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

Halalahdullaanilliadhaadhlaadhlaa

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

MAY 11, 2022

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

DEAR RYAN,

ENCLOSED IS THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION RETURN.

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-TE 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-TE TO US BY MAY 16, 2022.

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 16, 2022 TO:

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

ENCLOSE A CHECK OR MONEY ORDER FOR \$75, PAYABLE TO DEPARTMENT OF JUSTICE.

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

SINCERELY,

SCOTT M. LYONS, CPA

Form 8879-TE		IRS e-file Signature Authorization for a Tax Exempt Entity	Ļ	OMB No. 1545-0047
	Encol 1			
	For calendar year 202	21, or fiscal year beginning, 2021, and ending	, 20	2021
Department of the Treasury Internal Revenue Service		 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. 		
Name of filer			EIN or SSN	
	WITH XXY	TNC.		91505
Name and title of officer or pe		RYAN BREGANTE	01 23	91909
	•	PRESIDENT		
		eturn Information		
Form 5330 filers may ente or 10a below, and the amo	r dollars and cents ount on that line fo lank (do not enter -	 re using this Form 8879-TE and enter the applicable amount, if any, from the return being filed with this form was blank, then leave line 1b, 2k 0-). But, if you entered -0- on the return, then enter -0- on the applicable b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 	line 1a, 2a, 3 5, 3b, 4b, 5b, e line below.	3a, 4a, 5a, 6a, 7a, 8a, 9a 6b, 7b, 8b, 9b, or 10b, Do not complete more
2a Form 990-EZ che 3a Form 1120-POL (
		b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF che		b Tax based on investment income (Form 990-PF, Part V, line 5)		4b
5a Form 8868 check		b Balance due (Form 8868, line 3c)		
6a Form 990-T chec		b Total tax (Form 990-T, Part III, line 4)		
7a Form 4720 check		b Total tax (Form 4720, Part III, line 1)		7b
8a Form 5227 check		b FMV of assets at end of tax year (Form 5227, Item D)		8b
9a Form 5330 check		b Tax due (Form 5330, Part II, line 19)		9b
10a Form 8038-CP ch		b Amount of credit payment requested (Form 8038-CP, Part III,		10b
		ture Authorization of Officer or Person Subject to Tax		
acknowledgement of rece of any refund. If applicable entry to the financial institu- financial institution to debi- later than 2 business days payment of taxes to receiv personal identification num PIN: check one box only X I authorize LY as my signature with a state age on the return's of As an officer or return. If I have in IRS Fed/State p Signature of officer or person subje	ipt or reason for re a, I authorize the U ution account indic it the entry to this a: prior to the payme ve confidential infonder nber (PIN) as my since CONS ACCOU on the tax year 20 ncy(ies) regulating disclosure consent person subject to the indicated within the rogram, I will enter ct to tax	ERO firm name 21 electronically filed return. If I have indicated within this return that a charities as part of the IRS Fed/State program, I also authorize the afor screen. tax with respect to the entity, I will enter my PIN as my signature on the is return that a copy of the return is being filed with a state agency(ies) of my PIN on the return's disclosure consent screen.	the return or c funds withd owed on this cial Agent at in the proces e payment. I I tronic funds o enter my P a copy of the orementioned e tax year 20	refund, and (c) the date rawal (direct debit) return, and the 1-888-353-4537 no ssing of the electronic have selected a withdrawal. IN <u>12345</u> Enter five numbers, but do not enter all zeros return is being filed I ERO to enter my PIN 21 electronically filed harities as part of the
Part III Certifica	ation and Auth	entication		
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	your five-digit self	-selected PIN. 33198312345 Do not enter all zeros		
-		IN, which is my signature on the 2021 electronically filed return indica e requirements of Pub. 4163 , Modernized e-File (MeF) Information for <i>i</i>		
ERO's signature 🕨		Date ▶		
	Do Not S	ERO Must Retain This Form - See Instructions Submit This Form to the IRS Unless Requested To Do	So	
LHA For Privacy act and		uction Act Notice, see instructions.		Form 8879-TE (2021
102521 01-11-22				

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Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

