_	0	90	Dotur	of Organization Eva	mot Erom In				OMB No. 1545-0047
Form	3:	50	Return	n of Organization Exe	mpt From Inc		K		2019
(Rev.	Januar	ry 2020)	Under section 501(c), 527, or 4947(a)(1) of the Interna	al Revenue Code (ex	xcept private	foundation	s)	2013
Denarti	ment of	the Treasury	Do not en	ter social security numbers on t	his form as it may b	oe made publi	c.		Open to Public
		ue Service	► Go to w	/ww.irs.gov/Form990 for instruc	tions and the lates	t information.			Inspection
A F	or the	e 2019 calendar	year, or tax year begin	ining	, 2019, ar	nd ending			, 20
B c	heck if a	applicable:	C Name of organizationLi	ve Like Bella Inc			D Empl	oyer ide	entification number
A	ddress o	change	Doing business as					46-	2965698
N N	ame cha	ange	Number and street (or P.	O. box if mail is not delivered to street addres	ss)	Room/suite	E Telep	hone nu	mber
In	itial retu	urn	2199 Ponce De 1	Leon Blvd		303		(78	6)505-3914
E Fi	nal retu	urn/terminated	City or town, state or pro-	vince, country, and ZIP or foreign postal code	•		G Gros	s receipt	ts
A	mended	d return	Coral Gables, 1	FL 33134			\$		1,647,502
A	pplicatio	on pending	F Name and address of pri	ncipal officer: Raymond Rodrigu	ez-Torres	H(a) Is	this a group return	for subord	linates? Yes X No
			Same as C above	9		H(b) Ar	e all subordinate	es includ	ded? Yes No
I Ta	ax-exen	npt status: X 50	01(c)(3) 501(c) () < (insert no.) 4947(a)(1) or	527	lf	"No," attach a lis	st. (see i	nstructions)
JW	ebsite:	► www.	livelikebella.or	.a		H(c) (Group exemption	n numbe	er 🕨
K F	orm of a	organization: 🗴 Co	prporation Trust Ass	ociation Other ►	L Year of formatio	n: 2013	M State of leg	al domi	cile: FL
Par	tl	Summary							
	1	Briefly describe	the organization's miss	ion or most significant activities:	The Live Like	e Bella Cl	nildhood	Can	cer
		Foundation	n is committed t	o being a recognized 1	leader in chil	ldhood car	ncer res	earc	h and advocacy
nce		while prov	viding financial	and emotional support	to hundreds	of famili	les whos	e ch	ildren are
rna		battling o	ancer.						
ove	2	Check this box	▶ ☐ if the organization	discontinued its operations or disp	oosed of more than 2	5% of its net a	assets.		
Ğ	3	Number of voti	ng members of the gove	erning body (Part VI, line 1a)			3		3
ŝ	4	Number of inde	ependent voting member	s of the governing body (Part VI, li	ne 1b)		4		3
ritie	5	Total number o	f individuals employed ir	n calendar year 2019 (Part V, line 2	2a)		5		5
Activities & Governance	6		f volunteers (estimate if						200
∢	7a	Total unrelated	business revenue from	Part VIII, column (C), line 12 .			7a		173,143
				from Form 990-T, line 39					0
						Prior			Current Year
	8	Contributions a	nd grants (Part VIII, line	1h)			733,671		1,138,944
ne	9			∋2g)					0
Revenue	10	•	,	A), lines 3, 4, and 7d)			87		20
Re	11			nes 5, 6d, 8c, 9c, 10c, and 11e) .			210,107		173,143
	12			must equal Part VIII, column (A), li			943,865		1,312,107
	13						100,000		0
	14		o or for members (Part I)						0
	15			benefits (Part IX, column (A), line	s 5-10)		220,347		289,801
ses				column (A), line 11e)					0
Expenses			g expenses (Part IX, co		161,185				
Ă	17			nes 11a-11d, 11f-24e)			440,688		1,343,932
	18			equal Part IX, column (A), line 25)			761,035		1,633,733
	19			18 from line 12			182,830		(321,626)
es				· · · · · · · · · · · · · · · · · · ·		Beginning of	-		End of Year
Net Assets or Fund Balances	20	Total assets (P	art X, line 16)				714,657		933,947
Ass I Ba	21						465,431		1,006,347
Lunet	22			line 21 from line 20			249,226		(72,400)
Par		Signature		^ * * * * * *		1			(= , = , = , = , = , = , = , = , = , =
Unde	[,] penalti	ies of perjury, I declar	e that I have examined this retu	rn, including accompanying schedules and st		f my knowledge ar	nd belief, it is		
true, o	correct,	and complete. Declar	ation of preparer (other than off	icer) is based on all information of which prep	arer has any knowledge.	-			
		Raymor	d Rodriguez-Tor	res					
Sigr	า	Signature o					Da	te	
Here		Raymor	d Rodriguez-Tor	res. Chairman					
	-		it name and title						
		Print/Type prepa	rer's name	Preparer's signature	Date	CI	heck if	PTIN	
	_						· 🗆 "		

	i nine i ypo proparor o name	5			Duio		Check if		
Paid	Dave Roberts	CPA CGMA	Dave Roberts CPA	CGMA	11-16-2020		self-employed	P00293850	
Preparer	Firm's name	Dave Rob	erts CPA PA			Firm's E	EIN 🕨		
Use Only	Firm's address	100 N Bi	scayne Blvd Suit	e 804		Phone r	10.		
		Miami FL	33132				305-	777-1699	
May the IRS of	discuss this return with	h the preparer sh	own above? (see instruction	ons)				X Yes 🗌 N	0

Form	990 (2019) Live Like Bella Inc 46-296569	8 Page 2
	t III Statement of Program Service Accomplishments	0
	Check if Schedule O contains a response or note to any line in this Part III	🗌
1	Briefly describe the organization's mission:	
	The Live Like Bella Childhood Cancer Foundation is committed to being a recognized lea	der in
	childhood cancer research and advocacy while providing financial and emotional support	to
	hundreds of families whose children are battling cancer.	
2	Did the organization undertake any significant program services during the year which were not listed on the	□
	prior Form 990 or 990-EZ?	<u>X</u> NO
2	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	V No
	If "Yes," describe these changes on Schedule O.	<u>A</u> NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,234,083 including grants of \$) (Revenue \$)
	The Live Like Bella Childhood Cancer Foundation is committed to being a recognized lea	der in
	childhood cancer research and advocacy while providing financial and emotional support	to
	hundreds of families whose children are battling cancer. The organization also funds P	ediatric
	Cancer Research and finding Non Toxic Treatments for a cure.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		/
44	Other program services (Describe on Schedule O.)	
4d	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,234,083	

