990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ 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

Inter	nal R	evenue	e Service			▶ (Эо to и	ww.irs	.gov/Forn	n990 for in	structions	and the latest	informa	tion.			Inspection	'n
Α	For	the	2018 calend	ar ye	ar, or t	ax yea	r begin	ning				, 2018 , an	d ending	g			, 20	
В	Che	ck if ap	plicable:	C Na	me of orq	ganizatior	Live	Like	Bella	Inc						D	Employer identifica	ation no.
	Addr	ress ch	nange	Do	ing busin	ness as										7	46-2965698	
$\overline{\sqcap}$	Nam	ne char	nge				or P.O. bo	x if mail is	not delivered	d to street addr	ess)		Roo	m/suite			Telephone number	
П		al returi	•	2	199 I	Ponce	De 1	Leon	Blvd		,		30	03			(786)505-39:	14
Ī	Final	l return	n/terminated							reign postal co	de						Gross receipts	
П		ended r						FL 33		orgri pootar oo	40					ľ	\$ 1,271,2	261
Н			pending				f principal			and Podi	riguez-1	orres	L	l(a) le thi	a group r	nturn for s		X No
ш	ДРРІ	iication	pending				above		Raymo	Jila Roai	. rguez -	OIIES		` '	• .		included? Yes	No
_	Tax	ovomn	ot status:	501(c)		501(0) 4 (in:	cort no)	4947(a)(1) or \Box	527					ist. (see instructions)	
<u>:</u>		site:					la.or		serrio.j	+3+7(a)(1) 01	321					umber ►	
<u></u> К				Corpo	-	Trust		ociation	Other	>		L Year of formation					domicile: FL	
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Governance		2	Check this be	OX ►	if th	ne orga	nization	n discon	tinued its o	operations (or disposed	of more than 2	5% of its	net as	sets			
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itie						_			-							5		<u>_</u>
Activities &									-						_	6		300
ĕ															_	7a	18	3,287
																7b		0
										,				Prior			Current Year	
		8	Contributions	s and	grants	(Part V	'III. line	1h) .							341	.210		7,301
ē															<u> </u>			0
Revenue	.															324		87
Re					•		•	,							125			9,764
											i i)			467			7,152
_															435			4,465
			Benefits paid											133/11				0
	.	15 Salaries, other compensation, employee benefits (Part IX, co										108	.037	220	0,346			
Expenses	.	16a Professional fundraising fees (Part IX, column (A), line 11e)								0								
en					_			column (D), line 25) ► 0					-					
ă	` .					- ·									134	018	99	9,511
			Total expens							•					677			4,322
									-						(210			2,830
-	ses				7										Current		End of Year	
Net Assets or	iang	20	Total assets	(Part	X, line	16) .									196	842	714	4,657
Ass	g Pa	21	Total liabilitie	es (Pa	art X, lir	ne 26)									130	446	46!	5,431
Set N	를 2	22	Net assets of	or fund	d balan	ces. S	ubtract	line 21	from line 2	20					66,	396	249	9,226
Pa	art	II	Signatu	ıre B	lock													
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True	e, con	rect, ar	na complete. De	ciaration	n or prepa	arer (otne	er than on	icer) is ba	sed on all init	ormation of wh	ich preparer na	s any knowledge.						
			Raym	ond	Rodr	igue	z-Tor	res										
Siç	gn		Signatur	re of offi	icer											Date		
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Pa	id		Dave Ro	bert	ts CI	PA CG	MA	Dave	Robert	s CPA C	GMA	06-11-201	.9	self-	employe	Ŀ	P00293850	
Pr	ера	arer	Firm's name	•		Dav	e Rob	erts	CPA PA				Firm	n's EIN	>			
Us	e C	nly	Firm's addres	ss ►		100	N Bi	scayr	ne Blvd	Suite	804		Pho	ne no.				
						Mia	mi FL	3313	32						30	5-77	77-1699	
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46-2965698

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for 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)			7.7
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		77
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		21
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	44.1		37
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	v	X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 le	X	
•	the organization's separate of consolidated infancial statements for the tax year include a roomote 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? <i>If</i> "Yes," <i>complete</i>			21
	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		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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			7,7
40	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	40	_v	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		22
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_0.5		
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
_				_

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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_
b	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 or-	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	25-		v
	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	25h		v
20		25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			21
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Χ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Form 990 (2018) 46-2965698 Page 5 Live Like Bella Inc Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O h 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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 Accounts (FBAR). 5a Χ Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 5c 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? Χ 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Χ Χ If "Yes," did the organization notify the donor of the value of the goods or services provided? b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c 7d d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans C Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year Χ 15

16

Χ

16

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section A. Governing Body and Management

