GOVERNMENT COPY

LIVING WITH XXY INC. 3960 WEST POINT LOMA BLVD #H240 SAN DIEGO, CA 92110

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

Halalalaldhaadlladhadlaaddalal

LYONS ACCOUNTANCY GROUP 7964 ARJONS DR. SUITE B SAN DIEGO, CA 92126 PHONE 858-362-1099 FAX 858-362-6065

MAY 10, 2021

LIVING WITH XXY INC. 3960 WEST POINT LOMA BLVD #H240 SAN DIEGO, CA 92110

DEAR RYAN,

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION RETURN AND ANNUAL REPORT ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-EZ RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 17, 2021.

CALIFORNIA FORM 199 RETURN:

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

NO PAYMENT IS REQUIRED.

CALIFORNIA FORM RRF-1:

THE CALIFORNIA FORM RRF-1 SHOULD BE MAILED ON OR BEFORE MAY 17, 2021 TO:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

ENCLOSE A CHECK OR MONEY ORDER FOR \$25, PAYABLE TO DEPARTMENT OF JUSTICE.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

SINCERELY.

SCOTT M. LYONS, CPA

IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-0047

, 2020, and ending For calendar year 2020, or fiscal year beginning

▶ Do not send to the IRS. Keep for your records.

Department of the Treasury

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax Taxpayer identification number LIVING WITH XXY INC. 84-2591505

Name and title of officer or person subject to tax

RYAN BREGANTE

PRESIDENT

Part I	Type of Return and Return Information	(Whole Dollars Only)
Check the	box for the return for which you are using this Form 8879	P-EO and enter the applicable amount, if any, from the return.

check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was

	or 7b, whichever is applicable, blank (do not er elow. Do not complete more than one line in Pa		on the
1a Form 990 check here ▶ b Tot	tal revenue, if any (Form 990, Part VIII, column	(A), line 12)	1b
2a Form 990-EZ check here X b	Total revenue, if any (Form 990-EZ, line 9)		2b 50,646.
3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)		3b
4a Form 990-PF check here b	Tax based on investment income (Form 990	-PF, Part VI, line 5)	4b
5a Form 8868 check here b b	Balance due (Form 8868, line 3c)		5b
6a Form 990-T check here b b	Total tax (Form 990-T, Part III, line 4)		6b
7a Form 4720 check here b	Total tax (Form 4720, Part III, line 1)		7b
Part II Declaration and Signa	ture Authorization of Officer or Pers	on Subject to Tax	
Under penalties of perjury, I declare that $\overline{f X}$	I am an officer of the above organization or	I am a person subject to	o tax with respect to
(name of organization)		, (EIN)	and that I have examined a co
true, correct, and complete. I further declare I consent to allow my intermediate service pr to receive from the IRS (a) an acknowledgem	ring schedules and statements, and, to the best that the amount in Part I above is the amount so ovider, transmitter, or electronic return originate tent of receipt or reason for rejection of the trans-	shown on the copy of the elector (ERO) to send the return to asmission, (b) the reason for	tronic return. the IRS and any delay in

processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

v I	Landle and a	TVONC	ACCOUNTANCY	CDOITD
\sim	I alithorize	כיווט זיוו	ACCOUNTANCE	UTRUUE

to enter my PIN

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies)

regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Certification and Authentication

33198312345

number (EFIN) followed by your five-digit self-selected PIN.

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

ERO's signature

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

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

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For the	e 2020 cal	endar year, or tax year beginning	and en	ding		
В	Check if applicate	f ole:	C Name of organization			D Employer	r identification number
	Addr	ess change					
	Nam	e change	LIVING WITH XXY INC.				2591505
	Initia	l return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephon			
	term	l return/ inated	3960 WEST POINT LOMA BLVD #H240	619-	-300-8836		
	Ame	nded return	City or town, state or province, country, and ZIP or foreign postal code			F Group Ex	kemption
	Applio	cation pending				Number	
		nting Meth				H Check	X if the organization is
			WW.LIVINGWITHXXY.ORG			not requi	ired to attach Schedule B
<u>J</u>	Tax-ex	cempt stati	us (check only one) $ \boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}}$ 501(c) () \blacktriangleleft (insert no.) 4947(a)(1)	or 527	(Form 99	90, 990-EZ, or 990-PF).
K	Form o	of organiza	tion; X Corporation Trust Association	Other			
L	Add Iir	nes 5b, 6c,	and 7b to line 9 to determine gross receipts. If gross receipts are $\$200,000$	or more, or if tota	l assets (Part I	I,	
	columi	n (B <u>))</u> are \$	\$500,000 or more, file Form 990 instead of Form 990-EZ enue, Expenses, and Changes in Net Assets or Fun				<u>\$ 50,646.</u>
P	art I	Reve	enue, Expenses, and Changes in Net Assets or Fun	d Balances	(see the instru	uctions for P	•
		Check	if the organization used Schedule O to respond to any question in this Part	l		<u></u>	
	1	Contribut	tions, gifts, grants, and similar amounts received			1	50,641.
	2	Program	service revenue including government fees and contracts			2	
	3	Members	ship dues and assessments			3	
	4	Investme	ent income			4	
	5a	Gross an	nount from sale of assets other than inventory	. 5a			
	b	Less: cos	st or other basis and sales expenses	_5b			
	С	Gain or (I	loss) from sale of assets other than inventory (subtract line 5b from line 5a)			<u>5c</u>	
	6	Gaming a	and fundraising events:				
Ф	a	Gross inc	come from gaming (attach Schedule G if greater than				
ž		\$15,000))	6a			
Revenue	b	Gross inc	come from fundraising events (not including \$	of contribution	ns		
Œ		from fund	draising events reported on line 1) (attach Schedule G if the sum of such				
		gross inc	come and contributions exceeds \$15,000)	6b			
	C	Less: dire	ect expenses from gaming and fundraising events	. 6c			
	d	Net incon	me or (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtract line 6c)		6d	
	7a	Gross sal	les of inventory, less returns and allowances	. 7a			
	b	Less: cos	st of goods sold	_7b			
	С	Gross pro	ofit or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	
	8	Other rev	venue (describe in Schedule O)	EE SCHED	ULE O	8	5.
	9	Total rev	venue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ 9	50,646.
	10	Grants ar	nd similar amounts paid (list in Schedule 0)				
	11	Benefits	paid to or for members				
S	12	Salaries,	other compensation, and employee benefits			12	
nse	13		onal fees and other payments to independent contractors				
Expenses	14	Occupano	cy, rent, utilities, and maintenance			14	
û	15		publications, postage, and shipping			1	
	16	Other exp	penses (describe in Schedule 0)	EE SCHED	ULE O	16	16,092.
_	17	Total exp	penses. Add lines 10 through 16			1 7	16,092.
,	18	Excess o	r (deficit) for the year (subtract line 17 from line 9)			18	34,554.
Net Assets	19	Net asset	ts or fund balances at beginning of year (from line 27, column (A))				
Ass	1	(must ag	ree with end-of-year figure reported on prior year's return)			19	24,354.
ē	20						0.
~	21	Net asset	ts or fund halances at end of year. Combine lines 18 through 20			21	58.908.