Form	1 990 (2019) Live Like Bella Inc 46-29656	98	P	age 3
Pa	rt IV Checklist of Required Schedules			
		r	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	L _		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		
-	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		v
9	complete Schedule D, Part III	0		x
9	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		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	5		x
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			~
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
. –	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-	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	47		
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		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
20 -	If "Yes," complete Schedule G, Part III.	19		X
20 a				x
b 21		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A) line 12 /f "Yes," complete Schedule L Parts Land II	21		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			X

Form	990 (2019) Live Like Bella Inc 46-2965	698	P	age 4
Pa	rt 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		х
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	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	05-		
	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?	25h		
26	If "Yes," complete Schedule L, Part L	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		x
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV.	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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			x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		1	
			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	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4-		
	reportable gaming (gambling) winnings to prize winners?	1c	X	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b x Note: If the sum of lines tand 2a is greater than 250, your may be required to e-file (see instructions). 3a 3a x 3b If 'Yes,' has if filed a Form 990-T for this year? If 'No'' to line 3b, provide an explanation in Schedule 0 3a x 3b If 'Yes,' has if filed a Form 990-T for this year? If 'No'' to line 3b, provide an explanation in Schedule 0 3a x 3c At any time during the calendar year, dift engranization have an interest in, or a signature or other authority over, an financial accounty reports that as nothing the calendar year. 5a x 3c If 'Yes,'' enter the name of the foreign county v See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions any to a prohibited tax sheller transaction? Se x 3c Did any transaction aparty to a prohibited tax sheller transaction? Se x Se Se <th>Form</th> <th></th> <th>6-29656</th> <th>98</th> <th>P</th> <th>age 5</th>	Form		6-29656	98	P	age 5
2a Enter the number of employees reported on Ferm W-3. Transmittal of Wage and Tax. 2a 5 bit Bit Statements, filled for the calendary series days within the year occene by this return? 2b x Note:::If the sam of lines 1 and 2a is greater han 250, you may be required to exit (see instructions). 3a x bit Prest, "nest field of the calendary series, dic the organization have an instruction of the 200 of one of days to event, a financial account is a torigin courtry (set in a bask account securities account or other financial accounts (FBAR). 3a x bit Prest, "nest field of the calendary series, dic the organization have an instruction or other submitty verse, a financial account is prohibed to schelute transaction at any to a prohibed tax schelute transaction accounts (FBAR). 5a x bit Prest, "nest the number of the forging courtry - series of the organization file From 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a x bit Prest, "nest the organization file From 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a x cost be organization in Event 306.72. 5a 5a x cost be organization in Event 308.67. 5a x bit he organization file from 308.71. 5a x cost be organization in Event 308.72. 5a 5a x bit he organiz	Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
Statuments, field for the calendary year end within the year cavered by the rotum Za 5 V Note: If the sum of lines 1 a and 2a is greater than 250, your may be required to e.file (see instructions). 2a 3a x If the set or is sponted on line 2a, is greater than 250, your may be required to e.file (see instructions). 2b 3b x If the required to have an inferent in, or a signature or able with your? 3b x x If the required to have an inferent in, or a signature or able at your? 4a x x If "ress' then the name of the foreign courry (such as a bark account securits execure to refer financial accounts (FBAR). 5a x If "ress' the the name of the foreign courry (such as a bark account as inferent in prohibited to shelter transaction? 5a x If "ress' the the name of the foreign courry (such as a bark account as inferent in associal Accounts (FBAR). 5a x If "ress' the the regarazion to nut were not tax ciduation as expanse there transaction? 5b x f If "ress' the the organization the isome able for the velocit transaction? 5b x f If "ress' the the organization the isome able for the velocit transaction? 5b x f If "ress' the the organization the isom each organization the isome able for tran			-		Yes	No
b If a teast one is responted on line 2a, dot the organization file all required tedral amphyment tax returns?. 2b X Mote: If the sum of lines 1 and 2 is greater hand. 3b X a Dot the organization hand an interest in, or a signature or other automic to Schedule 0. 3b X b If "Yes," hand the a form 3000 for hits year? 3a X X b If "Yes," inter the name of the forgin contry. 4a X X b If "Yes," inter the name of the forgin contry. 5a X X b If "Yes," inter the name of the forgin contry. 5a X X b If "Yes," inter the name of the forgin contry. 5a X X b Did any taxable party only the organization the tix was or is party to a prohibited tax shelter transaction? 6b X c If "Yes," id the organization have anneal gross receipts that are normally greater than \$100,000, and dift the organization include with energination that wen y accitation and party trap, by a prohibited tax shelter transaction? 6b X d If "Yes," id the organization include with every solication an express statement that such contributions or of the way solication and party trap, by and the area and trap, and the aregross and the area and trap, and the aregross and the area and th	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
Note: It is the sum of lines 1s and 2s is greater than 250, you may be required to a-file (see instructions). Image: Section 2000 and 2		Statements, filed for the calendar year ending with or within the year covered by this returm 2a	5			
30 Did the organization have unrelated business gross income of \$1,000 or more during the year?	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
b H*vs_* has it field a Form 990-T for this year, if it Mo's is the 2h, provide an explanation in Schedule 0		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
4. At any time during the coleindary year, dif the organization have an interest in, or a signature or other submity over, a financial account? 4a x b If "Year," enter the name of the foreign country when as bark account socult is output of the submit of the organization in a part to a prohibit of the organization in a part to a prohibit of the organization in the foreign Bark and Financial Accounts (FBAR). 5a x b Use the organization apper to a prohibit of the organization in fore MBB-7.2. 5a x c If "Year" in the Sar of B, dif the organization in fore MBB-7.2. 5c 5c x c If "Year" in the Sar of B, dif the organization in fore MBB-7.2. 5c 5c x d If "Year" in the organization include with every solicitation and party is a contributions or gifts were not tax deductible. 6a x 7 Organization necesive a payment in excess of \$75 made party as a contribution and party for poots and services provided to the payor? 7a x 7 Organization necesive a payment in excess of \$57 made party as a contribution and party for poots and services provided? 7a x 10 Uf the organization necesive a payment in excess of \$57 made party as a contribution of parts. 7a x 11 Tyes, 'idd the organization necesive a payment in excess of \$57 made party as a contribution of parts. <t< td=""><td>3a</td><td>Did the organization have unrelated business gross income of \$1,000 or more during the year?</td><td></td><td>3a</td><td></td><td>х</td></t<>	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