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Covortianos, managomoni, and Diociocal of the days to be posses to mice 2 and agrit to below, and for a the
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0	21	
·	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	TOTAL DE L'ORGICO (TITAL COME LA POPULA DE L		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"			
·	describe in Schedule O how this was done	12c	Х	
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		21	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
a b	Other officers or key employees of the organization	15a		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		21
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	IUa		Λ
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16b		
500	organization's exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filled Delaware, Florida Section 6404 required on a graphication to make its Forms 4023 (4024 or 4024 A if applicable), 000, and 000 T (Section 504(a))			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
00	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Raymond Rodriguez-Tores (305)389-8062, PO Box 161215, Miami, FL 33116-1215			

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

					(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average	١,				han one		Reportable	Reportable	Estimated
Name and Tide	hours per					s both an r/trustee)		compensation	compensation from	amount of
	week (list any		, o. a	u u u.		,, do., o		from	related	other
	hours for related	9.5	=	0	7	0 H	7	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	divid	stitu	Officer	ey e	nplo	orme	(W-2/1099-MISC)	(W-2/1099-WISC)	organization
	below dotted	Individual trustee or director	Institutional trustee	~	Key employee	Highest compensated employee	٦	,		and related
	line)	trus	al tro		yee	dmb				organizations
		tee	ıste			ensa	4			
			, a			ted				
					4					
(1) Sgt. Javier Ortiz	5.00									
Director of Special Projects		X						(0	0
(2) Eduardo Duarte, CPA	8.00									
Treasurer		X						(0	0
(3) Alexander Alvarez	8.00									
Secretary		X						(0	0
(4) Raymond Rodriguez-Torres	20.00									
Chairman				X				(0	0
(5) Shannah Rodriguez-Torres	25.00									
Vice-Chair				X				(0	o
(6) Nicole de Lara Puente	40.00									
Chief Executive Officer	L3 1 1-1-					X		120,000	0	0
(7)										-
YL										
<u>(8)</u>										
(9)										
79										
(10)										
(10)										
(44)										
(11)										
(40)										
(12)										
										
(13)										
(14)										

(A) Name and title	(B) Average	(do not	Po check r		nan one		(D) Reportable	(E) Reportable	E	(F)
	hours per week (list any hours for related organizations below dotted line)		and a d		/trustee)	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com f orç ar	mount of other npensation from the ganization delated anizations
<u>(15)</u>										
<u>(16)</u>										
<u>(17)</u>										
(18)										
<u>(19)</u>										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
to Sub-total	ion A	_					120,000	0		0
Total number of individuals (including but not limit reportable compensation from the organization		ed abov	e) wh	o red	eived r	nore	e than \$100,000 of	2		
3 Did the organization list any former officer, directly employee on line 1a? If "Yes," complete Schedu		-			-				3	Yes No
4 For any individual listed on line 1a, is the sum of re organization and related organizations greater the	eportable comp	ensation	n and	othe	r compe	ensa	tion from the	• • • • • • •		71
individual									4	X
for services rendered to the organization? If "Yes Section B. Independent Contractors					-				5	X
Complete this table for your five highest compensation from the organization. Report compyear.										
(A) Name and business address	ss						(B) Description of s	services		(C) pensation
2 Total number of independent contractors (including received more than \$100,000 of compensation for	-			ed al	oove) w	ho				

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

Form 990 (2018) Live Like Bella Inc Part VIII Statement of Revenue

		Check if Schedule O contains a response	or no	te to any line in this	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a					0.2 0.1
ants	b	Membership dues	1b					
ي ق	C	Fundraising events	1c	83,141				
iifts ar A	d	Related organizations	1d	00,111				
s, ⊞	e	Government grants (contributions)	1e	300,000				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,						
ibg th		and similar amounts not included above	1f	354,160				
ontr nd (g	Noncash contributions included in lines 1a-1	f: \$	17,094				
<u>a</u>	h	Total. Add lines 1a-1f			737,301			
				Business Code				
Jue	2a							
eve	b							
Ge R	С							
Serv	d							
an (s	е							
Program Service Revenue	f	All other program service revenue	[
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, intere	est,					
		and other similar amounts)		▶ │	87		87	
	4	Income from investment of tax-exempt bond p	roce	eds				
	5	Royalties						
		(i) Real		(ii) Personal				
	1	Gross rents						
		Less: rental expenses						
	1	Rental income or (loss)	_1					
	d	Net rental income or (loss)		▶				
	7a	Gross amount from sales of (i) Securities		(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
ø.	1	Net gain or (loss)	•					
enne	8a	Gross income from fundraising		Ì				
eve		events (not including \$ 83,141		/				
Other Rev		of contributions reported on line 1c).						
Ę.	_	See Part IV, line 18		517,309				
O	1	Net income or (loss) from fundraising events		334,109	102 200		102 200	
	1	Gross income from gaming activities.			183,200		183,200	
	Эа	See Part IV, line 19	_					
	h	Less: direct expenses						
	1	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	a					
	h	Less: cost of goods sold	- +					
	1	Net income or (loss) from sales of inventory		•				
		Miscellaneous Revenue		Business Code				
	11a	Prior Year IRC 481(a)		900099	16,564	16,564		
	b		-	200023	10,501	10,501		
	C							
		All other revenue						
		Total. Add lines 11a-11d			16,564			
		Total revenue. See instructions		İ	937,152		183,287	0