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Form **990-EZ** (2020)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2020)

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	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part		X		
			Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each					
	activity in Schedule 0	33		Х		
34	, , , , , , , , , , , , , , , , , , , ,					
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X		
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	05.		X		
	on lines 2, 6a, and 7a, among others)?	35a	N/	_		
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	14/	_		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	250		x		
36	requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	35c		25		
30	complete applicable parts of Schedule N	36		x		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	- 30				
	Did the organization file Form 1120-POL for this year?	37b		Х		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made	0.0				
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х		
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A					
39	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on line 9 39a N/A					
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A					
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:					
	section 4911 \blacktriangleright ; section 4912 \blacktriangleright ; section 4955 \blacktriangleright					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit					
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any					
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on					
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed					
	by the organization $lacksquare$					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			37		
	transaction? If "Yes," complete Form 8886-T	40e		X		
41	List the states with which a copy of this return is filed ► CA The organization's books are in care of ► RYAN BREGANTE Telephone no. ► 619 – 30	Λ_ Q	936			
42 a	The organization's books are in care of \blacktriangleright RYAN BREGANTE Telephone no. \blacktriangleright 619-30 Located at \blacktriangleright 3960 WEST POINT LOMA BLVD #H240, SAN DIEGO, CA					
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	211				
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No		
	conquint(2)	42b		X		
	If "Yes," enter the name of the foreign country	120				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х		
,	If "Yes," enter the name of the foreign country					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨			
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A				
			Yes	No		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of					
	Form 990-EZ	44a		X		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead					
	of Form 990-EZ	44b		X		
	Did the organization receive any payments for indoor tanning services during the year?	44c		X		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation					
	in Schedule O	44d		37		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	4=-				
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		(2020)		

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If "Yes," co	rganization engage, directly or indirectly, in pol			: . :		المانات مناما			
Part VI	omplete Schedule C, Part I	ar campaign activities			-		46		X
,	Section 501(c)(3) Organizations	Only					-10		
(All section 501(c)(3) organizations must a		9b and 52, and	complete	the tables for line	s 50 and 51.			
	Check if the organization used Schedule	O to respond to any q	uestion in this I	Part VI			·····		<u></u>
								Yes	No
	rganization engage in lobbying activities or have						47		X
	anization a school as described in section 170(rganization make any transfers to an exempt no						48 49a		X
	vas the related organization a section 527 organ						49a 49b		
	this table for the organization's five highest co							eived n	nore
than \$100	0,000 of compensation from the organization. I	f there is none, enter "No	ne."						
	(a) Name and title of each employee		(b) Average		(C) Reportable	(d) Health benefits	1 (5) Estim	
	27.027	_	per week devo positior		compensation (Forms W-2/1099-MISC)	employee benefit plans, and deferred		ount of mpensa	
	NON	E	розіцої	'		compensation	1001	пропос	
							+		
	nber of other employees paid over \$100,000								
	nber of other independent contractors each rec				•				
	rganization complete Schedule A? Note: All sec	ction 501(c)(3) organizat	ions must attach	a		-		_	_
	d Schedule A						ΧΥe		N
	of perjury, I declare that I have examined this				•	•	ge and	belief,	it is
ue, correct, an	nd complete. Declaration of preparer (other tha	n onicer) is based on all	miorinadon of Wi	ıncıı prepar	er nas any knowiedg	ь. 			
Sign	Signature of officer					Date			
	RYAN BREGANTE, PRES	IDENT							
lere	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Here	Trilliv Type preparer 3 manie	i .	Date		self- emplo				
Here					seit- empid	·		_	
Paid	SCOTT M. LYONS, CPA					P00			
Paid Preparer Jse Only	SCOTT M. LYONS, CPA Firm's name ► LYONS ACCOUN'				Firm's Elf	P00 ► 33-06	719:	36	
Paid Preparer	SCOTT M. LYONS, CPA Firm's name ► LYONS ACCOUN' Firm's address ► 7964 ARJONS	DR. SUITE				P00 ► 33-06	719:	36	
Paid Preparer Jse Only	SCOTT M. LYONS, CPA Firm's name ► LYONS ACCOUN'	DR. SUITE CA 92126			Firm's Elf	P00 N►33-06 858-36	719:	36 099	

