
	ANGIE HATCHER - 612-564-6930									
	1907 WAYZATA BIVD 180 WAYZATA MN 55391									

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.

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	.
(A)	(B)			_ ((C)	_		(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one	Reportable	Reportable	Estimated
	hours per	box					n an tee)	compensation	compensation	amount of
	week (list any	_			1 1 1		Ĺ	from the	from related organizations	other compensation
	hours for	direct				- G		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	comp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations
(1) ANGIE HATCHER	line) 1.00	Ĕ	Ë	₩	- Š	iž is	훈			
EXEC DIRECTOR/SECRETARY	1.00	1		Х				0.	0.	0.
(2) CLARK GASSEN	1.00			25				•	•	•
CHAIR	1,00	х		x				0.	0.	0.
(3) ASHOK DHARIWAL	1.00									•
TREASURER		Х		х				0.	0.	0.
(4) KELLY MCDYRE	1.00									
DIRECTOR		Х						0.	0.	0.
(5) MATT GASSEN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) REV DR. JOHN F. ROSS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) GREG SOULE	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(8) KURT VICKMAN	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(9) KEVIN WRIGHT	1.00	.,								
DIRECTOR		Х						0.	0.	0.
		-								
		1								
		1								
		1								
		-								
-										

83-0545356

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,			ghes	t C	ompensated Employee	s (continued)	-			
(A)	(B)		(C)					(D)	(E)		(1	F)	
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable		Estimated		
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation			unt of	
	week		Ler an	uad		r/trus	(CC)	from	from related			her	
	(list any hours for	recto						the	organizations		compensat from the organizatio and relate		
	related	or di	ee ee			ated		organization	(W-2/1099-MIS	^C /			
	organizations	ustee	trust		e e	Suedic		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)				
	below	dual tr	tional	١.	yoldı	st con	_	1033-1120)				zations	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				o. ga		
		_	_		×	1							
1b Subtotal								0.		0.		0	
c Total from continuation sheets to Part V								0.		0.		0	
d Total (add lines 1b and 1c) Total number of individuals (including but r									000 of reportable	<u>• • </u>			
compensation from the organization												(
2 Did the organization list any former officer	director truct	00 1	·0\/ 0	mnl	0) (0)	۰ ۵۲	hia	hast componented amp	lovos on	ſ	Y	es No	
3 Did the organization list any former officer			•	•	•		•	•	•	ı	3	Х	
line 1a? If "Yes," complete Schedule J for s										··· }	3	<u>^</u>	
4 For any individual listed on line 1a, is the si										ı	4	Х	
and related organizations greater than \$15Did any person listed on line 1a receive or										····	7		
rendered to the organization? If "Yes." con	•				•			•			5	X	
Section B. Independent Contractors													
 Complete this table for your five highest co the organization. Report compensation for 										ensat	ion from		
(A)	are careriaar y	- C		. <u>g</u>				(B)			(C)		
Name and business	address	NC	ONE	3			_	Description of s	ervices	С	ompens	ation	
							-						
2 Total number of independent contractors (ot lin	nited	to t	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the organ	zation)					Form 9 9	0 (0000	
											LOUIU 33	·• (2022	

232008 12-13-22

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Officer if Schedule O Contains a response	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
							business revenue	from tax under
								sections 512 - 514
ts ts	1	а	Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
© ₽			Fundraising events 1c	6,814.				
fts,			Related organizations 1d	0,0220				
ig ig								
ns,			Government grants (contributions) 1e					
ig S		f	All other contributions, gifts, grants, and	500 000				
혈			similar amounts not included above 1f	530,932.				
눌엉		g	Noncash contributions included in lines 1a-1f 1g \$					
a C		h	Total. Add lines 1a-1f		537,746.			
				Business Code				
	2	_						
į <u>č</u>								
e c		b						
S		С						
e a		d						
Program Service Revenue		е						
P.		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
	_				48.			48.
	4		,		10.			100
	4		Income from investment of tax-exempt bond	-				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
	•	_	assets other than inventory 7a	, ,				
		L	-					
		D	Less: cost or other basis					
Revenue			and sales expenses 7b					
Ş.			Gain or (loss) 7c					
æ		d	Net gain or (loss)					
her	8	а	Gross income from fundraising events (not					
₹			including \$ 6 , 814 . of					
			contributions reported on line 1c). See					
			Part IV, line 18	0.				
		h	Less: direct expenses 8	_				
				-	0.			
			Net income or (loss) from fundraising events		0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	a				
		b	Less: direct expenses 9	b				
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10)a				
		h	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
\dashv		U	THE INCOME OF GOSS/ HOME SAIRS OF HIVEHLOTY	Business Code				
<u>s</u>				Dusilless Code				
901 Te	11	а						
an		b						
e e		С						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		537,794.	0.	0.	48.