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	• • • •	

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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	For the	e 2021 calendar year, or tax year beginning		and endi	ng			-
R	Check if applicat	a Name of organization				D Emp	loyer id	lentification number
Γ		ess change		-				
Ē	_	e change LIVING WITH XXY INC.	84	84-2591505				
Г	_	ial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E T						
Г	Final	return/ nated 3960 WEST POINT LOMA BLVD #H240				61	19-3	800-8836
Г	=	nded return City or town, state or province, country, and ZIP or foreign postal code					up Exen	
Γ	=	ation pending SAN DIEGO, CA 92110					nber 🕨	
G		nting Method: 🔀 Cash 🗌 Accrual Other (specify) 🕨						if the organization is
		te: NWW.LIVINGWITHXXY.ORG						d to attach Schedule B
J	Tax-ex	empt status (check only one) — X 501(c)(3) 501(c) ()◀(insert no.)	4	947(a)(1) (or 527		m 990).	
		f organization: X Corporation Trust Association	Other					
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 o			assets (Part I	Ι,		
	columi	n (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ			· · · · · · · · · · · · · · · · · · ·		▶ \$	129,781.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund	Bala	inces (see the instri	uctions	for Part	1)
		Check if the organization used Schedule O to respond to any question in this Part I						X
	1	Contributions, gifts, grants, and similar amounts received					1	129,772.
	2	Program service revenue including government fees and contracts					2	
	3	Membership dues and assessments					3	
	4	Investment income					4	
	5a	Gross amount from sale of assets other than inventory	5a					
	b	Less: cost or other basis and sales expenses	5b					
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)					5c	
	6	Gaming and fundraising events:						
ø	a	Gross income from gaming (attach Schedule G if greater than						
'nu		\$15,000)	6a					
Revenue	b	Gross income from fundraising events (not including \$	of co	ntributions				
œ		from fundraising events reported on line 1) (attach Schedule G if the sum of such						
		gross income and contributions exceeds \$15,000)	6b					
	c	Less: direct expenses from gaming and fundraising events	6c					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub		ne 6c) 📖			6d	
	7a	Gross sales of inventory, less returns and allowances	7a					
	b	Less: cost of goods sold						
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)					7c	-
	8	Other revenue (describe in Schedule 0)					8	9.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	129,781.
	10	Grants and similar amounts paid (list in Schedule 0)					10	
	11	Benefits paid to or for members					11	
es	12	Salaries, other compensation, and employee benefits					12	0.050
Expenses	13	Professional fees and other payments to independent contractors					13	2,850.
ğ	14	Occupancy, rent, utilities, and maintenance					14	110.
ш	15	Printing, publications, postage, and shipping					15	
	16	Other expenses (describe in Schedule 0)					16	27,995.
	17	Total expenses. Add lines 10 through 16					17	30,955.
ts	18	Excess or (deficit) for the year (subtract line 17 from line 9)					18	98,826.
sset	19	Net assets or fund balances at beginning of year (from line 27, column (A))				ŀ	10	
Net Assets		(must agree with end-of-year figure reported on prior year's return)					19	<u>58,908.</u> 0.
Ne	20	Other changes in net assets or fund balances (explain in Schedule 0)				-	20	157,734.
	21 ^ Eor						21	Form 990-EZ (2021)
гЦ	~ rur	Paperwork Reduction Act Notice, see the separate instructions.						