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

LIVING WITH XXY INC. 84-2591505 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	, ,			, ,	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ü	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
J	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,						
•							
	Public support. Subtract line 5 from line 4. ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(u) 2010	(5) 2017	(6) 2010	(4) 2010	(0) 2020	(i) rotar
	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
^	***						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	3						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					40	
12	Gross receipts from related activities,	•		f		12	
13	First 5 years. If the Form 990 is for the	-			-		▶□
Sec	organization, check this box and stop ction C. Computation of Public						·····
	Public support percentage for 2020 (li			column (f))		14	%
15	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies a						
ŀ	33 1/3% support test - 2019. If the o		•				
•	and stop here. The organization quali						
17:	10% -facts-and-circumstances test						
.,,	and if the organization meets the facts	`	-				•
	meets the facts-and-circumstances tes				•		▶ □
L		_	•		-		
Ľ	10% -facts-and-circumstances test	· ·					1070 UI
	more, and if the organization meets the organization meets the facts-and-circu				-		ightharpoonup
1Ω	Private foundation. If the organization						
10	Tivate loundation. If the organization	I GIG HOL CHECK A	DOX OIT III E 10, 10	a, 100, 17a, 01 171			or 990-EZ) 2020

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

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

Sec	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 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.")				24,527.	50,641.	75,168.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				24,527.	50,641.	75,168.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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						0.
c	: Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						75,168.
	ction B. Total Support		Τ	Г			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				24,527.	50,641.	75,168.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)				24,527.	50,641.	75,168.
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 50	01(c)(3) organizatio	
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13, o	column (f))			100.00 %
	Public support percentage from 2019					16	100.00 <u>%</u>
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	.00 %
	Investment income percentage from 2				,	18	%
19a	33 1/3% support tests - 2020. If the						
t	more than 33 1/3%, check this box are 33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, chec	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	>
20	Private foundation If the organization	n did not chack a	hov on line 14 10	or 10h chock th	nie hav and eag inct	tructions	

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Part IV | 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

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		<u> </u>
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

032024 01-25-21

Par	t IV	Supporting Organizations (continued)			
		· · ·		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in line 11a above?	11b		
С	A 35%	6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	_{in} Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	_	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s)	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		ipported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4	Enter greater of line 2 or line 3.	4		
_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-functional	ally integrated	Type III supporting orga	nization (see
_	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - p.	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	the organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	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			
<u>i</u>	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: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	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:			
а	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2020

b Excess from 2017c Excess from 2018d Excess from 2019e Excess from 2020

SCHEDULE 0

(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

Name of the organization

LIVING WITH XXY INC.

Employer identification number 84-2591505

	84-2591505
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST INCOME	5.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE SUPPLIES	3,012.
REPAIRS & MAINTENANCE	120.
INSURANCE	2,400.
ADVERTISING & MARKETING	941.
DUES & SUBSCRIPTIONS	240.
LEGAL & PROFESSIONAL FEES	880.
TRAVEL	1,282.
MERCHANT FEES	706.
MEALS & ENTERTAINMENT	406.
FEDERAL & STATE TAXES	10.
FURNITURE	6,095.
TOTAL TO FORM 990-EZ, LINE 16	16,092.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EDUCATION LIVING WITH XXY	I AND RESEARCH IN
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	

STATE COPY

LIVING WITH XXY INC. 3960 WEST POINT LOMA BLVD #H240 SAN DIEGO, CA 92110

> FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0500

LIVING WITH XXY INC. 3960 WEST POINT LOMA BLVD #H240 SAN DIEGO, CA 92110

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

DEPARTMENT OF JUSTICE PAGE 1 of 5

I FFF REPORT (For Registry Use Only)

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

T TUTNO LITTU VVV TNO		nge of address		
LIVING WITH XXY INC. Name of Organization	Ame	ended report		
List all DBAs and names the organization uses or has used				
3960 WEST POINT LOMA BLVD #H240 Address (Number and Street)	State Cha	rity Registration Number CT		
SAN DIEGO, CA 92110 City or Town, State, and ZIP Code	Corporation	on or Organization No. 4301413		
619-300-8836 Telephone Number RYAN@LIVINGWITHXXY.ORG E-mail Address	Federal Er	mployer ID No. 84-2591505		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. of Make Check Payable to Departm				
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fe	<u>е</u>
Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$15 \$25 \$30	25
PART A - ACTIVITIES		<u> </u>		
For your most recent full accounting period (beginning $\ \ \ \ \ \ \ \ \ \ \ \ \ $	20 endi	ing <u>12/31/2020</u>) list:		
Gross Annual Revenue \$ 50 , 646 Noncash Contributions \$ Program Expenses \$ 0		0 Total Assets \$ 5	8,9	80
Program Expenses \$0	Total Expe	nses \$16,092		
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD O	F THIS REF	PORT		
Note: All questions must be answered. If you answer "yes" to any of the quest providing an explanation and details for each "yes" response. Please re			Yes	No
During this reporting period, were there any contracts, loans, leases or other fir and any officer, director or trustee thereof, either directly or with an entity in whany financial interest?		G		x
During this reporting period, was there any theft, embezzlement, diversion or mor funds?	nisuse of the	e organization's charitable property		X
3. During this reporting period, were any organization funds used to pay any pena	alty, fine or j	udgment?		х
4. During this reporting period, were the services of a commercial fundraiser, fund commercial coventurer used?	draising cou	nsel for charitable purposes, or		Х
5. During this reporting period, did the organization receive any governmental fun	iding?			х
6. During this reporting period, did the organization hold a raffle for charitable pur	rposes?			х
7. Does the organization conduct a vehicle donation program?				Х
Did the organization conduct an independent audit and prepare audited financing generally accepted accounting principles for this reporting period?	ial statemen	its in accordance with		Х
9. At the end of this reporting period, did the organization hold restricted net asse	ets, while rep	porting negative unrestricted net assets?		Х
I declare under penalty of perjury that I have examined this report, including accand belief, the content is true, correct and complete, and I am authorized to sign		g documents, and to the best of my know	wledg	е
RYAN BREGANTE	P	RESIDENT		
Signature of Authorized Agent Printed Name	Tit			