a francial account in a foreign county (such as a bark acount, securities account, or other financial account)? 4a x b ff Yes," enter the name of the foreign county (such as a bark acount, securities account, or other financial account)? 5a Xes x 5a Was the organization ap any to a prohibuted tax shifter transaction at any time during the tax year? 5a Xes c II 'Yes' to line 5a or 5b, ddt the organization the form 8886-72. 5c Sc Xes c II 'Yes' to line 5a or 5b, ddt the organization the form 8886-72. 5c Sc Sc d Does the organization tax end unally goes celepites that are normally greater than \$100,000, and ddt the organization tax end unally exert that such contributions or grifts were not tax deductible as charitable contributions or grifts were not tax deductible? 6a x d II 'Yes," did the organization neever as 0157 mode party as a contribution and party for goods and services provided to the payor? 7a x d II 'Yes," indicate the number of Forms 8282? Hed during the yesr. 7d 7d x d II 'Yes," indicate the number of Forms 8282? Hed during the yesr. 7d 7d x d II 'Yes," indicate the number of Forms 8282? Hed during the yesr. 7d 7d x d II 'Yes," indicate the number of Forms 8282? Hed during the yesr. 7d x 7d <td>b</td> <td>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</td> <td></td> <td>3b</td> <td></td> <td></td>	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
b If Yes,' ener the name of the foreign county > See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a X Was the organization rare to a prohibited tax shifter transaction? 5b X If Yes's indice 5a or 5b, dift the organization file if was or is a party to a prohibited tax shifter transaction? 5b X If Yes's indice 5a or 5b, dift the organization file from 888-7. 5c 5c X If Yes's indice 5a or 5b, dift the organization inform 888-7. 5c 5c X If Yes's indice 5a or 5b, dift the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible cantrable contributions? 6b 7a X If Yes', did the organization notify the donor of the value of the goods or services provided to the goods and services provided to the goods? 7a X If Yes', indicate the number of Form 5222 filed during the year. 7d 7d 7d X If the organization receive a corribution of guards being requirements and services corribution of guards. 7d X 7d X If Yes', indicate the number of Form 5222 filed during the year. 7d 7d X 7d X If Yes', indicate the number of Form 5222 file	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	-			
b If Yes,' ener the name of the foreign county > See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a X Was the organization rare to a prohibited tax shifter transaction? 5b X If Yes's indice 5a or 5b, dift the organization file if was or is a party to a prohibited tax shifter transaction? 5b X If Yes's indice 5a or 5b, dift the organization file from 888-7. 5c 5c X If Yes's indice 5a or 5b, dift the organization inform 888-7. 5c 5c X If Yes's indice 5a or 5b, dift the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible cantrable contributions? 6b 7a X If Yes', did the organization notify the donor of the value of the goods or services provided to the goods and services provided to the goods? 7a X If Yes', indicate the number of Form 5222 filed during the year. 7d 7d 7d X If the organization receive a corribution of guards being requirements and services corribution of guards. 7d X 7d X If Yes', indicate the number of Form 5222 filed during the year. 7d 7d X 7d X If Yes', indicate the number of Form 5222 file		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
See instructions for fling requirements for FinCEN Form 144. Report of Foreign Bank and Financial Accounts (FBAR). Sa Xa Sa Was the organization a party to a prohibited tax shelter transaction at any time duing the tax year? Sa Xa C Did any taxable party noitly the organization the Form 3886-17. So Xa C P*** to line 5a or 5b, did the organization the Form 3886-17. So So Des the organization scilicit any contributions that was or is a party to a prohibited tax shelter transaction? So So D D''''s to line 5a or 5b, did the organization the tween ont tax deductible es charitable contributions or of gifts were not tax deductible contributions that may receive deductible contributions under section 170(c). Organizations that may receive deductible contributions and party for goods and services provided? 7a Xa D I''''ss, 'indicate the number of Form 3822 field during the year. 7a Ya D I'''ss, 'indicate the number of Form 3822 field during the year. 7a Ya D I'' the organization receive a contribution of qualified in the lecus approach to the during the year? 7a Ya I'' the organization may that be access business any property for which It was required to 10 Form 3822. 7a Ya I'' the organization needwal a contribution of qualified in the lecus approach benchi contract? 7a Xa I'' the organization may be access business a	b		-			
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a Gross income from members or shareholders 11a 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 13a Note: See the instructions for additient information is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 13a 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x 15 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? 15 x 16 x						
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against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b a 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. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a x 14a Did 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? 14b 14b 15 x If "Yes," see instructions and file Form 4720, Schedule N. 15 x 16 x	а					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b					
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 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? 15 x If "Yes," see instructions and file Form 4720, Schedule N. 15 X 16 X	12a			12a		
a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15 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? 15 16 X	b					
Note: See the instructions for additional information the organization must report on Schedule O. Image: the instruction of the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: the instruction of the instruction of the organization of the organization of the organization receives on hand Image: the instruction of the organization of the organization of the organization receive any payments for indoor tanning services during the tax year? Image: the instruction of the organization of the organization receive any payments for indoor tanning services during the tax year? Image: the instruction of the organization of the organization of 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? Image: the organization and file Form 4720, Schedule N. 16 X	13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a 15 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? 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16	а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i> 14a X 15 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 16 X		Note: See the instructions for additional information the organization must report on Schedule O.				
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q 14b 14b 15 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X 16 X	b	Enter the amount of reserves the organization is required to maintain by the states in which				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q 14b 14b 15 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? 15 x If "Yes," see instructions and file Form 4720, Schedule N. 15 x 16 x		the organization is licensed to issue qualified health plans				
 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	С	Enter the amount of reserves on hand				
 15 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?	14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		x
excess parachute payment(s) during the year?	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	[14b		
If "Yes," see instructions and file Form 4720, Schedule N. 16 18 the organization an educational institution subject to the section 4968 excise tax on net investment income?	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		excess parachute payment(s) during the year?		15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			ľ			
	16			16		x

Form	1 990 (2019) Live Like Bella Inc 46-29656	98	P	9age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructior	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		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	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the experimetion have level shorters have been as officiated?	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	404		
110	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 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120	v	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120	x	
U	describe in Schedule O how this was done	12c	v	
13	Did the organization have a written whistleblower policy?	120	x 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	17	~	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Delaware, Florida			
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.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and 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

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Form 990 (201	9) Live Like Bella Inc	46-2965698	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	st Compensated Employee	es, and
	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 vear.		