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	m 990-EZ (2021) LIVING WITH XXY INC.			84-	25915	05	Page 2
Pa	art II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to res						X
			(A) Beginning of year			nd of year	
22	, , ,		58,908			157,7	/45.
23	•			23			
24	· · · · · · · · · · · · · · · · · · ·		E0 000	24		1 5 7 5	745
25		······	58,908			157,7	
26	· · · · · · · · · · · · · · · · · · ·		0. 58,908			1 5 7 5	$\frac{11}{724}$
27	<u>Net assets or fund balances (line 27 of column (B) must agree with line 21)</u> art III Statement of Program Service Accomplishmer		jone for Dort III	• 27		157,7	/ 34 •
Pa		·	,	X	Ex (Required)	penses for section	n
	Check if the organization used Schedule O to res		i in this Part III	Δ	501(c)(3)	and 501(c)(4)
	at is the organization's primary exempt purpose? <u>SEE SCHEDULE C</u>				organization others.)	ons; optior	nal for
	cribe the organization's program service accomplishments for each of its three largest program s iner, describe the services provided, the number of persons benefited, and other relevant information of the services provided in the number of persons benefited and other relevant information of the services are services and the number of persons benefited and other relevant information of the services are services and the service accomplishments for each of its three largest program services are services ar		s. In a clear and concise				
	EDUCATION AND RESEARCH IN LIVING WI						
28	EDUCATION AND RESEARCH IN LIVING WI	IR AAI					
				_	000		
00	(Grants \$) If this amount includes foreign	grants, check here			28a		
29							
	(Grants \$) If this amount includes foreign	aranta abaali bara	`		000		
20	(Grants \$) If this amount includes foreign	grants, check here			29a		
30							
	(Grants \$) If this amount includes foreign	aranta, abaak bara			200		
01					30a		
31	(Grants \$) If this amount includes foreign	arante chock horo			31a		
20	Total program service expenses (add lines 28a through 31a)				32		0.
P	art IV List of Officers, Directors, Trustees, and Key E		even if not compensated - s	ee the i		Part IV)	
	Check if the organization used Schedule O to res						
		(b) Average hours	(C) Reportable		alth benefits,	(e) Estir	mated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC/	` contr	ributions to	amount c	
		position	1099-NEC) (if not paid, enter -0-)	plans,	and deferred	compen	sation
RY	AN BREGANTE		(
	RESIDENT	60.00	0.		0.		0.
	ANIEL MILCHEV				•••		•••
	REASURER	3.00	0.		0.		0.
	ARCI TATHAM				•••		•••
	ECRETARY	10.00	0.		0.		0.
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		-				990-EZ	

Form	990-EZ (2021) LIVING WITH XXY INC. 84-2591			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	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 O	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	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			
	on lines 2, 6a, and 7a, among others)?	35a		X
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			
	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?	<u>38a</u>		x
	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	-		
39	Section 501(c)(7) organizations. Enter:			
		-		
	Gross receipts, included on line 9, for public use of club facilities 39b N/A Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
40 a	section 4911 \blacktriangleright 0 • ; section 4912 \blacktriangleright 0 • ; section 4912 \blacktriangleright 0 • ; section 4912			
ь	Section 4911 P 0 0 0, section 4912 P 0 0 0, section 4933 P 0 0 0, 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 D .			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed \blacktriangleright CA			
42 a	The organization's books are in care of \triangleright RYAN BREGANTE Telephone no. \triangleright 619-30			
	Located at ► 3960 WEST POINT LOMA BLVD #H240, SAN DIEGO, CA ZIP+4 ► 9	211	0	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		res	X
	account)? If "Yes," enter the name of the foreign country	42b		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
r	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
U	If "Yes," enter the name of the foreign country	420		
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	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 0	44d		17
	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	45		
_	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		1

Form **990-EZ** (2021)

