Form **990**

Return of Organization Exempt From Income Tax

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

2020

b Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2020 calendar y	ear, or tax year beginning , 2020, and e	nding		, 20
В	Check if ap	pplicable:	C Name of organizationLive Like Bella Inc		D Empl	oyer identification number
	Address ch	hange	Doing business as			46-2965698
	Name cha	nge	Number and street (or P.O. box if mail is not delivered to street address)	n/suite	E Telep	hone number
	Initial retur	'n	2199 Ponce De Leon Blvd	303		(786)505-3914
	Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross	s receipts
	Amended	return	Coral Gables, FL 33134		\$	1,440,599
	Application	n pending	F Name and address of principal officer: Raymond Rodriguez-Torres	H(a) Is this a g	roup return t	for subordinates? Yes X No
			Same as C above	H(b) Are all s	subordinate	es included? Yes No
<u> </u>	Tax-exemp	pt status: X 501	(c)(3)	If "No," a	attach a lis	st. See instructions
J	Website:	▶ www.1:	ivelikebella.org	H(c) Group e	exemption	number >
		ganization: X Corp	poration ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation: 2	2013 M S	State of leg	al domicile: FL
Pa	art I	Summary				
	1	Briefly describe	the organization's mission or most significant activities: The Live Like B	ella Chil	dhood	Cancer
a		Foundation	is committed to being a recognized leader in childh	ood cancer	r res	earch and advocacy
Governance			whos	e children are		
ir në		battling ca				
8	2		if the organization discontinued its operations or disposed of more than 25%		1 1	
න			g members of the governing body (Part VI, line 1a)			4_
es	I		pendent voting members of the governing body (Part VI, line 1b)			4_
Ϋ́			individuals employed in calendar year 2020 (Part V, line 2a)	_		5_
Activities &			volunteers (estimate if necessary)			200
_			ousiness revenue from Part VIII, column (C), line 12		7a	34,168
	b	Net unrelated bu	usiness taxable income from Form 990-T, Part I, line 11		7b	0
		0	(D -) (W F - 41)	Prior Year		Current Year
			d grants (Part VIII, line 1h)	1,138	,944	1,337,952
nue	9		revenue (Part VIII, line 2g)			0
Revenue	10		ne (Part VIII, column (A), lines 3, 4, and 7d)		20	0
œ			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,143	34,168
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,312	,107	1,372,120
			ar amounts paid (Part IX, column (A), lines 1-3)			0
	I		or for members (Part IX, column (A), line 4)	280	,801	300,252
es			draising fees (Part IX, column (A), line 11e)	209	,001	300,232
Expenses	h		expenses (Part IX, column (D), line 25) 69,242			0
Š	17		(Part IX, column (A), lines 11a-11d, 11f-24e)	1,343	932	854,868
ш		-	Add lines 13-17 (must equal Part IX, column (A), line 25)	1,633		1,155,120
			penses. Subtract line 18 from line 12		,626)	217,000
				Beginning of Curre		End of Year
ts o	ธี 20	Total assets (Pa	rt X, line 16)	933	,947	900,370
Net Assets or	<u></u>	Total liabilities (F	Part X, line 26)	1,006	-	755,770
Net	. 22	Net assets or ful	nd balances. Subtract line 21 from line 20	(72	,400)	144,600
Pa	art II	Signature	Block			
			that I have examined this return, including accompanying schedules and statements, and to the best of my ion of preparer (other than officer) is based on all information of which preparer has any knowledge.	knowledge and beli	ief, it is	
e:			l Rodriguez-Torres			
Sig		Signature of o			Dat	ie
He	re		Rodriguez-Torres, Chairman			
		<u>,</u>	name and title			DTIN
D-	: al	Print/Type prepare		Check	if	PTIN
Pa			rts CPA CGMA Dave Roberts CPA CGMA 11-12-2021	self-emp	oloyed	P00293850
	eparer e Only	Firm's name	Dave Roberts CPA PA	Firm's EIN ►		
US	e Only	Firm's address	100 N Biscayne Blvd Suite 804	Phone no.	205	777_1600
May	the IRS	discuss this retu	Miami FL 33132 Im with the preparer shown above? (see instructions)			777-1699 X Yes No
·via	,	ノ ふいしいひひ いまろ こぜしし	****** proparor ono **** above: (300 indiadalona)			100 110

d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	4	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Х	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Х
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		Х
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		Х
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			Х
0	complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		Х
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	9		Х
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		^
••	VII, VIII, IX, or X as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
а	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	1 Ia	Λ.	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	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		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 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?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2020)