Page 9

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 (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 434,465 434,465 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 6 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 7 204,477 204,477 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 9 10 15,869 15,869 11 Fees for services (non-employees): b Legal...... 6,113 6,113 Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 4,408 4,408 12 Advertising and promotion 13,814 13,814 Office expenses 13 8,209 8,209 14 15 Royalties 16 17 5,810 5,810 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 7,565 7,565 20 338 338 Payments to affiliates 21 22 Depreciation, depletion, and amortization 19,014 19,014 23 4,710 4,710 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Computer Expenses 5,550 5,550 b Credit Card Expenses 7,140 7,140 6,441 6,441 C Telephone Expenses d Postage Expense 853 853 **e** All other expenses 9,546 9,546 Total functional expenses. Add lines 1 through 24e . 25 754,322 434,465 319,857 0 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 (2018) Live Like Bella Inc 46-2965698 Page 11

| Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 111,188 190,654 2 2 28,003 8,066 3 3 4 4 477,360 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 8 4,000 8 3,940 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 60,439 b Less: accumulated depreciation 10b 25,802 53,651 10c 34,637 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 196,842 16 714,657 17 17 18 18 19 19 300,000 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 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 130,446 165,431 26 26 130,446 465,431 Organizations that follow SFAS 117 (ASC 958), check here
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 66,396 32 249,226 33 33 66,396 249,226 Total liabilities and net assets/fund balances 34 196,842 714,657

Form 990 (2018) Live Like Bella Inc 46-2965698 Page 12

Pai	rt XI Reconciliation of Net Assets					<u> </u>
	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		9	37,3	152
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	754,	322
3	Revenue less expenses. Subtract line 2 from line 1	3		1	182,8	830
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			66,	396
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		2	249,	226
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
			r		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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		Х
	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 in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

EEA Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

		ike Bella Inc					46-29656						
Pa	rt I	Reason for Public Charity	/ Status (All or	ganizations must co	omplete	this part	.) See instruction	ns.					
The	orga	nization is not a private foundation beca	ause it is: (For lines	s 1 through 12, check onl	y one box.)							
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).							
2		A school described in section 170(b))(1)(A)(ii). (Attach	Schedule E (Form 990 o	or 990-EZ)	.)							
3		A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	(iii).							
4	П	A medical research organization ope	•				(1)(A)(iii). Enter the						
		hospital's name, city, and state:	,				,						
5		An organization operated for the bene	efit of a college or u	iniversity owned or oper:	ated by a d	novernmen	tal unit described in						
·	ш	section 170(b)(1)(A)(iv). (Complete	_	anivorsity owned or open	atou by a s	30 V C 11 II 11 C 11	tal arm accombca in						
6				nit described in coetion	170/b\/1\	(A)(_V)							
6	 ₹	A federal, state, or local government	•										
7	X	An organization that normally receive	•		/ernmentai	unit or fro	m the general public						
_		described in section 170(b)(1)(A)(vi											
8	님	A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)											
9	Ш	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
	_	university:											
10		An organization that normally receives	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gros	SS					
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons, and (2	2) no more	than 33 1/3% of its						
		support from gross investment income	e and unrelated but	siness taxable income (le	ess section	1511 tax) 1	rom businesses						
		acquired by the organization after Ju-	ne 30, 1975.See s	section 509(a)(2). (Com	plete Part	III.)							
11		An organization organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).							
12		An organization organized and operat	ted exclusively for t	the benefit of, to perform	the function	ns of, or to	carry out the purpos	es					
		of one or more publicly supported org	ganizations describ	oed in section 509(a)(1)	or section	า 509(a)(2). See section 509(a	1)(3).					
		Check the box in lines 12a through 12	2d that describes th	e type of supporting org	anization a	nd comple	te lines 12e, 12f, and	12g.					
	а	Type I. A supporting organization	n operated, superv	ised, or controlled by its	supported	l organizat	ion(s), typically by gi	ving					
		the supported organization(s) the	power to regularly	appoint or elect a major	rity of the o	directors or	trustees of the						
		supporting organization. You mu	st complete Part	IV, Sections A and B.									
	b	Type II. A supporting organization	n supervised or co	entrolled in connection w	ith its supp	orted orga	anization(s), by havin	ıg					
		control or management of the sup											
		organization(s). You must comp											
	С	Type III functionally integrated			nnection w	ith. and fu	nctionally integrated	with.					
		its supported organization(s) (see						,					
	d	Type III non-functionally integr						tion(s)					
	_	that is not functionally integrated.						, ,					
		requirement (see instructions). Y											
	е	Check this box if the organization					Tyne II Tyne III						
		functionally integrated, or Type III				, a 1, po 1,	. , po						
	f	Enter the number of supported organi			ar ii Eatior ii								
	g	Provide the following information about											
) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	rappization	(v) Amount of monetary	(vi) Amount of					
	(1	name of supported organization	(II) LIIV	(described on lines 1-10	, ,	r governing	support (see	other support (see					
				above (see instructions))	docum	ent?	instructions)	instructions)					
					Yes	No							
					163	140							
(A)													
(B)													
(0)													
(C)													
(D)													
(D)													
(E)													
Tota	ıl						1						