						· ·	1	'es N	40
	rganization engage, directly or indirectly, in pol								v
	Section 501(c)(3) Organizations	Only					46		X
		-	Ob and 50 and a merit	a tha tables for live	50	51			
	All section 501(c)(3) organizations must a Check if the organization used Schedule	•						Г	
	Check in the organization used Schedule	o to respond to any	question in this Part VI			<u></u>		… ∟ ′es N	10
7 Did the o	rganization engage in lobbying activities or hav	e a section 501(h) elect	on in effect during the tax w	rear?					10
	complete Sch. C, Part II	()	0,				47		х
B Is the ord	panization a school as described in section 170	(h)(1)(A)(ii)? If "Yes " co	molete Schedule F			····· –	48		X
	rganization make any transfers to an exempt n						19a		x
b If "Yes." v	vas the related organization a section 527 orga	nization?				4	9b		
	e this table for the organization's five highest co							/ed mor	re
-	0,000 of compensation from the organization. I			, , ,	.,				
	(a) Name and title of each employee		(b) Average hours	(C) Reportable	(d) Health	benefits,	(e) E	stimate	ed
	· · ·		per week devoted to	compensation (Forms W-2/1099-MISC/		e benefit	amoui	nt of oth	her
	NON	Έ	position	1099-NEC)	plans, and comper		comp	pensatic	on
				1	1				
I Complete	e this table for the organization's five highest co			ived more than \$100,0)00 of con	npensatio	n from	the	
1 Complete organizat		mpensated independen E	t contractors who each rece	ived more than \$100,() Type of service)00 of con	-	n from ompens		
1 Complete organizat	e this table for the organization's five highest co tion. If there is none, enter "None." NON	mpensated independen E	t contractors who each rece		000 of con	-			
1 Complete organizat	e this table for the organization's five highest co tion. If there is none, enter "None." NON	mpensated independen E	t contractors who each rece		000 of con	-			
l Complete organizat	e this table for the organization's five highest co tion. If there is none, enter "None." NON	mpensated independen E	t contractors who each rece		000 of con	-			
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1 Complete organizat (a) № d Total nun 2 Did the o complete nder penalties	e this table for the organization's five highest co tion. If there is none, enter "None." NON Name and business address of each independer ware and business address of each independer of each independer nber of other independent contractors each rec rganization complete Schedule A? Note: All se ad Schedule A	eiving over \$100,000 ction 501(c)(3) organiza	tions must attach a	 D) Type of service D) Type of servic	st of my ki	(c) Cc	yes		
1 Complete organizat (a) N (a) N (a) N (a) N (a) N (c)	e this table for the organization's five highest co ion. If there is none, enter "None." NON Ware and business address of each independen ware and business address of each independen not business address of each independent solution complete schedule A? Note: All se id Schedule A	eiving over \$100,000 ction 501(c)(3) organiza	tions must attach a	 D) Type of service D) Type of servic	st of my ki	(c) Cc	yes		
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d Total nun 2 Did the o complete nder penalties ue, correct, a	e this table for the organization's five highest co- tion. If there is none, enter "None." NON Ware and business address of each independer ware and business address of each independer ware and business address of each independer model of each independent contractors each recor- rganization complete Schedule A? Note: All se ad Schedule A	eiving over \$100,000 ction 501(c)(3) organiza return, including accom n officer) is based on al	tions must attach a	 D) Type of service D) Type of servic	st of my ki	(c) Cc	yes		
d Total nun 2 Did the o complete nder penalties ue, correct, a	e this table for the organization's five highest co tion. If there is none, enter "None." NON Name and business address of each independer ware and business address of each independer not business address of each independer sof perjury, I declare that I have examined this nd complete. Declaration of preparer (other tha	eiving over \$100,000 ction 501(c)(3) organiza return, including accom n officer) is based on al	tions must attach a	 D) Type of service D) Type of servic	st of my ki	(c) Cc	yes		
d Total nun 2 Did the o complete nder penalties ue, correct, a	e this table for the organization's five highest co ion. If there is none, enter "None." NON Ware and business address of each independent ware and business address of each independent not business address of each independent mber of other independent contractors each rec rganization complete Schedule A? Note: All se ad Schedule A s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other that Signature of officer RYAN BREGANTE, PRES Type or print name and title	eiving over \$100,000 ction 501(c)(3) organiza return, including accom n officer) is based on al	tions must attach a panying schedules and stat		st of my kite.	(c) Cc	yes		
d Total nun 2 Did the o complete nder penalties ue, correct, a iign lere	e this table for the organization's five highest co ition. If there is none, enter "None." NON Ware and business address of each independent ware and business address of each independent of each independent contractors each rec rganization complete Schedule A? Note: All se ad Schedule A s of perjury, I declare that I have examined this ind complete. Declaration of preparer (other that Signature of officer RYAN BREGANTE, PRES	eiving over \$100,000 ction 501(c)(3) organiza return, including accom n officer) is based on al	tions must attach a		st of my ki e. Date	(c) Cc	yes		
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Complete organizat (a) N (a) N (b) N (c)	this table for the organization's five highest co- tion. If there is none, enter "None." NON Wame and business address of each independer wame and business address of each independer of each independent contractors each recor- rganization complete Schedule A? Note: All se ad Schedule A	eiving over \$100,000 ction 501(c)(3) organiza return, including accom n officer) is based on al IDENT Preparer's signature TANCY GROUE	t contractors who each recer (t (t (t (t) (t) (t) (t) (t) (b) Type of service b) Type of s	st of my kr e. Date	(c) Cc (c) Cc ∑ Nowledge	<u>Yes</u> and be	27 7 6	
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Complete organizat (a) N (a) N (a) N (b) N (c) N (this table for the organization's five highest co- tion. If there is none, enter "None." NON Wame and business address of each independer wame and business address of each independer of each independent contractors each recor- rganization complete Schedule A? Note: All se ad Schedule A	eiving over \$100,000 ction 501(c)(3) organiza return, including accom n officer) is based on al IDENT Preparer's signature DR. SUITE CA 92126	t contractors who each recer (t (t (t (t) (t) (t) (t) (t) (b) Type of service b) Type of s	st of my kr e. Date	(c) Cc (c) Cc X Nowledge TIN P 0 0 3 − 0 6 7 − 3 6 2	<u>Yes</u> and be	77 6 99	