Live Like Bella Inc

Part IV Checklist of Required Schedules (continued)

Yes No

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		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		Х
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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
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	28b		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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
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		Х
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	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			NI -
4 -	Enter the number reported in Pay 2 of Form 4000 Fates 0. Hast and Each la		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 990 (2020) Live Like Bella Inc Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note : If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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		
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.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Part VI

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

response to line 8a, 8b, o	or 10b below, describe the circumstances, pr	ocesses, or changes in	Schedule O. See instruction	ns.
Check if Schedule O cont	tains a response or note to any line in this Par	t 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			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the 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	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		· ·	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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		х
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			
	Raymond Rodriguez-Tores (305)389-8062, PO Box 161215, Miami, FL 33116-1215			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)					
(A)	(B)			osition			(D)	(E)	(F)
Name and title	Average				han one		Reportable	Reportable	Estimated amount
	hours				r/trustee		compensation	compensation	of other
	per week						from the	from related organizations	compensation from the
	(list any hours for	ord	Institut		e m g	Fo	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	Individual trustee or director	Institutional trustee	Ney employee	ploy	Former			related organizations
	organizations	tor	onal	Poy	8 9				
	below	uste	trus	ee	pen				
	dotted line)	0	ee	1	Highest compensated employee				
					۵				
<u></u>									
(1) Nicole de Lara Puente	40.00								
Chief Executive Officer					х		124,615	0	0
(2) Eduardo Duarte, CPA	1.00								
Treasurer		х					0	0	0
(3) Alexander Alvarez	1.00								
Director		х					0	0	0
(4) Raymond Rodriguez-Torres	10.00								
Chairman			х	:			0	0	0
(5) Shannah Rodriguez-Torres	5.00								
Vice-Chair			x				0	0	0
<u>(6)</u>									
(7)									
(8)									
*									
(9)									
(10)									
(11)									
<u>(12)</u>									
(42)		-		1		-			
(13)									
(14)									
·									
				_	1		1	1	

Part	VII Section A. Officers, Directors, Trustee	s, Key Emp	loyee	s, ar	nd F	ligh	est Co	omp	ensated Employe	es (continued)			
						(C)							
	(A)	(B)				sition			(D)	(E)			
	Name and title	Average	,				han one s both a		Reportable	Reportable	Estim	(F) nated am	nount
	· · · · · · · · · · · · · · · · · · ·	hours	1				r/trustee)		compensation	compensation		of other	
		per week							from the	from related	1	mpensat from the	
		(list any	or a	sul	Officer	Ke	Hig	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		inization	
		hours for related	direc	Institutional trust	Cer	Key employee	ploy	Former			relate	d organiz	zations
		organizations	for tr	onal		ploy	ee						
		below	Individual trustee or director	trust		6	ηpen						
		dotted line)		ee			Highest compensated employee						
							<u>.</u>	1					
(15)													
(16)													
(17)													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)						"							
(23)						1							
(24)													
(25)													
	Outros												
1b	Subtotal		4					_					
C	Total from continuation sheets to Part VII, Sect							-	104 615				_
d	Total (add lines 1b and 1c)	od to those I	iotod o	 bov	• •	ho r		· ▶	124,615	0 of			0
2	reportable compensation from the organization		isieu a	DOVE	e) w	110 11	eceive	u III	ore than \$100,000	OI .			1
	reportable compensation from the organization											Yes	No
3	Did the organization list any former officer, direct	tor trustee	kov on	nnlov	VAA	or h	niahaet	t con	nnensated			103	140
Ū	employee on line 1a? If "Yes," complete Schedul		-				-				3		x
4	For any individual listed on line 1a, is the sum of re												
•	organization and related organizations greater th		•					•					
	individual										4		х
5	Did any person listed on line 1a receive or accrue										-		
•	for services rendered to the organization? <i>If "Yes</i>			-			_				5		х
Secti	on B. Independent Contractors	, ,					,						
1	Complete this table for your five highest compensa	ted independ	dent co	ntra	ctor	s tha	t recei	ved	more than \$100,00	00 of			
	compensation from the organization. Report comp												
	(A)								(B)		(C)		
	Name and business address	s							Description of service	es	Compens	ation	
2	Total number of independent contractors (includin	-			se lis	sted	above) wh	0				
	received more than \$100,000 of compensation fro	m the organi	zation	•	>								