• 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.

See instructions for the order in which to list the persons above.

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

				(C)				
				sition				
(A)	(B)		eck n	nore than one		(D)	(E)	(F)
Name and title	Average			rson is both a		Reportable compensation	Reportable	Estimated amount of other
	hours per week	officer an	d a di	rector/trustee)	from the	compensation from related	compensation
	(list any					organization	organizations	from the
	hours for	Indiv or di	Office	emp Key	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	rect	Ĕ	rignest compe employee Key employee	ner			related organizations
	organizations	al tru		ie bloye				
	below	Institutional trustee Individual trustee or director		e pen				
	dotted line)	e e		employee Key employee				
					1			
(1) Eduardo Duarte, CPA	1.00							
Treasurer		x				0	0	0
(2) Alexander Alvarez	2.00							
Director		x				0	0	0
(3) Raymond Rodriguez-Torres	10.00							
Chairman			x			0	0	0
(4) Shannah Rodriguez-Torres	5.00							
Vice-Chair			x			0	0	0
(5) Nicole de Lara Puente	40.00							
Chief Executive Officer				x		100,000	0	0
(6)								
(7)								
(8)								
<u>(9)</u>								
<u>(10)</u>								
(11)								
<u>`</u>								
(13)								
(14)								
·								
	1					I	1	Earne 000 (0010)

	990 (2019) Live Like Bella 1	Inc								46-2	2965698	8	Pa	age 8
Part	VII Section A. Officers, Directors, Truste	es, Key Em	oloyee	s, an	d Hi	ghe	est Co	mpe	ensated Employe	es (continued	d)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unless er and	s pers	tion ore th	han one s both ar (trustee) Highest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISt	s C)	Estimate of compe	other ensatic n the ation a	on Ind
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
					×									
(0.4)														
(25)														
<u>(-</u> <u></u>)														
1b	Subtotal		• • •			•	•••	• •						
c d	Total from continuation sheets to Part VII, Sector Total (add lines 1b and 1c)		• • •	•••	•••	• •	•••	• •	100,000		0			0
2	Total number of individuals (including but not limi								-	of	0			U
	reportable compensation from the organization				·									0
-												Y	'es	No
3	Did the organization list any former officer, direct employee on line 1a? <i>If "Yes," complete Schedu</i>		•				-		•			3		x
4	For any individual listed on line 1a, is the sum of r													<u> </u>
	organization and related organizations greater th													
	individual										••• _	4		х
5	Did any person listed on line 1a receive or accrue			-			-					-		
Sect	for services rendered to the organization? If "Ye ion B. Independent Contractors	s, complete	Scheu	uie J		suci	n pers	on	•••••	<u></u>	••	5		x
1	Complete this table for your five highest compensation	ated indepen	dent co	ntrac	tors	that	t receiv	ved r	more than \$100.00	00 of				
	compensation from the organization. Report comp										/ear.			
	(A)								(B)			(C)		
	Name and business addre	SS							Description of service	es	Com	pensatio	on	
2	Total number of independent contractors (including	ng but not lim	nited to	those	e liste	ed a	above)	who	0					

►

received more than \$100,000 of compensation from the organization

Form 9	<u> </u>		Inc				46-29656	98 Page 9
Part	VIII	Statement of Revenue						
		Check if Schedule O contains a response	e or n	ote to any line in thi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
						Tunction revenue	business revenue	sections 512–514
	1a	Federated campaigns	1a					
ŝ	b	Membership dues	1b					
unts	c	Fundraising events	1c					
ž, G	d	Related organizations	1d					
3ifts ar A	е	Government grants (contributions)	1e	677,500				
s, s inil	f	All other contributions, gifts, grants,						
er S		and similar amounts not included above	1f	461,444				
Othe	g	Noncash contributions included in						
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f	1g	\$ 143,872				
9 U	h	Total. Add lines 1a-1f			1,138,944			
				Business Code				
đ	2a							
ς ζ	b							
Program Service Revenue	c							
eve	d							
Sgo	е							
Ť	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, inte	rest, a	and				
		other similar amounts)			20	20		
	4	Income from investment of tax-exempt bond	proce	eeds►				
	5	Royalties		<u></u> . •				
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securitie	s	(ii) Other				
	h	sales of assets other than inventory Less: cost or other basis 7a						
nue		and sales expenses 7b						
/en	c	Gain or (loss) 7c						
Re	d	Net gain or (loss)		· · · · · · •				
Other Reve		Gross income from fundraising						
₫		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a	508,538				
	b	Less: direct expenses	8b	335,395				
	c	Net income or (loss) from fundraising events	s .		173,143		173,143	
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities		>				
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10k					
		Net income or (loss) from sales of inventory	•••	· · · · · · •				
				Business Code				
sn	11a							
Inol	b							
ella iver	c							
Miscellanous Revenue	d	All other revenue						
Ξ		Total. Add lines 11a-11d						
		Total revenue. See instructions	-	•••••	1 212 107	20	172 142	0

Live Like Bella Inc Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to	any line in this Part IA	<u> </u>		••••••••••••••••••••••••••••••••••••••
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•					
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
2					
3	individuals. See Part IV, line 22				
3	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	•	100 000	40.000	60,000	
6	trustees, and key employees	100,000	40,000	60,000	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	1.00 1.00	115 530	26.005	14.00
7	Other salaries and wages	168,133	117,739	36,295	14,09
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0		21,668	12,619	7,970	1,07
1	Fees for services (nonemployees):				
а					
b					
C	Accounting	· · · ·			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	11,188		11,188	
2	Advertising and promotion	8,706		8,706	
3	Office expenses	13,533		13,533	
4	Information technology	3,941		3,941	
5	Royalties				
6	Occupancy				
7	Travel	27,957		27,957	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	4,991		4,991	
0	Interest	10,485		10,485	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	18,256		18,256	
3		232		232	
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	In-Treatment Support	1,063,725	1,063,725		
b	In-Kind Expenses	143,872			143,87
с	Credit Card Expenses	9,975		7,840	2,13
d	Telephone Expenses	4,142		4,142	
е	All other expenses	22,929		22,929	
5	Total functional expenses. Add lines 1 through 24e	1,633,733	1,234,083	238,465	161,18
6	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				
	following SOP 98-2 (ASC 958-720)				