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						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	799,258	859,794	1,334,304	889,714	1,254,610	5,137,680
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	799,258	859 , 794	1,334,304	889,714	1,254,610	5,137,680
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						84,629
6	Public support. Subtract line 5 from line 4						5,053,051
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	799,258	859,794	1,334,304	889,714	1,254,610	5,137,680
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	799,230	039,794	1,331,301	009,714	1,234,010	3,137,000
	similar sources	60	370	465	324	87	1,306
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						5,138,986
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶ 🗌
	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6, c						98.33 %
15	Public support percentage from 2017 Sched				_	15	%
16a	33 1/3% support test - 2018. If the organiz			•	•		. 57
	box and stop here. The organization qualifi						▶ ⊠
b	33 1/3% support test - 2017. If the organization of						,
170	this box and stop here. The organization q	•					🗆
17a	10%-facts-and-circumstances test - 2018 10% or more, and if the organization meets	=					
	Part VI how the organization meets the "fact				-		
	organization		_				▶ □
b	10%-facts-and-circumstances test - 2017						
~	15 is 10% or more, and if the organization r	· ·		•			
	Explain in Part VI how the organization mee				-	V	
	supported organization			-		-	▶ □
18	Private foundation. If the organization did						
	instructions						▶ □

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						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 performed, 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 business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	•					
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here.						▶ □
Se	ction C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8, col	umn (f), divided b	y line 13, column (t	·))		15	%
16	Public support percentage from 2017 Schedul					16	%
Se	ction D. Computation of Investmen					I I	
17	Investment income percentage for 2018 (line		•	(/ /		17	%
18	Investment income percentage from 2017 Sc	•				18	%
19a	33 1/3% support tests - 2018. If the organize 17 is not more than 33 1/3%, check this box a						▶ □
	33 1/3% support tests - 2017. If the organizatine 18 is not more than 33 1/3%, check this b	box and stop her	e. The organizatio	n qualifies as a pu	blicly supported or	ganization	
20	Private foundation. If the organization did no	ot check a box or	line 14, 19a, or 19	9b, check this box	and see instruction	ns	<u> ▶ □</u>

Schedule A (Form 990 or 990-EZ) 2018 Live Like Bella Inc 46-2965698 Page

Part IV Supporti

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 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 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by 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 in 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 in 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 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		
	1		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
			
	4c		
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	5a		
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	Ja		
	9b		
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Ŀ	10a		
	10b		
A (Forn	n 990	or 990-E	Z) 2018

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		e organization accepted a gift or contribution from any of the following persons?			
а	-	on who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		the governing body of a supported organization?	11a		
		y member of a person described in (a) above?	11b		
		controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B.	Type I Supporting Organizations			
	D: 14			Yes	No
1		directors, trustees, or membership of one or more supported organizations have the power to			
	_	ly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		led the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organiz	zations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•	D: 14				
2		e organization operate for the benefit of any supported organization other than the supported			
	-	ration(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
		providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
		ised, or controlled the supporting organization.	2		
Sec	ction C.	Type II Supporting Organizations			
	147			Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		agement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sec	tion D.	All Type III Supporting Organizations		V	NI -
4	اما داء	avagainsting provide to each of its supported avagainstings but the last day of the fifth mouth of the		Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ration's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	organiz	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiz	cation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By roo	son of the relationship described in (2), did the organization's supported organizations have a			
3	•	ant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
<u>S</u>		ted organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	ctruc	tions)	1
' a		e organization satisfied the Activities Test. Complete line 2 below.	Sti uci	10113)	•
b		e organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	_	e organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions)
		es Test. Answer (a) and (b) below.	000	Yes	No
		ostantially all of the organization's activities during the tax year directly further the exempt purposes of			
		oported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	-	supported organizations and explain how these activities directly furthered their exempt purposes,			
		e organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		s for the organization's position that its supported organization(s) would have engaged in these			
		es but for the organization's involvement.	2b		
3		of Supported Organizations. <i>Answer (a) and (b) below.</i>			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		s of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h		organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-		upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
		<u> </u>			