232009 12-13-22

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 303,114. 303,114. 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal 2,025. 2,025. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 34,027. 34,027. Advertising and promotion 12 344. 344. 13 Office expenses 6,167. 6,167. Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 2,596. 2,596. 23 Other expenses. Itemize expenses not covered 24 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 O.) 4,976. 4,976. BANKING FEES All other expenses 353,249. 303,114. 50,135. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		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	106,273.	1	39,583.
	2	Savings and temporary cash investments		2	240,000.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	653.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 15,			
	b	Less: accumulated depreciation 10b	0.	10c	15,800. 254,649.
	11	Investments - publicly traded securities	323,788.	11	254,649.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		I	550,685.
	17	Accounts payable and accrued expenses	• • • • • • • • • • • • • • • • • • •	17	11,969.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21			21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>ia</u> t		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		O.E.	
	26	of Schedule D Total liabilities. Add lines 17 through 25	0 026	25 26	11,969.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	0,330:	20	11,505.
S		and complete lines 27, 28, 32, and 33.			
Š	27	Net assets without donor restrictions		27	
3ala	28	Net assets with donor restrictions		28	
Ē		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0.	29	0.
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	0.
Ass	31	Retained earnings, endowment, accumulated income, or other funds	400 011	31	538,716.
Net Assets or Fund Balances	32	Total net assets or fund balances	400 011	32	538,716.
Z	33	Total liabilities and net assets/fund balances	400 045	33	550,685.
	,		1 ===,==.v		Form 990 (2022

Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7 <u>,7</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,2 4,5				
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	Net unrealized gains (losses) on investments	5	-6	9,1	<u>39.</u>			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8			-1.			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	53	8,7	<u> 16.</u>			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	3a 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?		3a		<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2022)			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BELIEVE FOUNDATION 83-0545356 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	tion 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.")	27,221.	282,408.	336,647.	327,896.	521,946.	1496118.
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	27,221.	282,408.	336,647.	327,896.	521,946.	1496118.
	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)						775,225.
6	Public support. Subtract line 5 from line 4.						720,893.
Sec	etion B. Total Support						, _ 0 / 0 0 0 0
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	27,221.	282,408.	336,647.	327,896.	521,946.	1496118.
	Gross income from interest,	2,,221	20271001	330,017	32770301	321,3100	11301101
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
						48.	48.
_	and income from similar sources					<u> </u>	
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						1496166.
	Total support. Add lines 7 through 10		`			40	1490100.
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	
13	First 5 years. If the Form 990 is for th						
800	organization, check this box and storetion C. Computation of Publi						<u></u>
	•			. (6)			48.18 %
	Public support percentage for 2022 (I					14	16 15
	Public support percentage from 2021					15	
16a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			=	•	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu			. ,			
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(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.)

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.")						
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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar 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						
b	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 3					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	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		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
0.		
9c		
10a		
10b		

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Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o	ne or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of	ficers,		
	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 supp organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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		
Sect	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		
Sect	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		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	itv (see instruction	s).	
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		
	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.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		

6	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions).	6	

1 Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

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

Schedule A (Form 990) 2022

2 Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

3

1

2 3

4 5

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ıed)	
Secti	on D - Distributions		•	ĺ	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization **Employer identification number** BELIEVE FOUNDATION 83-0545356 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

BELIEVE FOUNDATION

83-0545356

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 174,293.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>25,500.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

BELIEVE FOUNDATION

83-0545356

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	Schedule R (Form 990) (2022)

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** BELIEVE FOUNDATION 83-0545356 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