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Nan	ne of t	the organization							identification number
Da	rt I	LIVI Reason for Public (NG WITH XX			ia ia ant \ C			4-2591505
							ee instruction	s.	
	organ	ization is not a private found							
1		A church, convention of ch	,			on 170(b)(*	1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative					•		Ale a la constantia de constant
4		A medical research organiz city, and state:	ation operated in col	njunction with a nospital	described	in sectio	on 170(b)(1)(A	(III). Enter	the nospital's name,
5		An organization operated for section 170(b)(1)(A)(iv). (0		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	\square	An organization that norma	-					e general i	oublic described in
		section 170(b)(1)(A)(vi). (C	-					3	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	unction with a	land-grant	college
		or university or a non-land-g	-			-		-	-
		university:		· · · ·					
10	X	An organization that norma activities related to its exen							
		income and unrelated busir		•	. ,				0
		See section 509(a)(2). (Co		. ,		·	, .		·
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section &	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with its	s supporte	ed organization	n(s), by hav	ving
		control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness
		requirement (see instruct		-					
е		Check this box if the orga					Type I, Type	II, Type III	
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.			[]
		er the number of supported o	0						
g		vide the following information i) Name of supported	i about the supporte	d organization(s).	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	``	organization	(,	(described on lines 1-10	in your governi Yes	ing document? No	support (see ir	2	support (see instructions)
				above (see instructions))	103				
Tota	al								

Schedule A	Form	990)	202
JULIEUUIE A		330	202

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
	fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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.						
	ction B. Total Support				ł		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
	Gross receipts from related activities,	etc. (see instruction	l ans)			12	
	First 5 years. If the Form 990 is for th	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fourth or fifth tax			
10	organization, check this box and sto						
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	%
	Public support percentage from 2020		•			15	%
	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o		•				
	and stop here. The organization qual			- 41			
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	withow the organiz	
h	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets the						1070 01
	organization meets the facts-and-circl						
18	Private foundation. If the organization				••••		
			Sox on mo ro, ro	a, 100, 17a, 01 171			(Form 990) 2021

Schedule A (Form 990) 2021

132022 01-04-22

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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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			24,527.	50,641.	129,772.	204,940.
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.	129,772.	204,940.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
C	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						204,940.
	ction B. Total Support		1				
	ndar year (or fiscal year beginning in) 🕨 🛛	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6			24,527.	50,641.	129,772.	204,940.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					9.	9.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b					9.	9.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain		1				
	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.	129,781.	204,949.
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax ye	ear as a section 5	01(c)(3) organizatic	on,
	check this box and stop here	~ ·····					
Sec	ction C. Computation of Public	c Support Per	rcentage				
15	Public support percentage for 2021 (li	ne 8, column (f), (divided by line 13,	column (f))		15	100.00 %
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	100.00 %
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	.00 %
18	Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box an	-					► X
b	33 1/3% support tests - 2020. If the						nd
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						
13202	23 01-04-22					Schedule A	(Form 990) 2021

Yes

No

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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes." *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

132024 01-04-21

Schedule A (Fe	orm 990)	2021	LIVING	WITH	XXY	INC.
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			

			100	110
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section 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. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity.	Describe in Part VI how you supported a g	overnmental entity (see instruction <u>s).</u>
-----	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on 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.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes." describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

9

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)		
1 Net s	short-term capital gain	1				

Schedule A (Form 990) 2021

LIVING WITH XXY INC.