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to	any line in this	s Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	1a b c d e f g h 2a b c d e f	Membership dues	Bus	797,500 540,452 300 siness Code	1,337,952			
	g 3 4 5	Total. Add lines 2a-2f	st, and coceeds					
Other Revenue	c d 7a b	Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 6c (i) Securities 7a		(ii) Other				
	d 8a b	Gain or (loss)	8a 8b	102,647 68,479	24.150		24.160	
	9a b c 10a	Gross income from gaming activities, See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	9a 9b 		34,168		34,168	
Miscellanous Revenue	11a b c	Net income or (loss) from sales of inventory	Bus	siness Code				
		Total revenue. See instructions			1,372,120	0	34.168	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Program service (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 62,308 124,616 49,846 12,462 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 22,148 144,416 70,615 51,653 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 9 10 31,220 5,760 20,333 5,127 11 Fees for services (nonemployees): b Legal...... 22,000 22,000 d Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 8,759 8,759 Office expenses 13 8,001 8,001 14 4,840 4,840 15 Royalties 16 17 5,309 5,309 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,021 1,021 20 10,412 10,412 Payments to affiliates 21 22 Depreciation, depletion, and amortization 15,896 15,896 23 2,108 2,108 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.) In-Treatment Support 744,594 744,594 300 In-Kind Expenses 300 3,936 3,936 C Credit Card Expenses d Telephone Expenses 5,411 5,411 е All other expenses 22,281 22,281 Total functional expenses. Add lines 1 through 24e. . 25 1,155,120 822,348 263,530 69,242 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

Part X Balaı

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	16,567	1	384,628
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	894,260	4	508,520
	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	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use	3,940	8	3,940
Assets	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 59,956	19,180	10c	3,282
	11	Investments - publicly traded securities	20,200	11	- 7
	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)	933,947	16	900,370
	17	Accounts payable and accrued expenses	100,72	17	200,010
	18	Grants payable		18	
	19	Deferred revenue	625,000	19	375,000
	20	Tax-exempt bond liabilities	0257000	20	2737000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons		22	
Ë	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	381,347	25	380,770
	26	Total liabilities. Add lines 17 through 25	1,006,347	26	755,770
		Organizations that follow FASB ASC 958, check here	2,000,017		7557776
		and complete lines 27, 28, 32, and 33.			
ces	27	Net assets without donor restrictions		27	
la l	28	Net assets with donor restrictions		28	
Ba		Organizations that do not follow FASB ASC 958, check here			
P I		and complete lines 29 through 33.			
Ē	29	Capital stock or trust principal, or current funds		29	
ts c	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sse	31	Retained earnings, endowment, accumulated income, or other funds	(72,400)		144,600
Net Assets or Fund Balances	32	Total net assets or fund balances	(72,400)		144,600
	33	Total liabilities and net assets/fund balances	933,947	33	900,370

EEA Form **990** (2020)