1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	Organiza	ations	
Section A - Adjusted Net Income 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthily value of securities b Average monthily cash balances 1 b C Fair market value of other non-exempt-use assets 1 b C Fair market value of other non-exempt-use assets 1 b C Total (add lines 1a, 1b, and 1c) 1 d D D D D D D D D D D D D D D D D D D	1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (expla	ain in Part VI). See
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Recoveries of prior-year distributions 2 Recoveries of prior-year (from Section B, line 8, Column A) Recoveries of prior-year distributions 2 Recoveries of prior-year (from Section B, line 8, Column A) Recoveries of prior-year form line 1. Recoveries of prior-year (from Section B, line 8, Column A) Recoveries of prior-year distributions 3 Recoveries of prior-year (from Section B, line 8, Column A) Recoveries of prior-year distributions 5 Recoveries of prior-year (from Section B, line 8, Column A) Recoveries of prior-year distributions 6 Recoveries of prior-year (from Section B, line 8, Column A) Recoveries of prior-year distributions 6 Recoveries of prior-year (from Section B, line 8, Column A) Recoveries of prior-year distributions 6 Recoveries of prior-year (from Section B, line 8, Column A) Recoveries of prior-year form line 6 Recoveries of prior-year (from Section B, line 8, Column A) Recoveries of prior-year form line 4, Income tax improsed in prior year (from Section B, line 8, Column A) Recoveries of prior-year form line 4, Income tax improsed in prior year (from Section B, line 8, Column A) Recoveries of prior-year form line 4, Income tax improsed in prior year (from Section B, line 8, Column A) Recoveries of prior-year form line 4, Income tax improsed in prior year (from Section B, line 8, Column A) Recoveries of prior-year form line 4, Income tax improsed in prior year (from Section B, line 8, Column A) Recoveries of prior-year (from Section B, line 8, Column A) Recoveries of prior-year (from Section B, line 8, Column A) Recoveries of prior-year (from Section B, line 8, Column A) Recoveries of prior-year (from Section B, line 8, Column A) Recoveries of prior-year (from Section B, line 8,	instructions. All other Type III non-functionally integrated supporting organ	nizations	must complete Section	ns A through E.
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 Descount claimed value of other non-exempt-use assets 1 Descount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Agington factors (explain in detail in Part VI): 2 Enter 85% of line 1. 3 Minimum asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 4 Adjusted net income for prior year (from Section A, line 8, Column A) 5 Income tax imposed in prior year (from Section B, line 8, Column A) 6 Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount, Subtract line 6 from line 6, unless subject to emergency temporary reduction (see instructions).	Continue A. Adirected Net Imported		(A) Drien Veen	(B) Current Year
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instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount, (see instructions). 6	Section B - Minimum Asset Amount		(A) Prior Year	(optional)
a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Aggregate fair market value of all non-exempt-use assets (see			
b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	instructions for short tax year or assets held for part of year):			
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1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	8 Minimum Asset Amount (add line 7 to line 6)	8		
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3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6				
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5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6				
emergency temporary reduction (see instructions).				
		6		
T Check here if the correct year is the organization's first as a non-inficionally infectated type in shooting organization (see			ated Type III supporting	g organization (see

EEA

instructions).

	ule A (Form 990 or 990-EZ) 2018 Live Like Bella Inc		46-296	5 5698 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	pt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
		Execus Distributions	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019 Add lines 3i			

and 4c.

8 Breakdown of line 7: a Excess from 2014 **b** Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury

Name of the organization

Live Like Bella Inc

Internal Revenue Service

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

46-2965698

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ∑ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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	Baptist Health South Florida 8900 North Kendall Drive Miami, FL 33176	\$15,000	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	Vitas Healthcare 201 South Biscayne Boulevard Miami, FL 33131	\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 3	The Perlin Family Fund PO Box 15203 Albany, NY 12212	\$ 5,000	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
(a) No.	(b) Name, address, and ZIP + 4 Rubenstein Law Group 9130 S Dadeland Blvd Penthouse Suit Miami, FL 33156	(c) Total contributions \$5,830	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)	
No.	Name, address, and ZIP + 4 Rubenstein Law Group 9130 S Dadeland Blvd Penthouse Suit	Total contributions	Person	
No4	Name, address, and ZIP + 4 Rubenstein Law Group 9130 S Dadeland Blvd Penthouse Suit Miami, FL 33156 (b)	\$5,830	Type of contribution Person	
(a) No.	Name, address, and ZIP + 4 Rubenstein Law Group 9130 S Dadeland Blvd Penthouse Suit Miami, FL 33156 (b) Name, address, and ZIP + 4 CC Devco LLC 135 San Lorenzo Ave S#740	\$5,830	Person	

Name of organization

Employer identification number

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	Guiseppe Zappala 11091 NW 84 Street Miami, FL 33178	\$6,600	Person
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
8	Southern Wine and Spirits 1600 NW 163 Street Miami, FL 33169	\$	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
9_	Project Give Kids 2122 SW 67 Avenue Miami, FL 33155	\$ 6,996	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	Miami Dade County 111 NW 1st Street Miami, FL 33128	\$15,000	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	Giardino Gourmet 8000 SW 117th Avenue suite PHD Miami, FL 33183	\$	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	BB&T 18001 Old Cutler Road	\$12,500	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for