Schedule B (Form 990) (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

BELIEVE FOUNDATION

Employer identification number 83-0545356

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or	Accoun	ts. Complete if the
	Signification anomored 195 on 10111 coo, 1 aren, into	(a) Donor advis	ed funds	(b) Fund	ds 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 w	riting that the assets h	eld in donor advised	funds	
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose cor	nferring	
	impermissible private benefit?				Yes No
Pai	rt II Conservation Easements. Complete if the organic	anization answered "Ye	es" on Form 990, Par	t IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a l	nistorically i	mportant land area
	Protection of natural habitat		Preservation of a	certified his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form of a	a conservati	on 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					
С					
	Number of conservation easements included in (c) acquired af				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				luring the tax
	year				
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements it l	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing conserv	ation easer	nents during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservation	n easements	during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremer	ts of section 170(h)(4	1)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	nue and expense sta	tement and	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization'	s financial statements	s that descr	ibes the
	organization's accounting for conservation easements.				
Pai	rt III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Othe	r Similar	Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement and	balance sh	eet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in furth	erance of p	ublic
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and bala	ance sheet v	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furthera	ance of pub	lic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	i
	(m)				
2	If the organization received or held works of art, historical treat	sures, or other similar	assets for financial ga	ain, provide	
	the following amounts required to be reported under FASB AS	SC 958 relating to these	e items:		
а	Revenue included on Form 990, Part VIII, line 1			\$	i
	Assets included in Form 990, Part X)
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.			Schedule D (Form 990) 2022

	t III Organizations Maintaining Co	ollections of Art		orical Tre	asures. oi	r Othe	r Sin			Conti		age 🗲
3	Using the organization's acquisition, accession									COITUI	iueu)	
3	collection items (check all that apply):	ii, and other records	s, crieck	any or the i	ionowing that	make s	igriiiic	ant us	oc or its			
_	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			l aan ar aya	hanaa nease							
a	Public exhibition	d			hange progra							
b	Scholarly research	е		Other								
C	Preservation for future generations	la altana ana la analata		6					. in Deat	N/III		
4	Provide a description of the organization's col								e in Part	XIII.		
5	During the year, did the organization solicit or									٦.,		٦.,
Dai	to be sold to raise funds rather than to be maint IV Escrow and Custodial Arrang									Yes		No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	organizatio	n answered "	'Yes" on	Form	1 990,	Part IV, I	ine 9, or		
10	Is the organization an agent, trustee, custodia	•	ion, for		o or other see	oto not	inoluc	404				
ıa										Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								∟	_ 1es		_ INO
b	ii res, explain the arrangement in Part Alli a	na complete the lor	iowing t	able.			Г			Amoun		
_	Paginning balance						H	1c		,		
۲ C	Beginning balance						·· ⊢	1d				
	Additions during the year											
e	Distributions during the year							1e 1f				
f	Ending balance Did the organization include an amount on Fo									Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.						-			_	H	
	t V Endowment Funds. Complete if											
	The street areas complete in	(a) Current year		Prior year	(c) Two year			hree ve	ars back	(e) Four	vears	hack
1a	Beginning of year balance	(a) carrerit year	(~).	,	(5)) 54	o paon	(-,	00 , 0	aro paon	(5) . 5		24011
b												
	Contributions Net investment earnings, gains, and losses											
c d	Grants or scholarships											
e	Other expenditures for facilities											
-												
	and programs											
f	Administrative expenses											
g	End of year balance Provide the estimated percentage of the curre	ent voor ond bolonoo	lino 1	r column (c))) hold as:							
2	Board designated or quasi-endowment	•	•	y, coluitiit (a))) Helu as.							
a		%	_%									
b	Permanent endowment											
С		-										
2-	The percentages on lines 2a, 2b, and 2c shou	•	tion tha	t ara bald an	ad administa	ad far th						
Sa	Are there endowment funds not in the posses	sion of the organiza	llion ina	t are neid ar	ia administer	ea for tr	ie			1	Yes	No
	organization by:									20(1)	103	110
	(i) Unrelated organizations									3a(i)	\rightarrow	
b	(ii) Related organizations	iona liatad aa raquir	ad on S	obodulo D2						3a(ii) 3b	\rightarrow	
4										Sb		
Par	Describe in Part XIII the intended uses of the central Land, Buildings, and Equipment		willenti	urius.								
. u.	Complete if the organization answered		Part IV	/ line 11a S	See Form 990	Part X	line 1	0				
	Description of property	(a) Cost or o	-	Ī	or other			ulated	<u>, </u>	(d) Boo	le volu	
	Description of property	basis (investr			(other)		precia		1	(u) 600	A value	E
	Land	`	.5.19		5,800.	uc	p. 0016	2011		1	5,80	<u> </u>
	Land				5,000						, 0	
b	Buildings											
C C	Leasehold improvements											
d	Equipment								_			
<u>e</u> Total	Other		V activi	an (D) !:== 4	00.)				+	1	5,80	00.
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Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 BELIEVE FOU Part VII Investments - Other Securities.	NDATION	83	3-0545356 Page
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
3) 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	d-of-year market value
(1)	``		,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	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)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
「otal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote t	o the organization's financial statements	that reports the