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service

Open to Public Inspection

Accreacy charges Charge of organization Discription	Ā	For the	e 2020 calendar year, or tax year beginning	and en	iding			
Name charge LIVING WITH XXX INC. 84-2591505 Name charge SAP OF MEST POINT LOMA BLVD #H240 For province charge SAP OF MEST POINT LOMA BLVD #H240 For province charge For province For	В	Check it	C Name of organization			D Emplo	yer identifi	cation number
Number and street (or P.O. box fi mail is not delivered to street address) Room/suite E Telephone number Say 60 WEST POINT LOMA BLVD #H240 F Group Exemption Say 60 WEST POINT LOMA BLVD #H240 F Group Exemption Say 60 WEST POINT LOMA BLVD #H240 F Group Exemption Say 60 WEST POINT LOMA BLVD #H240 F Group Exemption Say 60 WEST POINT LOMA BLVD #H240 F Group Exemption Say 60 WEST POINT LOMA BLVD #H240 F Group Exemption Say 60 WEST POINT LOMA BLVD #H240 F Group Exemption Say 60 WEST POINT LOMA BLVD #H240 F Group Exemption Say 60 WEST POINT RESEARCH Say 60								
Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return Telephone number San Discount San Disco		Nam	e change LIVING WITH XXY INC.	84-2591505				
Anemotabet marketing SAN DIEGO, CA 92110 SAN DIEGO, CA 92110 H Cheek SAN DIEGO, CA 9210		_	Number and street (or D.O. box if mail is not delivered to street address)	E Telep	hone numbe	er		
Replication printing SAN DIEGO, CA 92110			return/ 3960 WEST POINT LOMA BLVD #H240	61	9-300	-8836		
Number		Ame	City or town, state or province, country, and ZIP or foreign postal code	F Group	Exemption	 I		
Website: ► WWW - LIVINGWITHXXY - ORG Tax-exempt status (check only one) — X 501(c)(3) 501(c) (Applio	ation pending SAN DIEGO, CA 92110				-	
Website: ► WWW - LIVINGWITHXXY - ORG Tax-exempt status (check only one) — X 501(c)(3) 501(c) ((((((((((((((((((G	Accou	nting Method: X Cash Accrual Other (specify)			H Check	< ▶ X	if the organization is
Form of organization:						not re	quired to at	tach Schedule B
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file form 990 instead of Form 990-EZ	J	Tax-ex	tempt status (check only one) $ \times$ 501(c)(3) \longrightarrow 501(c) () \blacktriangleleft (insert no.)	4947(a)(1) or 527	(Form	n 990, 990-E	EZ, or 990-PF).
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	K	Form o	of organization: X Corporation Trust Association	Other		•		
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	L	Add lir	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	r more, or if tota	al assets (Part I	l,		
Check if the organization used Schedule O to respond to any question in this Part I		colum						50,646.
1	P	art I	Revenue, Expenses, and Changes in Net Assets or Fund	Balances	(see the instru	actions fo	r Part I)	
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 5 C Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 Less: direct expenses from gaming and fundraising events 6 Rel Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances 7 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances 7 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Total evenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Total evenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Total evenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Professional fees and other payments to independent contractors 11 Professional fees and other payments to independent contractors 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the vear (subtract line 17 from line 9) 18 Sexess or (deficit) for the vear (subtract line 17 from line 9)			Check if the organization used Schedule O to respond to any question in this Part I					X
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18 34,534. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 24,354.			•					
wet assets or furid balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 24,354.	ţ		, , , , , , , , , , , , , , , , , , , ,				18	34,334.
(Hillus) agree with end-of-year figure reported on prior year's return) 19 24,354.	SSe	19				L	10	21 251
	Ę	00						24,354.
20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 23 58,908.	Š	20	, , , , , , , , , , , , , , , , , , , ,				20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20								

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LHA For Paperwork Reduction Act Notice, see the separate instructions.

	m 990-EZ (2020) LIVING WITH XXY INC.		1	84-	25915	05 Page 2
Pa	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	spond to any questic				
			(A) Beginning of year		(B) E	nd of year
22	, , , , , , , , , , , , , , , , , , , ,		24,354			58,908.
23	•			23		
24	, , , , , , , , , , , , , , , , , , , ,		24 254	24		F0 000
25	* - ****		24,354			58,908.
26	/		24,354.			0. 58,908.
27 D	Net assets or fund balances (line 27 of column (B) must agree with line 21 art III Statement of Program Service Accomplishme) Ints (see the instruc		• 27	-	
Г	Check if the organization used Schedule O to res	•	•	X		rpenses for section
Mh	at is the organization's primary exempt purpose? SEE SCHEDULE		minitino Faitin		501(c)(3)	and 501(c)(4)
					organization others.)	ons; optional for
	cribe the organization's program service accomplishments for each of its three largest program oner, describe the services provided, the number of persons benefited, and other relevant inform		es. In a clear and concise		01110101)	
28	EDUCATION AND RESEARCH IN LIVING WI	тн хху				
20	DOCITION THE REPERCON IN DIVING WE					
	(Grants \$) If this amount includes foreign	grants, check here	•	\Box	28a	
29	Acrante Committee and a commit	granto, oricon noro	······································		200	
	(Grants \$) If this amount includes foreign	grants, check here	>		29a	
30		,				
	(Grants \$) If this amount includes foreign	grants, check here	>		30a	
31	Other program services (describe in Schedule O)					
	Carlor program convioco (accombo in contodato c)					
	(Grants \$) If this amount includes foreign				31a	
32	(Grants \$) If this amount includes foreign Total program service expenses (add lines 28a through 31a)	grants, check here	•	▶	32	0.
32 P a	(Grants \$) If this amount includes foreign Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key I	grants, check here Employees (list each one	e even if not compensated - s	▶	32	
32 P a	(Grants \$) If this amount includes foreign Total program service expenses (add lines 28a through 31a)	grants, check here	e even if not compensated - s	ee the ir	32 nstructions for	r Part IV)
32 P a	(Grants \$) If this amount includes foreign Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key I Check if the organization used Schedule O to res	Employees (list each one spond to any question (b) Average hours	e even if not compensated - s	ee the ir (d) Hea	nstructions for	r Part IV) (e) Estimated
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Form **990-EZ** (2020)