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	
13	Bean Automotive Group 13750 SW 136 Street Miami, FL 33186	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_14	UPS 3401 NW 67th Avenue Miami, FL 33122	\$	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>15</u>	Rajneesh Ahuja 833 West 15 Place unit 901 Chicago, IL 60608	\$ 5,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
16	Benevity 402 11th Avenue SE Alberta Calgary, Canada T2G 0Y4	\$15,000	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
17	Lorenzo Bomin Chevrolet 8455 S Dixie Highway Miami, FL 33143	\$10,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
18	Vineyard Vines Retail LLC 181 Harbor Drive Stamford, CT 06902	\$15,211	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)	

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

(0)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	NCL 7665 Corporate Center Drive	\$15,000	Person Payroll Noncash (Complete Part II for
	Miami, FL 33126		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	Juan Berenguer		Person 🗵 Payroll 🗌
	18001 Old Cutler Rd, Suite 523	\$5,000	Noncash (Complete Part II for
	Palmetto Bay, FL 33157		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	Dade County Assoc Fire Fighters		Person ☒ Payroll ☐
	80000 NW 21 Street suite 222	\$	Noncash (Complete Part II for
	Doral, FL 33122		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Ecomedia 28 East 28 Street	\$ 49,998	Person 🗵 Payroll 🗌 Noncash
	New York, NY 10016	v	(Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(Complete Part II for
(a) No.	New York, NY 10016 (b)	(c)	(Complete Part II for noncash contributions.)
No.	New York, NY 10016 (b) Name, address, and ZIP + 4 ALC Home Health 13275 SW 124th Street	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for
No23	New York, NY 10016 (b) Name, address, and ZIP + 4 ALC Home Health 13275 SW 124th Street Miami, FL 33186 (b) Name, address, and ZIP + 4 Fifth Generation Inc	(c) Total contributions \$	(Complete Part II for noncash contributions.) (d) Type of contribution Person
(a) No.	New York, NY 10016 (b) Name, address, and ZIP + 4 ALC Home Health 13275 SW 124th Street Miami, FL 33186 (b) Name, address, and ZIP + 4	(c) Total contributions \$15,360 (c)	(Complete Part II for noncash contributions.) (d) Type of contribution Person

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25	Floridians for Strong Leadership 610 South Boulevard Tampa, FL 33606	\$5,000	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_26	Bay Plumbing Company 3029 SW 28 Street Miami, FL 33133	\$	Person
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
27	Cyxtera Technologies 2333 Ponce de Leon Blvd Suite 900 Coral Gables, FL 33134	\$ 5,000	Person
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
28	Orlando Health 52 West Underwood Street Orlando, FL 32806	\$10,000	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_29	CVS Corporation 1 CVS Drive Woonsocket, RI 02895	\$25,000	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
30	Nicklaus Childrens Hospital 3100 SW 62nd Avenue Miami, FL 33155	\$15,000	Person

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
31_	Milams Market 11 North Royal Poinciana Boulevard Miami, FL 33166	\$	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32_	Mercantile Commerce Bank 12496 NW 25th Street Miami, FL 33182	\$	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	Pfizer Inc 235 East 42 Street New York, NY 10017	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE D (Form 990)

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.

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

Internal Revenue Service

Department of the Treasury

Attach to Form 990.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number Live Like Bella Inc 46-2965698 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 🗌 Yes 🗌 No conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X