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Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	190,654	1	16,567
	2	Savings and temporary cash investments	8,066	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	477,360	4	894,260
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	3,940	8	3,940
Š	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 63,238			
	b	Less: accumulated depreciation 10b 44,058	34,637	10c	19,180
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	714,657	16	933,947
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	300,000	19	625,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liat		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	165,431	25	381,347
	26	Total liabilities. Add lines 17 through 25	465,431	26	1,006,347
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions		27	
Bal	28	Net assets with donor restrictions		28	
ри		Organizations that do not follow FASB ASC 958, check here			
'n		and complete lines 29 through 33.			
s ol	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	249,226	31	(72,400)
Net	32	Total net assets or fund balances	249,226	32	(72,400)
	33	Total liabilities and net assets/fund balances	714,657	33	933,947

EEA

Form **990** (2019)

		46-296569	8	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	••	
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,3	312,	107
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,6	533,	733
3	Revenue less expenses. Subtract line 2 from line 1		(3	321,	626)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	2	249,	226
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
_	32, column (B))	. 10		(72,	400)
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	• •	
				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 on				
	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 on Schedule O and describe any steps taken to undergo such audits		3b	/	
EEA			Form 9	990 (2	2019)

SCH	EDU	LE A
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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

OMB No. 1545-0047

(Form 990 or 990-EZ)	
Department of the Treasury	

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Internal Revenue Service						
Name of the executedian						

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

Name	of th	e organization	-				Employer identificat	ion number	
Liv	ive Like Bella Inc 46-2965698								
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must c	omplete	this part	 See instructions 		
The	orga	nization is not a private foundation bec	ause it is: (For line	s 1 through 12, check onl	y one box.)			
1		A church, convention of churches, or	association of chu	urches 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 c	or 990-EZ)	.)			
3		A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A	.)(iii).			
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the bene	efit of a college or ι	university owned or operation	ated by a g	overnmen	tal unit described in		
		section 170(b)(1)(A)(iv). (Complete	Part II.)						
6		A federal, state, or local government	or governmental u	init described in section	170(b)(1)	(A)(v).			
7	х	An organization that normally receive	s a substantial part	of its support from a gov	vernmental	unit or fror	n the general public		
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
8		A community trust described in secti	on 170(b)(1)(A)(v	i). (Complete Part II.)					
9		An agricultural research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	onjunction	with a land-grant colleg	je	
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter th	e name, cit	ty, and stat	e of the college or		
		university:							
10		An organization that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gross		
		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 bu	siness taxable income (le	ess sectior	n 511 tax) f	rom businesses		
	_	acquired by the organization after Ju	ne 30, 1975. See :	section 509(a)(2). (Com	plete Part	III.)			
11	Ц	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 functio	ns of, or to	carry out the purposes	6	
		of one or more publicly supported or							
		Check the box in lines 12a through 12						-	
	а	Type I. A supporting organization				-	.,	ng	
		the supported organization(s) the			rity of the c	lirectors or	trustees of the		
		supporting organization. You mu							
	b	Type II. A supporting organizatio				-			
		control or management of the sup			rsons that o	control or n	nanage the supported		
		organization(s). You must comp							
	С	Type III functionally integrated						ith,	
		its supported organization(s) (see							
	d	Type III non-functionally integr					•••	n(s)	
		that is not functionally integrated.					it and an attentiveness		
		requirement (see instructions). Y					T		
	е	Check this box if the organization				sa Type I,	туре II, туре III		
		functionally integrated, or Type III							
	f	Enter the number of supported organ Provide the following information about		· · · · · · · · · · · · · · · · · · ·				••••	
	<u>g</u>) Name of supported organization	(ii) EIN		(iv) Is the o	rappization	(v) Amount of monetary	(vi) Amount of	
	(y Name of supported organization		(iii) Type of organization (described on lines 1-10	listed in you	0	support (see	other support (see	
				above (see instructions))					
					Yes	No			
					103	140			
(A)									
(m .)									
(B)									
(C)									
(•)									

(D)

(E) Total

Sche		Bella Inc				46-2965698	
Pa	rt II Support Schedule for Organiz	ations Descri	bed in Secti	ons 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checked the						
	Part III. If the organization fails to	o qualify unde	r the tests list	ed below, ple	ease complet	e Part III.)	
Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	859,794	1,334,304	889,714	1,254,610	1,132,107	5,470,529
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	859,794	1,334,304	889,714	1,254,610	1,132,107	5,470,529
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)						588,601
	Public support. Subtract line 5 from line 4						4,881,928
_	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	859,794	1,334,304	889,714	1,254,610	1,132,107	5,470,529
8	Gross income from interest, dividends,	V					
	payments received on securities loans,						
	rents, royalties and income from				-		
	similar sources	370	465	324	87	20	1,266
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.)						
	Total support. Add lines 7 through 10						5,471,795
	Gross receipts from related activities, etc. (s						
13	First five years. If the Form 990 is for the o						
	organization, check this box and stop here		• • • • • • • •	•••••			· · · ►
	ction C. Computation of Public Suppo					4.4	
14	Public support percentage for 2019 (line 6, o		-			14	89.22 %
15	Public support percentage from 2018 Sched					15	98.33 %
108	33 1/3% support test - 2019. If the organization guality						
h	box and stop here. The organization qualifier 33 1/3% support test - 2018. If the organization						
L.	this box and stop here. The organization qu						
17-	10%-facts-and-circumstances test - 2019		• • • •	•			
17a	10% or more, and if the organization meets	•					
	Part VI how the organization meets the "fact						
	-			-	-		_
L	organization						
K.	15 is 10% or more, and if the organization m	-					•
	Explain in Part VI how the organization mee						V
	supported organization						·
18	Private foundation. If the organization did						· · · · 🗆
	instructions						▶ □
					-		