	Form 990 (2020)	Live Like Bella Inc	46-2965698	Page 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,	372,	120
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	155,	120
3	Revenue less expenses. Subtract line 2 from line 1	3		217,	000
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		(72,	400
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10		144,	600
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔲
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	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	y , i		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • • •	. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
_	Schedule O.				
За	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		01:		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	000 (
EEA			Form	990 (2	2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Live Like Bella Inc 46-2965698								8
Pa	rt I	Reason for Public Charity	y Status. (All o	rganizations must c	omplete	this par	t.) See instructions	S.
The	orgai	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check only	y one box.	.)		
1		A church, convention of churches, or	association of chu	rches described in sect i	ion 170(b))(1)(A)(i).		
2	П	A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)		
3	П	A hospital or a cooperative hospital s		,		•		
4	H	A medical research organization ope	· ·		. , . , .	, , ,	(1)(Δ)(iii) Enter the	
7	ш	hospital's name, city, and state:	rated in conjunctio	ii wiiii a nospital desemb	ca iii scci	1011 170(15)	(I)(A)(III). LIIIOI IIIO	
_		· · · · · · · · · · · · · · · · · · ·	4:4 -4 II					
5	Ш	An organization operated for the bene	_	iniversity owned or opera	ated by a g	governmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	,					
6	Ц	A federal, state, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).		
7	X	An organization that normally receive	s a substantial part	of its support from a gov	ernmental/	unit or fro	m 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)(vi	i). (Complete Part II.)				
9		An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	onjunction	with a land-grant colleg	је
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	e of the college or	
		university:						
10	П	An organization that normally receive	s: (1) more than 33	3 1/3% of its support from	contributi	ons, memb	ership fees, and gross	
		receipts from activities related to its e	` '	• • • • • • • • • • • • • • • • • • • •				
		support from gross investment income	•					
		acquired by the organization after Ju					IOIII Duoii 103303	
11	П							
11	H	An organization organized and opera	•			1.00		
12	Ш	An organization organized and operat	•					
		of one or more publicly supported or	-					•
		Check the box in lines 12a through 12						-
	а	Type I. A supporting organization	n operated, superv	ised, or controlled by its	supported	l organizat	ion(s), typically by givir	ng
		the supported organization(s) the	power to regularly	appoint or elect a major	ity of the o	directors or	trustees of the	
		supporting organization. You mu	ist complete Part	IV, Sections A and B.				
	b	Type II. A supporting organization	n supervised or co	introlled in connection wi	ith its supp	orted orga	anization(s), by having	
		control or management of the sup	porting organization	on vested in the same per	rsons that	control or r	manage the supported	
		organization(s). You must comp	olete Part IV, Sect	ions A and C.				
	С	☐ Type III functionally integrated	. A supporting orga	anization operated in cor	nection w	ith, and fu	nctionally integrated wi	th,
		its supported organization(s) (see						
	d	Type III non-functionally integr						n(s)
	_	that is not functionally integrated.		· -				(0)
		requirement (see instructions). Y		•		•	it and an attoriavorious	
	_	Check this box if the organization					Type II. Type III	
	е					sa Type I,	туре п, туре ш	
		functionally integrated, or Type III						
	f	Enter the number of supported organ				• • • • •		• • • •
	g	Provide the following information about	''	· ,	<u> </u>			
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization or governing	(v) Amount of monetary	(vi) Amount of
				above (see instructions))	docum		support (see instructions)	other support (see instructions)
						1		
					Yes	No		
(A)								
,,,								
(B)								
(0)								
(C)								
(C)								
.								
(D)								
(E)								
Tota	ı							

15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

instructions

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Sec	ction A. Public Support			•			
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	1					
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	X Y					
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
4.0	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		1 4 . 1			.: 504	() (0)
14	First 5 years. If the Form 990 is for the orga						
<u></u>	organization, check this box and stop here						<u></u>
	ction C. Computation of Public Support					45	0/
	Public support percentage for 2020 (line 8, c					15	%
	Public support percentage from 2019 Sched					16	<u>%</u>
	ction D. Computation of Investment In			ina 12. aalumn	(f)\	47	0/
17	1 5		• •			17	<u>%</u> %
18	Investment income percentage from 2019 Sept. 23.1/2% support tosts = 2020. If the organic					18 than 33 1	
ıya	33 1/3% support tests - 2020. If the organiz						
h	17 is not more than 33 1/3%, check this box	-	-	•			_
D	33 1/3% support tests - 2019. If the organization line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	_	-			-
20	i ilitale ibuliualibii. Il lile biyallizalibii ulu i	ior crieck a bux	. OII III 15 14, 18		on tillo box allu	See monu	OHOHO F

Schedule A (Form 990 or 990-EZ) 2020 Live Like Bella Inc 46-2965698 Page

Part IV Supporting

Supporting Organizations

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

Section A. All Supporting Organizations

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

		V	
		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	Tu		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	_		
	9a		
	9b		
	9с		
	10a		
	10b		
(Fo	rm 990	or agn_F	71 2020

rai	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
L		11b		
	A family member of a person described in line 11a above?	110		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
<u></u>	detail in Part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations		Vaa	NI-
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		<u> </u>
	tion E. Type III Functionally Integrated Supporting Organizations		4iana	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	SITUC	uuns	1.
a				
b		laaa ir	. o tr. 10	tiono
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		
2	Activities Test. Answer lines 2a and 2b below.		res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	•	Za		
D	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
2	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 32 and 3h below.	20		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
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? <i>If "Yes" or "No," provide details in Part VI.</i>	30		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	orno supported organizations: ii res, describe iii rant vi trie role played by trie organization iii triis fegard.	่าวถ	<u> </u>	<u> </u>

(see instructions).