	t III Organizations Maintaining Collect				ssets (continuea)
3	Using the organization's acquisition, accession, and oth	her records, check any of	the following that are a	a significant use of its	
	collection items (check all that apply):				
а	Public exhibition	d Loan or excha	nge programs		
b	Scholarly research	e U Other			
С	Preservation for future generations				
4	Provide a description of the organization's collections a	and explain how they furt	her the organization's e	exempt purpose in Part	
	XIII.				
5	During the year, did the organization solicit or receive of				п., п.,
Dai	assets to be sold to raise funds rather than to be main		inization's collection?		U Yes U No
Pai	Escrow and Custodial Arrangeme		100 Dort IV line 0	or reported an ama	unt on Form
	Complete if the organization answer 990, Part X, line 21.	ed res on rollins	190, Part IV, line 9,	, or reported an amo	ount on Form
1-	Is the organization an agent, trustee, custodian or other	r intermedian, for contrib.	utiono or other coosto n	ot .	
1a		•			□ Vaa □ Na
_					∐ Yes ∐ No
b	If "Yes," explain the arrangement in Part XIII and comp	here the following table.		Δ.	maunt
	Paginning halange				mount
ا	Beginning balance			1c	
e	3 · · , · · · · · · · · · · · · · · · ·			1u	
f	Ending balance			1f	
2a	Did the organization include an amount on Form 990, F				Yes No
b	If "Yes," explain the arrangement in Part XIII. Check he				
	rt V Endowment Funds.	cre ii trie explanation nas	been provided on rait	Alli	
ı u	Complete if the organization answer	ed "Yes" on Form 9	90 Part IV line 10	0	
	·	Current year (b) Prior			k (e) Four years back
1a	Beginning of year balance	Current year (b) The	or year	(u) Thice years bac	(c) I our years back
b	Contributions				
c	Net investment earnings, gains, and				
Ŭ	losses				
d	Grants or scholarships				
e	Other expenditures for facilities and				
·	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the current year e	nd balance (line 1g. colu	mn (a)) held as:	I	
a	Board designated or quasi-endowment ▶	%	(-//		
b	Permanent endowment ▶ %				
С	Temporarily restricted endowment	%			
	The percentages on lines 2a, 2b, and 2c should equal 1	_			
3a	Are there endowment funds not in the possession of the		eld and administered for	or the	
	organization by:	· ·			Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations liste	ed as required on Schedu	ıle R?		3b
4	Describe in Part XIII the intended uses of the organiza	tion's endowment funds.			
Pai	rt VI Land, Buildings, and Equipment.				
	Complete if the organization answer	ed "Yes" on Form 9	90, Part IV, line 1	1a. See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment	3,489	7,900	7,408	3,981
е	Other		49,050	18,394	30,656
Tota	I. Add lines 1a through 1e. (Column (d) must equal Fo	rm 990, Part X, column	(B), line 10c.)		34,637

Fait VII	Complete if the organization answere	d "Yes" on Form 990, Pa	rt 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 valuati Cost or end-of-year market	on:
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	d "Vaa" on Farm 000 Da	mt IV / line 44 a Coa Farm 000	Dort V. line 10
	Complete if the organization answere	d Yes on Form 990, Pa	rt IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year market	
(1)			Cost of end-of-year market	value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11d. See Form 990	, Part X, line 15.
	(a) D	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15	5.)		
Part X	Other Liabilities.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11e or 11f. See For	m 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
	income taxes			
	t Card Payable	14,120		
	ll Tax Payable	261	_	
	of Credit	151,050		
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>) must equal Form 990_Part Y_col_(B) line 25)	165 431		
LOTAL (COLLIMN (h)	TITURE BOTTON FOR BUILD PORT X COL (RI IND 25) ■	165 441		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

 Schedule D (Form 990) 2018
 Live Like Bella Inc
 46-2965698
 Page 4

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5 Box	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Pa	unt V linna	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	irt A, iirie	
Ζ, Γα	art XI, III es 2d and 4b, and Fart XII, III es 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number 46-2965698 Live Like Bella Inc Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations **f** Solicitation of government grants b **c** Phone solicitations g Special fundraising events **d** In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, No Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	rt II	Fundraising Events. Comp than \$15,000 of fundraising	_			•
		gross receipts greater than		a gross income on rom	1 000 EZ, IIIICO 1 dila ob	. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Bella's Ball	5K Run	8_	(add col. (a) through col. (c))
Φ		-	(event type)	(event type)	(total number)	(-)/
Revenue	1	Gross receipts	283,660	195,722	37,927	517,309
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	283,660	195,722	37,927	517,309
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	180,398	25,629	1,989	208,016
Exp	7	Food and beverages				
Direct Expenses	8	Entertainment	23,900		750	24,650
	9	Other direct expenses	43,598	47,011	10,834	101,443
			10,020		20,001	
	10	Direct expense summary. Add lines	_			334,109
	11	Net income summary. Subtract line				183,200
Pa	rt II	Gaming. Complete if the of than \$15,000 on Form 990	•	Yes" on Form 990, Part	IV, line 19, or reported	more
		than \$13,000 on 1 onn 550	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Cross revenue		billigo/progressive billigo		coi. (a) through coi. (c)
	-	Gross revenue				
ses	2	Cash prizes				
# Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	N 400	□ V 0/	□ v 0/	
	6	Volunteer labor	Yes % No			
	7	Direct expense summary. Add lines	2 through 5 in column (d)		▶	
	8	Net gaming income summary. Subt	ract line 7 from line 1, colu	mn (d)		
9		ter the state(s) in which the organizat				Yes No
a b		the organization licensed to conduct on No," explain:	garning activities in each o	i inese siates?	• • • • • • • • • • • • •	Yes . No
		ere any of the organization's gaming I	icenses revoked, suspend	ed or terminated during the	tax year?	🗌 Yes 🗌 No
	If "	Yes," explain:				

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" or 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