Sche	dule A (Form 990 or 990-EZ) 2019 Live Like	Bella Inc				46-2965698	Page 3
Pa	art III Support Schedule for Organiz	zations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked t	the box on lin	e 10 of Part I	or if the orga	nization failed	I to qualify unde	r Part II.
	If the organization fails to qualify			-			
Se	ction A. Public Support			/ _	•	,	
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513. Tax revenues levied for the						
4							
	organization's benefit and either paid to						
F	or expended on its behalf The value of services or facilities						
5							
	furnished by a governmental unit to the						
c	organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
1 d							
h	received from disqualified persons Amounts included on lines 2 and 3						
D							
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
~	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0							
Se	ction B. Total Support						
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(a) 2013	(b) 2010	(6) 2017	(u) 2010	(e) 2019	
-	Gross income from interest, dividends,						
100	payments received on securities loans, rents,						
h	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
~	Add lines 10a and 10b						
	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						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
12	Total support. (Add lines 9, 10c, 11,						
15	and 12.)						
11	First five years. If the Form 990 is for the o	rappization's fi	t accord the	rd fourth or fit	th tox year as a	$\sim 0.00000000000000000000000000000000000$	
14	-	-			-		
50	organization, check this box and stop here ction C. Computation of Public Suppo				• • • • • • • • •	• • • • • • • • • • •	· · · • 🗆
	Public support percentage for 2019 (line 8, c			column (f))		15	%
	Public support percentage from 2018 Sched					16	%
	ction D. Computation of Investment In			<u></u>		10	///
	Investment income percentage for 2019 (line		-	ine 13 column	(f)).	17	%
	Investment income percentage for 2013 (inc		•••••••			18	%
	33 1/3% support tests - 2019. If the organize					-	
	17 is not more than 33 1/3%, check this box						_
b	33 1/3% support tests - 2018. If the organiz						
~	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	-				

Part	IV Supporting Organizations			
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Section	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, c	omplete	Э	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	Part V.)		
ecti	on A. All Supporting Organizations			
			Yes	Ν
	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.	1		
	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).	2		
а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i>			
	(b) and (c) below.	3a		_
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	26		
	organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b		
C	purposes? If "Yes," explain in Part VI what controls the organizations was used exclusively for section 170(c)(2)(b)	3c		
a	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
u	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
с	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.	4c		
а	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).	5a		
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?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	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.	6		
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	U		
	(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).	7		
	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).	8		
а	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 .	9a		
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.	9b		
С	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.	9c		
)a	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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	4.01		
	determine whether the organization had excess business holdings.)	10b		

Sched	dule A (Form 990 or 990-EZ) 2019 Live Like Bella Inc 4	16-2965698	P	age 5
Pa	Int IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and	(c)		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in	n Part VI. 11c		
	ction B. Type I Supporting Organizations	I		
	Did the directory tractory encoderation of an encoderated encoder the second terms to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during	-		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervise	d, or		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the sup	ported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain i	n Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations	Z		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	actors	103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how co			
	or management of the supporting organization was vested in the same persons that controlled or man			
	the supported organization(s).	ageu 1		
500	ction D. All Type III Supporting Organizations			
Jet	cuon D. An Type in Supporting Organizations	/	Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month or	ftha	162	NU
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided during t	-		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copi			
~	organization's governing documents in effect on the date of notification, to the extent not previously pre-			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppointed or elected by the			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Pa			
_	the organization maintained a close and continuous working relationship with the supported organizati	on(s). 2		
3	,			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization			
	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
		e year (see instruc	tions)).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			

- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes No
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Schedule A (Form 990 or 990-EZ) 2019 Live Like Bella Inc		46-296	5698 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			-
instructions. All other Type III non-functionally integrated supporting organiz	zations	must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	organization (see
instructions).	5		- - `

Schedule A (Form 990 or 990-EZ) 2019

Schedu	lle A (Form 990 or 990-EZ) 2019 Live Like Bella Inc		46-296	5698 Page 7				
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	tion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exen	npt 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 purpose	s 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	e organization is respons	sive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount	1						
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2019							
a	From 2014							
b	From 2015							
С	From 2016							
d	From 2017							
	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
	Applied to 2019 distributable amount							
i	Carryover from 2014 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from							
	Section D, line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2019 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j							
	and 4c.							
	Breakdown of line 7:							
	Excess from 2015							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							
e	Excess from 2019							
EEA			Sched	ule A (Form 990 or 990-EZ) 2019				

Schedule A (For	m 990 or 990-EZ) 2019 Page 8
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 D	
(Form 990)	

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С

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1a

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number Live Like Bella Inc 46-2965698 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 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 2 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 2a **b** Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 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 Yes 🗌 No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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) 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. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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. b If the organization elected, as permitted under FASB 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: 2 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

....▶\$

OMB No. 1545-0047

2019

	dule D (Form 990) 2019 Live Like Bella Inc			46-296		Page 2
Pa	rt III Organizations Maintaining Collect	ctions of Art, Hist	orical Treasures	, or Other Similar A	ssets (cc	ontinued)
3	Using the organization's acquisition, accession, and oth	her records, check any	of the following that ma	ake significant use of its		
	collection items (check all that apply):	-	_			
а	Public exhibition	d	Loan or exchange	programs		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's collections a	and explain how they fu	uther the organization's	s exempt purpose in Part		
	XIII.					
5	During the year, did the organization solicit or receive of	donations of art, historic	al treasures, or other s	imilar		
	assets to be sold to raise funds rather than to be main	tained as part of the or	ganization's collection?		. 🗌 Yes	s 🗌 No
Pa	rt IV Escrow and Custodial Arrangeme	ents.				
	Complete if the organization answer	ed "Yes" on Form	990, Part IV, line	9, or reported an am	nount on F	orm
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, custodian or other	r intermediary for contri	butions or other assets	not		
	included on Form 990, Part X?				🗌 Yes	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII and comp	plete the following table	:			
				A	mount	
с	Beginning balance			. 1c		
d	Additions during the year			1d		
е	Distributions during the year			. 1e		
f	Ending balance			. 1f		
2a	Did the organization include an amount on Form 990, F	Part X, line 21, for escro	w or custodial account	liability?	. 🗌 Yes	No
b	If "Yes," explain the arrangement in Part XIII. Check he	ere if the explanation ha	as been provided on Pa	art XIII		
Pa	rt V Endowment Funds.					
	Complete if the organization answer	ed "Yes" on Form	990, Part IV, line	10.		
	(a) Cu	urrent year (b) Pric	r year (c) Two years	s back (d) Three years back	k (e) Four	years back
1a	Beginning of year balance					
b	Contributions					
с	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the current year e	nd balance (line 1g, co	umn (a)) held as:	I		
а	Board designated or quasi-endowment	%				
b	Permanent endowment %					
с	Term endowment %					
	The percentages on lines 2a, 2b, and 2c should equal 1	100%.				
3a	Are there endowment funds not in the possession of the		held and administered	for the		
	organization by:	-			Γ	Yes No
	(i) Unrelated organizations					
	(ii) Related organizations					
b	If "Yes" on line 3a(ii), are the related organizations liste	ed as required on Sche	dule R?		. 3b	
4	Describe in Part XIII the intended uses of the organiza	ation's endowment fund	S.		· · ·	
Pa	rt VI Land, Buildings, and Equipment.					
	Complete if the organization answer	ed "Yes" on Form	990, Part IV, line	11a. See Form 990,	Part X, lir	ne 10.
		(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book	
		(investment)	(other)	depreciation		
1a	Land					
b	Buildings					
с	Leasehold improvements					
d	Equipment	3,489	10,699	9,314		4,874
е	Other		49,050	34,744		14,306
Tota	al. Add lines 1a through 1e. (Column (d) must equal Fo	orm 990, Part X, colum	n (B), line 10.c.,)			19,180