	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part		X			
			Yes	No			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each						
	activity in Schedule 0	33		X			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended						
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions						
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported						
	on lines 2, 6a, and 7a, among others)?						
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A			
C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax						
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"						
	complete applicable parts of Schedule N	36		X			
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a						
	Did the organization file Form 1120-POL for this year?	37b		X			
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made						
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X			
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved						
39	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on line 9 39a N/A						
	Gross receipts, included on line 9, for public use of club facilities 39b N/A						
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:						
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶						
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit						
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			37			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X			
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on						
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958						
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed						
	by the organization 0 •						
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			37			
	transaction? If "Yes," complete Form 8886-T	40e		X			
41	List the states with which a copy of this return is filed CA The states with which a copy of thi	Λ 0	026				
42 a	The organization's books are in care of \blacktriangleright RYAN BREGANTE Telephone no. \blacktriangleright 619-30 Located at \blacktriangleright 3960 WEST POINT LOMA BLVD #H240, SAN DIEGO, CA ZIP+4 \blacktriangleright 9						
	·	<u> </u>	U				
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	404	163	A 140			
	account)?	42b		$\stackrel{\blacktriangle}{}$			
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
	At any time during the calendar year, did the organization maintain an office outside the United States?	42c					
C	If "Yes," enter the name of the foreign country	420		77			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		_				
40		N/A					
	and enter the amount of tax exempt interest received of accrack during the tax year	14/ 11					
			Yes	No			
44 2	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		. 55				
→ 7 α	5 000 57	44a		X			
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	774					
J	of Form 990-EZ	44b		X			
r	Did the organization receive any payments for indoor tanning services during the year?	44c		X			
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	7-70					
u	in Schedule 0	44d					
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X			
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	700					
J	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b					
	5 12(b)(13)? IT Yes, Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions						

032173 01-08-21

P	a	g	е	4

6 Did the o									
If "Ves " c	rganization engage, directly or indirectly, in pol complete Schedule C, Part I	itical campaign activities	s on behalf of or i	n oppositio	on to candidates for p	oublic of		46	X
	Section 501(c)(3) Organizations	Only						40	
•	All section 501(c)(3) organizations must a		19b and 52, and	l complet	e the tables for line	es 50 ar	nd 51.		
	Check if the organization used Schedule	O to respond to any	question in this	Part VI					\Box
								Ye	_
	rganization engage in lobbying activities or hav							47	X
	ganization a school as described in section 170(48	X
	rganization make any transfers to an exempt no		janization?					19a	X
	vas the related organization a section 527 organ							19b	
	e this table for the organization's five highest co		•	rs, director	s, trustees, and key o	employe	es) who eac	h received	more
tnan \$100	0,000 of compensation from the organization. I	t there is none, enter "N		la a a	(-) -	(d)	-141- 1 614-	(-) F-4	
	(a) Name and title of each employee		(b) Average per week dev		(C) Reportable compensation (Forms	conti	alth benefits, ributions to byee benefit	(e) Esti	
	NON	E	positio		W-2/1099-MISC)	plans,	and deferred	comper	
	14014					COII	iperisation		
					1	+			
					1	1			
organizat	e this table for the organization's five highest co ion. If there is none, enter "None." NON Name and business address of each independer	E			ved more than \$100	,000 of o	·	on from th	
organizat	ion. If there is none, enter "None." NON	mpensated independen E				,000 of c	·		
organizat (a) N	ion. If there is none, enter "None." NON	mpensated independen E nt contractor eiving over \$100,000	t contractors who	(b		,000 of c	·		
organizat (a) N Total nun Did the o	ion. If there is none, enter "None." NON Name and business address of each independer	mpensated independen E It contractor eiving over \$100,000 ction 501(c)(3) organiza	t contractors who	(b) Type of service		·	ompensati	on
organizat (a) N Total nun Did the o complete	nber of other independent contractors each recreganization complete Schedule A? Note: All seconds	mpensated independen E nt contractor eiving over \$100,000 ction 501(c)(3) organiza	t contractors who	(b) Type of service		\rightarrow \big	ompensati	on
organizat (a) N 1 Total nun Did the or complete der penalties	nber of other independent contractors each recrganization complete Schedule A? Note: All seed d Schedule A	eiving over \$100,000 ction 501(c)(3) organiza	t contractors who	(b) Type of service •	est of m	\rightarrow \big	ompensati	on
d Total nun Did the o complete der penalties e, correct, al	nber of other independent contractors each recorganization complete Schedule A? Note: All seed d Schedule A. s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other tha	eiving over \$100,000 ction 501(c)(3) organiza	t contractors who	(b) Type of service •	est of my	\rightarrow \big	ompensati	on
Total nun Did the or complete der penalties e, correct, al	nber of other independent contractors each recorganization complete Schedule A? Note: All seed a Schedule A. s of perjury, I declare that I have examined this and complete. Declaration of preparer (other that Signature of officer	eiving over \$100,000 ction 501(c)(3) organiza return, including accomn	t contractors who	(b) Type of service •	est of m	\rightarrow \big	ompensati	on
Total nun Did the or complete der penalties e, correct, au	nber of other independent contractors each recorganization complete Schedule A? Note: All set d Schedule A sof perjury, I declare that I have examined this nd complete. Declaration of preparer (other that Signature of officer	eiving over \$100,000 ction 501(c)(3) organiza return, including accomn	t contractors who	(b) Type of service •	est of my	\rightarrow \big	ompensati	on
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d Total nun Did the or complete der penalties e, correct, al	nber of other independent contractors each recorganization complete Schedule A? Note: All set d Schedule A sof perjury, I declare that I have examined this nd complete. Declaration of preparer (other that Signature of officer	eiving over \$100,000 ction 501(c)(3) organiza return, including accomn	t contractors who	(b	Type of service Type of service Check	est of myge. Date	\rightarrow \big	ompensati	on
d Total nun Did the o complete der penalties e, correct, a gn ere	nion. If there is none, enter "None." NON Name and business address of each independer Independent contractors each recompanization complete Schedule A? Note: All seed and Schedule A. Is of perjury, I declare that I have examined this and complete. Declaration of preparer (other that a signature of officer RYAN BREGANTE, PRES. Type or print name and title Print/Type preparer's name	eiving over \$100,000 etion 501(c)(3) organiza return, including accomn officer) is based on al	t contractors who	t a es and stat	Type of service Type of service	est of myge. Date	(c) Co	Yes [e and belie	on
d Total nun Did the o complete der penalties e, correct, a	nber of other independent contractors each reconganization complete Schedule A? Note: All seed and complete. Declaration of preparer (other that Signature of officer RYAN BREGANTE, PRESTAY Type or print name and title Print/Type preparer's name SCOTT M. LYONS, CPA	eiving over \$100,000 ction 501(c)(3) organiza return, including accom n officer) is based on al	ations must attach	t a es and stat	Type of service Type of service Check self- emp	est of myge. Date if	(c) Co	Yes [and belie	on
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d Total nun Did the o complete der penalties ie, correct, ai ign ere	nber of other independent contractors each recorganization complete Schedule A? Note: All seed Schedule A sof perjury, I declare that I have examined this not complete. Declaration of preparer (other that Signature of officer RYAN BREGANTE, PRESType or print name and title Print/Type preparer's name SCOTT M. LYONS, CPA Firm's name ► LYONS ACCOUN' Firm's address ► 7964 ARJONS	eiving over \$100,000 etion 501(c)(3) organiza return, including accomn officer) is based on al IDENT Preparer's signature TANCY GROUE DR. SUITE	t contractors who	t a es and stat	Type of service Type of service Check call to the best of the control of the co	est of myge. Date if loyed	(c) Co	Yes [2 and belief	on f, it is
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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** LIVING WITH XXY INC. 84-2591505 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary in your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Total