2018

Employer identification number

Open to Public Inspection

Live Like Bella Inc						46-2965698	
Part I General Information on	Grants and Assis	tance				1	
1 Does the organization maintain records t	o substantiate the amou	int of the grants or assis	tance, the grantees' elig	gibility for the grants or	assistance, and		
the selection criteria used to award the g	rants or assistance?						. 🗌 Yes 🛛 N
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistan						"Yes" on Form 99	0,
Part IV, line 21, for any recip	pient that received m			if additional space		T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance
(1)Baptist Health Foundation							
6855 Red Road							Cancer
Miami, FL 33143	59-1923401		100,000				Research
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations	•		table		<u> </u> 	····· • _	

Schedule I (Form 990) (2018) Live Like Bella Inc 46-2965698

Page 2

Part III	Grants and Other Assistance to Part III can be duplicated if addition			he organization ansv	wered "Yes" on Form 990	, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Provide	de the information re	equired in Part I.	line 2: Part III. colum	n (b): and any other addi	tional information.

Schedule I (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Live Like Bella Inc 46-2965698 01. Officer, directors, etc. family relationship (Part VI, line 2) The Chairman and Vice Chair are husband and wife 02. Form 990 governing body review (Part VI, line 11) The board of directors reviews the form 990 at the board meeting prior to the submission of the tax return to the Internal Revenue Service. The board conducts periodic reviews of the financial statements and organization documents. 03. Conflict of interest policy compliance (Part VI, line 12c) The entity has a conflict of interest policy for the board members. 04. Governing documents, etc, available to public (Part VI, line 19) The tax return is available for review by the public. 05. List of other fees for services expenses (Part IX, line 11g) Part IX, Other Fees for Services Outside Service/Independent Contractors - \$626,605.00 06. List of other expenses (Part IX, line 24e) Part IX, All Other Expenses - Line 24e Expenses Amount Automobile Expense 3,168.00 Parking and Tolls \$1,852.00

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization Employer identification number Live Like Bella Inc 46-2965698 Licenses and Fees \$1,730.00 Dues and subscriptions \$1,260.00 Payroll Processing Expenses \$1,121.00 Bank Charges \$415.00 \$9,546.00 Total Expenses 07. General explanation attachment The taxpayer is reporting a change in Accounting method from the Cash to Accrual method effective for the tax year beginning January 1, 2018. The completed form 3115 is attached to the 2018 form 990 tax return as well as mailed to the appropriate unit of the Internal Revenue Service.

MFC 1 Federal Supporting Statements 2018 PG01
Name(s) as shown on return
Live Like Bella Inc 46-2965698

Form 3115, Part II, Line 15

Statement #2-15

Trade(S) Or Business

The taxpayer is Nonprofit organization that provides services to individuals for in Treatment assistance and to fund pediatric research of non-toxic treatments exclusively for use of pediatrics.

MFC 1

Form 3115, Part II, Line 16

Statement #2-16

PG01

Legal Basis Supporting Proposed Method

The taxpayer is reporting a change in accounting method from the Cash to Accrual method effective January 1, 2018 to more closely reflect the results of operations of the entity. Prior to the change in accounting method the taxpayer primarily received income and paid expenses consistent with the Cash method of accounting but that has changed since the operations have expanded and the need to reflect the results of operations consistent with the Accrual method is more appropriate.

The Applicant's Present Method Of Accounting for the Item(s) Being Changed: Cash

The Applicant's Proposed M Method Of Accounting for the Item(s) Being Changed: Accrual The Applicant's Present Overall Method Of Accounting: Accrual

MFC 1

Form 3115, Part IV, Line 26

PG01

Statement #4-26

Section 481(A) Computation Summary

The taxpayer is reporting a change in accounting method from the Cash to Accrual method effective January 1, 2018 to more closely reflect the results of operations of the entity. Prior to the change in accounting method the taxpayer primarily received income and paid expenses consistent with the Cash method of accounting but that has changed since the operations have expanded and the need to reflect the results of operations consistent with the Accrual method is more appropriate.

The amounts that represent the change from the Cash to Accrual method as of January 1, 2018 include the following:

Accounts Receivable at 12-31-2017 - \$16,563.00

Net IRC 481(a) Adjustment - \$16,563.00

MFC 1	Federal Supporting Statements	2018 PG01
Name(s) as shown on return	n	Tax ID Number
Live Like 1	Bella Inc	46-2965698
I	Form 3115, Schedule A, Part I, Line 2a	Statement #A2
Income Acc	rued But Not Received	
Description	n	Amount

16,563

Accounts Receivable at 12-31-2017



990	Overflow Statement	2018 Page 1
Name(s) as shown on return		FEIN
Live Like Bella Inc		46-2965698

Description		 Amount
Outisde Service/Indepedent Contractors		\$ 4,408
_	Total:	\$ 4,408

Part IX, All Other Expenses - Line 24e

Description		A	mount
Automobile Expense		\$	3,168
Parking and Tolls			1,852
Licenses and Fees			1,730
Dues and subcriptions			1,260
Payroll Processing Expenses			1,121
Bank Charges			415
-	Total:	\$	9,546