Schedule D (Form 990) 2019

EEA

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (4) (6) (B) (B) (C) (C) (C) (C)

(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 12.).	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value (c) Method Cost or end-of-ye	
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.)	

Part X	Other Liabilities.		
	Complete if the organization and	swered "Yes" on Form 990, Part	IV, line 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
(2] Line c	of Credit	300,000	
(3Credit	: Card Payable	81,137	
(4)Payrol	l Tax Payable	210	
(5)			
(6)			

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ► 381,347

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

(7) (8)

Sched	ule D (Form 990) 2019 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 1	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return.	
	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.)		
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		

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

SCHEDULE G	Supplemer	ntal Informatio	n Regard	ling Fund	raising or Ga	ning Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete	if the organization			990, Part IV, line 17, Form 990-EZ, line 6		if the	2019
Department of the Treasury Internal Revenue Service	Þ¢		ach to Form	990 or Form	990-EZ.			Open to Public Inspection
Name of the organization							Employer id	entification number
Live Like Bella I								965698
Part I Fundraisi	ng Activities	. Complete if th	ne organiz	ation ans	wered "Yes" or	n Form 99	0, Part IV	', line 17.
		t required to com	· ·					
1 Indicate whether the	organization rais	ed funds through a		-				
a Mail solicitations					non-government g			
b Internet and email			_		government grant	6		
c Phone solicitation d In-person solicitati			g ∐ S	special fundr	aising events			
2a Did the organization		r oral agreement wi	th any individ	tual (includin	a officers director	s trustees		
or key employees list		-	-		-			(es 🗌 No
b If "Yes," list the 10 hi		, ,		•	0			
compensated at leas			, ,					
(i) Name and address	of individual		(iii) Did fund	draiser have	(iv) Gross receipts		ount paid to ained by)	(vi) Amount paid to
or entity (fundra		(ii) Activity		r control of utions?	from activity	fundrais	er listed in	(or retained by) organization
				1		C	ol. (i)	
			Yes	No				
1								
2								
-								
3								
4								
5								
6								
7								
8								
9								
10								
Total				►				
3 List all states in which registration or licensin		is registered or lice	ensed to soli	cit contributi	ons or has been no	tified it is ex	empt from	
	-							

335,395

173,143

Sche	dule G	(Form 990 or 990-EZ) 2019 Liv	e Like Bella Inc			46-2965698	Page 2
Pa	rt II		-			-	
		than \$15,000 of fundraising gross receipts greater than		d gross income on Form	n 990-EZ, línes 1 ai	nd 6b. List events wi	th
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total ev	ents
			Bella's Ball	5K Run	None	(add col. (a) th	nrough
			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	355,100	153,438		50	8,538
_	2	Less: Contributions					
	3	Gross income (line 1 minus	255 100	152,420		50	
		line 2)	355,100	153,438		50	8,538
	4	Cash prizes					
	5	Noncash prizes					
ses	6	Rent/facility costs	153,805	15,989		16	9,794
Direct Expenses	7	Food and beverages	83,762			8	3,762
Direct	8	Entertainment	8,900				8,900

9 Other direct expenses 18,289 54,650 72,939

. . .

10 Direct expense summary. Add lines 4 through 9 in column (d)

Net income summary. Subtract line 10 from line 3, column (d) 11 <u>...</u> ► Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

(a) Bingo bingo/progressive bingo (c) Other gaming col. (a) through col. (c) 1 Gross revenue						
1 Gross revenue	anue		(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
gggdy 2 Cash prizes	Reve					
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:		1 Gross revenue				
5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) No No No 8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . 9 Enter the state(s) in which the organization conducts gaming activities:	ş	2 Cash prizes				
5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)	xpense	3 Noncash prizes				
5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)	Direct E	4 Rent/facility costs				
6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) No 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Image: Column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:		5 Other direct expenses				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)		6 Volunteer labor				
 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?		7 Direct expense summary. Add lines	s 2 through 5 in column (d)			
 a Is the organization licensed to conduct gaming activities in each of these states?		8 Net gaming income summary. Sub	tract line 7 from line 1, colu	mn (d)		
 a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes 	9	Enter the state(s) in which the organiza	tion conducts gaming activi	ties:		
 b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes	а	Is the organization licensed to conduct	gaming activities in each of	these states?		Yes 🗌 No
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes	h					
	102	Were any of the organization's gaming	licenses revoked suspende	ed or terminated during the	a tay year?	Yes 🗌 No
				-	-	

Schedule G (Form 990 or 990-EZ) 2019

►

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Complete if the organizations answered "Yes" on Form 9	90, Part IV, lines 29 or 30.
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Attach to Form 990.