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

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

	tion A. Public Support						
Cale	ndar 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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
_	organization, check this box and stop						>
	tion C. Computation of Publi					T T	
	Public support percentage for 2020 (li		•	***************************************		14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the o				14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			=	•	VI how the organiz	ration
	meets the facts-and-circumstances te	•	•				
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets th				-		. —
40	organization meets the facts-and-circu		-				P
18	Private foundation. If the organization	n ala not check a	box on line 13, 16	a, 160, 1/a, or 1/k		nd see instructions	

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

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

Sec	ction A. Public Support	,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				24,527.	50,641.	75,168.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				24,527.	50,641.	75,168.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	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						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						75,168.
	ction B. Total Support						·
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6				24,527.	50,641.	75,168.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)				24,527.	50,641.	75,168.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 50)1(c)(3) organizatio	n,
Se	ction C. Computation of Publi	c Support Per	centage			_	
15	Public support percentage for 2020 (I	ine 8, column (f), c	livided by line 13,	column (f))			100.00 %
	Public support percentage from 2019					16	100.00 %
	ction D. Computation of Inves				Г		
	Investment income percentage for 20			ne 13, column (f))		17	.00 %
	Investment income percentage from				_	18	%
19a	a 33 1/3% support tests - 2020. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

16/20510 760505 1060

Part IV | 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

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

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
46.		
10b		

Schedule A (Form 990 or 990-EZ) 2020

Par	t 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		1	1
			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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
-	tion of type it cupperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
-			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
800	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>		- 1	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	struction	S). Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations me	ust complete S	Sections A through E.	
Section A	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
2 Rec	coveries of prior-year distributions	2		
3 Oth	er gross income (see instructions)	3		
4 Add	l lines 1 through 3.	4		
5 Dep	preciation and depletion	5		
6 Por	tion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
mai	ntenance of property held for production of income (see instructions)	6		
7 Oth	er expenses (see instructions)	7		
8 Adj	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	3 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Agg	gregate fair market value of all non-exempt-use assets (see			
inst	ructions for short tax year or assets held for part of year):			
a Ave	rage monthly value of securities	1a		
b Ave	rage monthly cash balances	1b		
c Fair	market value of other non-exempt-use assets	1c		
d Tota	al (add lines 1a, 1b, and 1c)	1d		
e Disc	count claimed for blockage or other factors			
(exp	olain in detail in Part VI):			
2 Acq	juisition indebtedness applicable to non-exempt-use assets	2		
3 Sub	otract line 2 from line 1d.	3		
4 Cas	sh 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 Mul	tiply line 5 by 0.035.	6		
	coveries of prior-year distributions	7		
8 Min	imum Asset Amount (add line 7 to line 6)	8		
Section C	C - Distributable Amount			Current Year
1 Adju	usted net income for prior year (from Section A, line 8, column A)	1		
	er 0.85 of line 1.	2		
3 Min	imum asset amount for prior year (from Section B, line 8, column A)	3		
	er greater of line 2 or line 3.	4		
	ome tax imposed in prior year	5		
	tributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

<u>Sche</u>	dule A (Form 990 or 990-EZ) 2020 LIVING WITH X	CXY INC.		8	<u>4-2591505 Page 7</u>
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Sect	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p.	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which t	the organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		10		
Section E - Distribution Allocations (see instructions) (i) Excess Distributions Underdistribution Pre-2020				ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	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: \$			
а	Applied to underdistributions of prior years			
b	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:			
а	Excess from 2016			
b	Excess from 2017			
C	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE 0

Internal Revenue Service

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

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

Name of the organization

LIVING WITH XXY INC.