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying t	rust	on Nov. 20, 1970 <i>(explai</i>	n in Part VI). See				
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Soc	etion A - Adjusted Net Income		(A) Prior Year	(B) Current Year				
360	cion A - Adjusted Net Income		(A) FIIOI Teal	(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						
	dia D. Minimum Annat Amazont		(A) Dai V	(B) Current Year				
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
	c Fair market value of other non-exempt-use assets							
	Total (add lines 1a, 1b, and 1c)	1d						
	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sec	etion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 0.85 of line 1.	2						
3								
4	Enter greater of line 2 or line 3.	3						
	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 i		rated Type III supporting	organization				

EEA Schedule A (Form 990 or 990-EZ) 2020

Scriedule A (FOIII	990 or 990-E2) 2020 LIVE LIKE BELLA INC	40-29030	raye i
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	(continued)	
Section D	Dietrikutiene		Current Veer

Sec	Section D - Distributions					
1	Amounts paid to supported organizations to accomplish exem	1				
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported				
	organizations, in excess of income from activity		:	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations 3					
4	Amounts paid to acquire exempt-use assets 4					
5	Government Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the organization is responsive					
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2020 from Section C, line 6					
10	0 Line 8 amount divided by line 9 amount 10			0		
			/ii\		/iii\	

10	10			
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2020			
	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			
FΕΔ			School	tule A (Form 990 or 990-F7) 2020

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

Schedule B

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

Schedule of Contributors

2020

Department of the Treasury Internal Revenue Service ► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

2020

OMB No. 1545-0047

Name of the organization

Live Like Bella Inc

Organization type (check one):

Employer identification number
46-2965698

Filers of	: :	Sec	tion:			
Form 99	0 or 990-EZ	x	501(c)(3) (enter number) organization			
			4947(a)(1) nonexempt charitable trust not treated as a private foundation			
			527 political organization			
Form 99	0-PF		501(c)(3) exempt private foundation			
		П	4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation				
Check if	your organization is cove	red l	by the General Rule or a Special Rule.			
Note: O instruction), or	(10) organization can check boxes for both the General Rule and a Special Rule. See			
General	Rule					
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	contributor, during the ye contributions totaled more during the year for an ext General Rule applies to	ar, one that the thick the	in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributions exclusively for religious, charitable, etc., purposes, but no such in \$1,000. If this box is checked, enter here the total contributions that were received evely religious, charitable, etc., purpose. Don't complete any of the parts unless the programization because it received nonexclusively religious, charitable, etc., contributions in the year			
	_		overed by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,			

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. Open to

Employer identification number

2020

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Liv	e Like Bella Inc		46-2965698
Pa	rt I Organizations Maintaining Donor Advised Fu	inds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
	· •	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	.,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	I
-	funds are the organization's property, subject to the organization	_	
6	Did the organization inform all grantees, donors, and donor ad	•	- -
·	only for charitable purposes and not for the benefit of the dono		-
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" or	n Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu	11.77	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	Treservation o	n a certified filstoffe structure
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	onconvotion
	easement on the last day of the tax year.	conservation contribution in the form of a co	
_	Total number of conservation easements		Held at the End of the Tax Year 2a
a	Total acreage restricted by conservation easements		
b			
C C	Number of conservation easements on a certified historic structure.		20
d	Number of conservation easements included in (c) acquired at		24
_			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	ganization during the
	tax year •	and Australia	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		□ v ₋ , □ v ₋
•	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservat	tion easements during the year
_			and the state of the same
7	Amount of expenses incurred in monitoring, inspecting, handling	ig of violations, and enforcing conservation e	easements during the year
•	\$	('-f.) (h	4)(D)(')
8	Does each conservation easement reported on line 2(d) above		
_			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial statements ti	nat describes the
Do	organization's accounting for conservation easements. rt III Organizations Maintaining Collections	of Art Historical Transuras or (Other Similar Access
Pa		· · · · · · · · · · · · · · · · · · ·	other Similar Assets.
	Complete if the organization answered "Yes" o		halana ahaat wada
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publi		erance of public
	service, provide, in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		-
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas	_	in, provide the
	following amounts required to be reported under FASB ASC 9	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