	Go to	www.irs.gov/	Form990 for	instructions	and the	latest i	information.
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Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	Like Bella Inc			46-2	965698			
Part	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		(d) of determ ontribution		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts		-					
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (<u>AV/Production/D</u>)	x			52 Cost			
26	Other ► (Various Other I)	x			85 Cost			
27	Other ► (Photography Ser)	X			200 Cost			
28	Other ► (Security Servic)				35 Cost			
29	Number of Forms 8283 received by the	-						
	which the organization completed Form a	8283, Part IV	, Donee Acknowledgement		. 29			
	-					Y	'es	No
30a	During the year, did the organization rece	-		•				
	28, that it must hold for at least three yea							
	to be used for exempt purposes for the e	-	period?		••••	30a		x
b	If "Yes," describe the arrangement in Pa							
31	Does the organization have a gift accept							
						31	x	
32a	Does the organization hire or use third p							
		• • • • • •			• • • • • • • •	32a		x
	If "Yes," describe in Part II.	atta anti						
33	If the organization didn't report an amour	it in column	(c) for a type of property for whi	ch column (a) is checked,				

describe in Part II.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization 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
2019
Open to Public

Employer identification number

<u>46-2965698</u>

Live Like Bella Inc

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 expenses (Part IX, line 24e)

Part IX, All Other Expenses	- Line 24e		
Expenses	Amount		
Inventory Sold	\$8,689.00		
Donations to Other Organizat	ions 4,675.00		
Automobile Expense	3,200.00		
Dues and Subscriptions	2,489.00		
Donor and Vendor Gifts	1,402.00		
Licenses and Fees	1,283.00		

Schedule O (Form 990 or 990-EZ) (2019)		Page 2
Name of the organization		Employer identification number
Live Like Bella Inc		46-2965698
Parking and Tolls	712.00	
Bank Charges	260.00	
Payroll Processing Expenses	s 219.00	
Total Expenses	\$22,929.00	

Form	4562
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Depreciation and Amortization

(Including Information on Listed Property)

1 Onn			(Includii	ng Informa	tion on	Listed Pr	operty)			2019
Depart	ment of the Treasury			Attach te	•				A	Attachment
	al Revenue Service (99)	Go to w	ww.irs.go	ov/Form4562 f				mation.		Sequence No. 179
Name(s) shown on return				Business or	activity to which	this form relates		Identify	ying number
	e Like Bella					990 - 1	-		46-	2965698
Pa		n To Expense Cer		• •						
	Note: If	you have any listed	property,	complete Pa	art V befo	re you con	plete Part I.			
1	Maximum amount	(see instructions)							1	
2	Total cost of sectio	n 179 property placed	in service	(see instruction	ns)				2	
3	Threshold cost of s	ection 179 property be	efore reduc	tion in limitatio	n (see inst	ructions)			3	
4	Reduction in limitat	ion. Subtract line 3 fror	n line 2. If	zero or less, e	nter -0				4	
5		tax year. Subtract line			,		0			
	separately, see ins	tructions					<u></u>		5	
6		(a) Description of property			(b) Cost (b	ousiness use onl	y) (c) Ele	cted cost		
7		ter the amount from line								
8		of section 179 property							8	
9	Tentative deductio	n. Enter the smaller o	f line 5 or	line 8					9	
10		owed deduction from lir							10	
11	Business income li	mitation. Enter the sma	ller of bus	iness income (not less th	an zero) or l	ine 5. See inst	ructions	11	
12		se deduction. Add lines				n line 1.1 .			12	
13	,	owed deduction to 2020					13			
		or Part III below for liste								
Pa		Depreciation All						listed proper	ty. See	e instructions.)
14	• •	on allowance for qualifie								
	during the tax year.	See instructions							14	
15	Property subject to	section 168(f)(1) elect	tion						15	
16		(including ACRS) B Depreciation (16	16,35
17 18	If you are electing asset accounts, ch	s for assets placed in s to group any assets pla eck here n B - Assets Placed	aced in sei	rvice during the	e tax year i	nto one or m	ore general		17	1,62
		(b) Mor	nth and year	(c) Basis for de	epreciation	(d) Recovery	Ī			
	(a) Classification of p		aced in ervice	(business/inves only-see instr		period	(e) Convention	(f) Method	(g) [Depreciation deduction
19a	3-year property									
b	5-year property				2,799	5	НҮ	SL		28
С	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
g	25-year property					25 yrs.		S/L		
h	Residential rental					27.5 yrs.	MM	S/L		
	property					27.5 yrs.	MM	S/L		
i	Nonresidential real					39 yrs.	MM	S/L		
	property						MM	S/L		
	Section C	- Assets Placed in	n Service	During 201	9 Tax Ye	ar Using t	he Alternati	ve Deprecia	tion S	ystem
20a	Class life							S/L		
b	12-year					12 yrs.		S/L		
С	30-year					30 yrs.	MM	S/L		
d	40-year					40 yrs.	MM	S/L		
Pai	rt IV Summa	ary (See instruction	ns.)							
21		nter amount from line 28						21		
22	Total. Add amount	ts from line 12, lines 14	4 through	17, lines 19 an	nd 20 in co	lumn (g), an	d line 21. Ente	r		
		propriate lines of your					structions	22		18,25
23	For assets shown a	above and placed in se	ervice durir	ng the current y	/ear, enter	the				
	portion of the basis	attributable to section	263A cost	ts		2	3			

OMB No. 1545-0172

Form	8868	
(Rev. Jar	nuary 2020)	

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

Department of the Treasury Internal Revenue Service

- File a separate application for each return.
- ► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
print	Live Like Bella Inc	46-2965698
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for	2199 Ponce De Leon Blvd STE 303	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
instructions.	Coral Gables, FL 33134	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of > Raymond Rodriguez-Tores, PO Box 161215, Miami, FL 33116-1215

Telephone No.▶ 305-389-8062 FAX No. ▶		
If the organization does not have an office or place of business in the United States, check this box		ト 🗌
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	f this is	
or the whole group, check this box	ch	
a list with the names and TINs of all members the extension is for.		
 1 I request an automatic 6-month extension of time until <u>11-16</u>, 20 <u>20</u>, to file the exempt organization return or the organization named above. The extension is for the organization's return for: ★ a calendar year 20 <u>19</u> or ★ and ending, 20, and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: I lnitial return Final return Change in accounting period 		r)
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and F nstructions.	orm 88	379-EO for payment
For Privacy Act and Paperwork Reduction Act Notice, see instructions.	For	m 8868 (Rev. 1-2020)

EEA