Schedule D (Form 990) 2022

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

	rt XI Reconciliation of Revenue per Audited Financial S			
	Complete if the organization answered "Yes" on Form 990, Part IV		1 1	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b				
С	, , , , , , , , , , , , , , , , , , , ,			
d	,	2d		
е	9			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	,			
С				
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial	12.) Statemente With Expans	5	
Pa			ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV		1.1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
а				
b	, , , , , , , , , , , , , , , , , , , ,			
С				
d	,	· · · · · · · · · · · · · · · · · · ·		
е	9			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	, , , , , , , , , , , , , , , , , , , ,			
b	Other (Describe in Part XIII.)			
		4b		
C	Add lines 4a and 4b			
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990. Part I. lin			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line rt XIII Supplemental Information.	e 18.)	5	VI
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	ΚI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line rt XIII Supplemental Information.	nd 4; Part IV, lines 1b and 2b; Pa	5	ΚI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	ΚI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	ΚI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	ΚI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	ΚI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	ΚI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	ΚI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineral Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	5	XI,

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Employer identification number Name of the organization 83-0545356 BELIEVE FOUNDATION Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other)

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

Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE	134	303,114.	0.	N/A	N/A
		,			
Part IV Supplemental Information. Provide the information re	 quired in Part I, lin	e 2; Part III, column	(b); and any other ac	ı dditional information.	I .
PART I, LINE 2:					
ALL INCOME AND EXPENSES ARE TRACKE	D USING R	ENT MANAGE	ER SOFTWARE	. THIS	
INFORMATION IS REVIEWED WITH THE E	BOARD OF D	IRECTORS A	AT EACH QUA	RTERLY BOARD	
MEETING.					

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.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BELIEVE FOUNDATION

Employer identification number 83-0545356

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

THERE WAS A FAMILIAL RELATION BETWEEN CLARK AND MATT GASSEN. THEY ARE UNCLE AND NEPHEW.

FORM 990, PART VI, SECTION A, LINE 8B:

THE FOUNDATION DOES NOT HAVE A COMMITTEE THAT ACTS ON BEHALF OF THE BOARD OF DIRECTORS.

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

THE FORM 990 IS PREPARED BY A PROFESSIONAL ACCOUNTING FIRM FROM INFORMATION
PROVIDED BY BELIEVE FOUNDATION. THE EXECUTIVE DIRECTOR THEN REVIEWS THE
FORM 990 FOR ACCURACY. THE FORM IS THEN DISTRIBUTED TO THE BOARD AND ANY
COMMENTS ON THE FORM ARE DISCUSSED PRIOR TO THE FILING OF THE FORM.

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

THE CONFLICT OF INTEREST POLICY COVERS ANY DIRECTOR, OFFICER, EMPLOYEE OR

MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS. POTENTIAL CONFLICTS ARE

REVIEWED AT QUARTERLY BOARD MEETINGS. THE BOARD OF DIRECTORS DECIDES IF

CONFLICTS OF INTEREST EXIST. IF A CONFLICT EXISTS, THE PERSON IS NOT

ALLOWED TO VOTE ON THE ISSUE. ALL PROCEEDINGS RELATED TO CONFLICTS OF

INTEREST ARE DOCUMENTED IN THE MEETING MINUTES IN DETAIL.

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

THE BELIEVE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

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

Schedule O (Form 990) 2022