Employer identification number 84-2591505

LIVING WITH XXY INC.	84-2591505
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST INCOME	5.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE SUPPLIES	3,012.
REPAIRS & MAINTENANCE	120.
INSURANCE	2,400.
ADVERTISING & MARKETING	941.
DUES & SUBSCRIPTIONS	240.
LEGAL & PROFESSIONAL FEES	880.
TRAVEL	1,282.
MERCHANT FEES	706.
MEALS & ENTERTAINMENT	406.
FEDERAL & STATE TAXES	10.
FURNITURE	6,095.
TOTAL TO FORM 990-EZ, LINE 16	16,092.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EDUCATION LIVING WITH XXY	AND RESEARCH IN
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	T CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	IDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUM LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schools 2211 11-20-20	JMS , DIRECTLY , ledule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization LIVING WITH XXY INC.	Employer identification number 84-2591505
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

STATE COPY

LIVING WITH XXY INC. 3960 WEST POINT LOMA BLVD #H240 SAN DIEGO, CA 92110

> FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0500

LIVING WITH XXY INC. 3960 WEST POINT LOMA BLVD #H240 SAN DIEGO, CA 92110

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

TAXABLE YEAR **2020**

California Exempt Organization Annual Information Return

028941 12-22-20 FORM

199

Cal	lendar Year	2020	or fiscal year beginning (mm/dd/yyyy)			, and e	nding (mm/c	dd/yyyy	')			-
	poration/Org					,	<u> </u>		rnia corpo	oration n	number	
L	IVING	WI	TH XXY INC.					4	1301	413		
Add	ditional inform	nation.	See instructions.					FEIN	1			
								8	34-2	591	505	
Stre	eet address (s	suite or	room)						PMB no.			
3	960 W	ESI	POINT LOMA BLVD #H	240								
City	/						State		ZIP code			
SZ	AN DI	EGC)				C.F	1 2	211	0		
For	eign country	name		Foreign province/state	e/county				Foreign po	ostal co	de	
A	First retu	rn .		Yes X No								1
В	Amended			Yes X No							• Yes	X No
C			47(a)(1) trust	Yes X No								₹7
D			on return?								• Yes	
		Dissolv		lerged/Reorganized							701g? • Yes [∆ No
_		*	d/yyyy) ● ing method: (1) X Cash (2) Accrua	· (0) - ·		•	gross receip					▼ N =
E			filed? (1) ● 990T (2) ● 990PF (3)				n a limited lia				• Yes	A NO
F			990 series	Sch H (990)			on file Form				• Yes [X No
G			filing? See instructions	Ves X No								ZI NU
Н			ition in a group exemption	Yes X No							•	X No
"		-	the parent's name?	103 [100			023/1024 pe					X No
	, .	riidi id	, the parent e name.				S					
P	art I 0	ompl	ete Part I unless not required to file this fo	rm. See General Info	ormation B	and C.						
		1	Gross sales or receipts from other sources	. From Side 2, Part I	I, line 8					1		5 00
		2	Gross dues and assessments from member	rs and affiliates					•	2		00
		3	Gross contributions, gifts, grants, and simi	lar amounts received	l				•	3	50,6	<u>41 oo</u>
	Receipts	4	Total gross receipts for filing requirement	est. Add line 1 throu	gh line 3.							
'	and		This line must be completed. If the result	is less than \$50,000	, see Gene	ra <u>l Informat</u>	tion B		●	4	50,6	<u>46 00</u>
В	Revenues	5	Cost of goods sold		•	5			00			
	CVCIIUCS	6	Cost or other basis, and sales expenses of						00			
		7	Total costs. Add line 5 and line 6							7		00
_		8	Total gross income. Subtract line 7 from lin							8	50,6	
Е	xpenses	9	Total expenses and disbursements. From S						····· •	9	16,0	
_	•	10	Excess of receipts over expenses and disb							10	34,5	
		11								11		00
		12	Use tax. See General Information K	: 10	10 for any 15m				📘	12		00
_	lline Fee	13	Payments balance. If line 11 is more than I						ĺ	13		00
r	iling Fee	14	Use tax balance. If line 12 is more than line Penalties and Interest. See General Information	•						14		00
		15			m the recu	 I+				15		00
_		Unde	Balance due. Add line 12 and line 15. The repealties of perjury, I declare that I have examined ue, correct, and complete. Declaration of preparer (o	his return, including according than then towns according to the control of the c	ompanying s	chedules and	statements, an	d to the	best of my	y knowle	edge and belief,	
Sig		IL IS II	ue, correct, and complete. Declaration of preparer (o	ther than taxpayer) is bas	∎ Title	ormation of wr		as any ki Date	nowleage.		■ Telephone	
Here		Signa of off	ture			IDENT		Date			619-300-88	36
_		01 011				Date		Check if	:		● PTIN	
		Prepa	urer's					self-emp		. [₽00370277	
Pa	id		s name								Firm's FEIN	
	eparer's	(or yo	urs, LYONS ACCOUNTANC	Y GROUP							33-0671936	
	e Only	emplo	7964 ARJONS DR.								Telephone	
_		and a	ddress SAN DIEGO, CA 92	126							858-362-10	99_
		May	the FTB discuss this return with the prepare	r shown above? See	instruction	ns			. • X	Yes	No	

LIVING WITH XXY INC.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951	12-22-20