Pa	rt III Organizations Maintaining Coll	ections of Art, His	torical Treasures	, or Other Similar <i>F</i>	Assets (continued)				
3	Using the organization's acquisition, accession, and	other records, check any	y 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 collection	s and explain how they	further the organization's	s exempt purpose in Part					
	XIII.	,	9						
5	During the year, did the organization solicit or receive	e donations of art, histor	ical treasures, or other s	imilar					
-	assets to be sold to raise funds rather than to be ma				Yes No				
Pa	rt IV Escrow and Custodial Arrangen		. ga <u>_</u> a						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or otl	ner intermediary for cont	ributions or other assets	not					
		· ·			Yes No				
b	If "Yes," explain the arrangement in Part XIII and co								
	, ,	,		A	mount				
С	Beginning balance								
d	Additions during the year								
e	• •								
f	Ending balance			. 1f					
2a	Did the organization include an amount on Form 990				Yes No				
_	If "Yes," explain the arrangement in Part XIII. Check								
b Date	rt V Endowment Funds.	nere ii the explanation i	ias been provided on Fa	III AIII					
Га	Complete if the organization answ	orod "Voc" on Forn	o 000 Part IV line	10					
	·								
4.		Current year (b) Pr	rior year (c) Two years	s back (d) Three years back	ck (e) Four years back				
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current year	end balance (line 1g, c	olumn (a)) held as:						
а	Board designated or quasi-endowment	%							
b	Permanent endowment ► %								
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c should equa	al 100%.							
3a	Are there endowment funds not in the possession o		e held and administered	for the					
	organization by:	.			Yes No				
	(i) Unrelated organizations				3a(i)				
					3a(ii)				
b	If "Yes" on line 3a(ii), are the related organizations li				3b				
4	. , ,	•			30				
_	Describe in Part XIII the intended uses of the organite VI Land, Buildings, and Equipment		us.						
ra			n 000 Port IV line	11a See Form 000	Part Y line 10				
	Complete if the organization answ								
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value				
		(investment)	(other)	depreciation					
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment	3,489	10,699	10,906	3,282				
e	Other		49,050	49,050					
Tota	I. Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X, colun	nn (B), line 10c.)	▶	3,282				

Schedule D (Form 990) 2020 Live Like Bella Inc 46-2965698 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. (b) Book value (c) Method of valuation: Cost or end-of-year market value (including name of security) (2) Closely-held equity interests (3) Other (A) (B) (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 of valuation: Cost or end-of-year market value (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) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)Line of Credit	300,000
(3PPP Loan Payable	56,000
(4Credit Card Payable	24,770
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶	380,770

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.

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

EEA Schedule D (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

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

Open to Public Inspection

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

Schedule G (Form 990 or 990-EZ) 2020 Live Like Bella Inc 46-2965698 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col. (a) through 5K Run None col. (c)) (total number) (event type) (event type) Revenue Gross receipts 1 102,647 102,647 Less: Contributions Gross income (line 1 minus 102,647 102,647 Cash prizes 5 Noncash prizes Rent/facility costs 66,154 66,154 Direct Expenses Food and beverages 8 Entertainment 600 600 Other direct expenses 1,725 1,725 Direct expense summary. Add lines 4 through 9 in column (d) 68,479 Net income summary. Subtract line 10 from line 3, column (d) 34,168 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor No 6 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ **9** Enter the state(s) in which the organization conducts gaming activities: **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 46-2965698 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 form 990 income 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 Amount. Expenses Employee Reimbursements \$5,731 Bad Debts 5,699 Dues and Subscriptions 3,125 2,704 Bank Charges Inventory Sold 1,642

1,080

Meals and Entertainment

Schedule O (Form 990 or 990-EZ) (2020) Name of the organization Employer identification number Live Like Bella Inc 46-2965698 954 Automobile Expense Licenses and Fees 681 Donations to Other Organizations 285 Parking and Tolls 264 Postage and Delivery Expenses 116 Total Expenses \$22,281

Department of the Treasury

Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. 179

Name(s) shown on return Business or activity to which this form relates Identifying number FORM 990 - 1 46-2965698 Live Like Bella Inc Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions)......... 3 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 8 9 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 1.1. 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 14,866 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 1,030 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. Residential rental S/I 27.5 yrs. MM property 27.5 yrs. MM S/I 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year MM Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 15,896 For assets shown above and placed in service during the current year, enter the

23

990	Overflow Statement	2020 Page 1
Name(s) as shown on return		FEIN
Live Like Bella Inc		46-2965698

Part IX, All Other Expenses - Line 24e

Description		Amount
Employee Reimbursements		\$ 5,731
Bad Debts		<u>5,699</u>
Dues and Subcriptions		<u>3,125</u>
Bank Charges		2,704
Inventory Sold		1,642
Meals and Entertainment		1,080
_Automobile Expense		<u>954</u>
Licenses and Fees		681
Donations to Other Organizations		285
Parking and Tolls		264
Postage and Delivery Expenses		116
	Total· S	22 281