		1	Gross sales or receipts from all	busines	s activities. See ir	nstructions			•	1		00
		2	Interest						•	2		00
		3	Dividends							3		00
Rece	eipts	4	•						•	4		00
from	-	5	Gross royalties							5		00
Othe	r	6	Gross amount received from sa	le of ass	ets (See Instructi	ions)			•	6		00
Sour	ces	7	Other income		`	,	SEE S	TΑ	TEMENT 1 •	7		5 00
		8	Total gross sales or receipts fro	m other	sources. Add line	e 1 through	line 7. Enter here an	ıd o	n Side 1. Part I. line 1	8		5 00
		9	Contributions, gifts, grants, and			-				9		00
		10	Disbursements to or for member							10		00
		11	Compensation of officers, direct	tors, and	trustees		SEE S'	TΑ	TEMENT 2 •	11		0 00
		12	Other salaries and wages							12		00
Eyne	nses	13	Interest							13		00
and	11303	14	Taxes							14		00
	urse-	15	Rents							15		00
men		16	Depreciation and depletion (Sec	inetruct	ione)					16		00
IIICII	ເວ	17	Other expenses and disburseme	nte			פהה פי	Δ	TEMENT 3 •	17		16,092 00
			Total expenses and disburseme	onte Add	ling 0 through li	 no 17 Entoi	hara and an Sida 1		rt Lling 0	18		16,092 00
<u>Scl</u>	nedu			ilis. Aud				, Pai			able year	
		<u> </u>	Dalalice Silect	Ι		ng of taxab				- Tux	abic year	
Asse					(a)		(b) 24,35		(c)		•	(d) 58,908
							24,33	4				30,900
			s receivable					\dashv			•	
			ceivable					\dashv			•	
								\dashv			•	
			state government obligations					\dashv			•	
			in other bonds								•	
			in stock					\dashv			•	
	Mortga	•						\dashv			•	
-	Other i							_			•	
			le assets	ļ.,								
	b Less	accu	mulated depreciation	()		_)		
11	Land							_			•	
12	Other a	issets									•	
13	Total a	ssets	·				24,35	4				58,908
			et worth									
14	Accour	its pa	yable					_			•	
15	Contrib	ution	s, gifts, or grants payable								•	
16	Bonds	and n	otes payable								•	
17	Mortga	iges p	payable								•	
18	Other li	iabiliti	ies									
19	Capital	stock	c or principal fund								•	
20	Paid-in d	or capi	tal surplus. Attach reconciliation								•	
21	Retaine	ed ear	nings or income fund				24,35	4			•	58,908
			ies and net worth				24,35	4				58,908
	nedu			per boo	ks with income p	er return						
			Do not complete this scho				e 13, column (d), is	less	s than \$50,000.			
1	Net inc	ome	per books		• 3	4,554	7 Income record	ded	on books this year			
			me tax		•	-	not included in		•		•	
			pital losses over capital gains		•		1		s return not charged			
			recorded on books this year		•		1		me this year		•	
			corded on books this year not						and line 8			
	-		this return	ľ	•		10 Net income pe					
			ne 1 through line 5			4,554						34,554
	i vial. F	tuu III	no rumougn IIII6 J			-,554	J GUDUAGUIIIE S	JIIC	лн IIII0 U		1	34,334

CA 199	OTHE	R INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
INTEREST INCOME			5
TOTAL TO FORM 199, PART	II, LINE 7		5.
CA 199 COMPENSATIO	N OF OFFICERS	DIDECTOR AND TRUCTURES	STATEMENT 2
CA 199 COMPENSATIO		DIRECTORS AND TRUSTEES	SIAIEMENI Z
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
RYAN BREGANTE		PRESIDENT 60.00	0.
DANIEL MILCHEV		TREASURER 3.00	0.
MARCI TATHAM		SECRETARY 10.00	0.
TOTAL TO FORM 199, PART	II, LINE 11		0.
CA 199	OTHER	EXPENSES	STATEMENT 3
DESCRIPTION			AMOUNT
OFFICE SUPPLIES REPAIRS & MAINTENANCE INSURANCE ADVERTISING & MARKETING DUES & SUBSCRIPTIONS LEGAL & PROFESSIONAL FEE TRAVEL MERCHANT FEES MEALS & ENTERTAINMENT FEDERAL & STATE TAXES FURNITURE	:S		3,012. 120. 2,400. 941. 240. 880. 1,282. 706. 406. 10. 6,095.

OLL		
Date Accepted		

TAXABLE YEAR	
2020	

California e-file Return Authorization for **Exempt Organizations**

FORM 8453-EO

Exer	mpt Organization name	Identifying number	
<u>L1</u>	VING WITH XXY INC.	84-25915	05
Par	t I Electronic Return Information (whole dollars only)		
1	Total gross receipts (Form 199, line 4)	1	50,646
2		_	50,646
3	Total expenses and disbursements (Form 199, line 9)	_	16,092
Par	t II Settle Your Account Electronically for Taxable Year 2020		
4	Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/y	yyy)	
Par	t III Banking Information (Have you verified the exempt organization's banking information?)		
5	Routing number		
_6	Account number 7 Type of account: Checking	Savings	S
Par	t IV Declaration of Officer		
	thorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic fur ine 4a.	nds withdrawal for	the amount listed
tran Cali a ba orga stat	ler penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my elect is mitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the fornia electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the alloce due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and ements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organicated, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.	exempt organizati he exempt organiz zation's fee liability d accompanying so	ion's 2020 fation is filing tation is filing to the exempt chedules and

Signature of office Here

Sign

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Date

ERO Must Sign	ERO's- signature		Date	Check if also paid preparer	Check if self- employe	ERO'S PTIN P00370277
	Firm's name (or yours if self-employed) and address	LYONS ACCOUNTANCY GROUP				Firm's FEIN 33-0671936
		7964 ARJONS DR. SUITE B				
_		SAN DIEGO, CA				ZIP code 92126
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.						
Paid	Paid		Date	I Check		Paid preparer's PTIN
Prepa	nrenarer's			if self- employ	ed	
Prepa Must Sign	nrenarer's	>			ed	Firm's FEIN

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

| Check if

| Check

| ERO's PTIN