2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
- 4 5	Depreciation and depletion	5		
6		- 5		
0	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		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
-	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
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		
	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

2	Amounts paid to perform activity that directly furthers exempt purposes of supported
	organizations, in excess of income from activity
3	Administrative expenses paid to accomplish exempt purposes of supported organizations
4	Amounts paid to acquire exempt-use assets
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)
6	Other distributions (describe in Part VI). See instructions.
7	Total annual distributions. Add lines 1 through 6.
8	Distributions to attentive supported organizations to which the organization is responsive

	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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Current Year

Schedule A (Form 99

Section D - Distributions

90) 2021	LIVING	WITH	XXY	INC.
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1 Amounts paid to supported organizations to accomplish exempt purposes

Schedule A	(Form 990) 2021	LIVING	WITH	XXY	INC.				84-2591505	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	nation. Pro 2, 3b, 3c, 4b,	vide the ex 4c, 5a, 6,	kplanatio 9a, 9b, 9	ons requi 9c, 11a,	red by Part II, 11b, and 11c	; Part IV, Section E	3, lines 1 a	7b; Part III, line 12; and 2; Part IV, Section	C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V,	Section E,	lines 2,	5, and 6	. Also comple	ete this part for any	additiona	al information.	

132028 01-04-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

...

Name of the organizatio

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

84-2591505

lame (of the	organ	Izatio	n	

Organization type (check of	lej.
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

LIVING WITH XXY INC.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots b \$

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

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

Schedule B (Form 990) (2021)

LIVING WITH XXY INC.

Name of organization

Employer identification number

84-2591505

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 RICHARD BREGANTE X Person Payroll 942 TINGLEY LANE 55,000. Noncash \$ (Complete Part II for SAN DIEGO, CA 92106 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) 123452 11-11-21

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Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021

Name of organization

Page **3**

LIVING WITH XXY INC.

Employer identification number

84-2591505

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		e	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		(_	
453 11-11-		\$	Schedule B (Form 990) (20

lame of organiz	ation		Employer identification number		
IVING W	ITH XXY INC.		84-2591505		
Part III Exc		ions to organizations described in sections the section of the sec	on 501(c)(7), (8), or (10) that total more than \$1,000 for the yea		
com	pleting Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or les	s for the year. (Enter this info. once.) S		
(a) No.	e duplicate copies of Part III if additional	space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transferee		
a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(a) Transfer of sift			
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
—					
(a) No. from					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
			_		
			_		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
a) No. from Part I		(e) Transfer of gift			
a) No. from Part I	(b) Purpose of gift	(e) Transfer of gift	(d) Description of how gift is held		
a) No. from Part I		(e) Transfer of gift			
(a) No. from Part I		(e) Transfer of gift			

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest in	cific questions on information. Z.	OMB No. 1545-0047
Name of the organizatio	n	Empl	loyer identification number
	LIVING WITH XXY INC.	04	-2291202
<u>FORM 990-EZ,</u>	PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION	OF OTHER REVENUE:		AMOUNT:
INTEREST INC	OME		9.
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION	OF OTHER EXPENSES:		AMOUNT:
OFFICE SUPPL	IES		8,846.
TELEPHONE			181.
INSURANCE			1,442.
ADVERTISING	& MARKETING		2,262.
DUES & SUBSC	RIPTIONS		2,069.
TRAVEL			2,124.
MERCHANT FEE	S		1,661.
MEALS & ENTE	RTAINMENT		149.
FEDERAL & ST	ATE TAXES		50.
EQUIPMENT RE	NTAL		255.
OUTSIDE SERV	ICES		8,956.
TOTAL TO FOR	M 990-EZ, LINE 16		27,995.
FORM 990-EZ,	PART II, LINE 26, OTHER LIABILITIES	5:	
DESCRIPTION		BEG. OF YEAR	END OF YEAR
SALES TAX PA	YABLE	0.	11.
	PART III, PRIMARY EXEMPT PURPOSE -	EDUCATION AND	RESEARCH IN
LIVING WITH	XXY		
-	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	5	Schedule O (Form 990) 202 [.]
132211 11-11-21	17		

17 2021 02041 דדעדאים שדשים איני דאים

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Schedule O (Form 990) 2021	Page 2
Name of the organization LIVING WITH XXY INC.	Employer identification number 84-2591505
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	T CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	DS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	ACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	MS, DIRECTLY,
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

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021) 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	S 1 Failure to su organizatio minimum tax	IUAL REGISTRATION RENEW TO ATTORNEY GENERAL OF ections 12586 and 12587, California 1 Cal. Code Regs. sections 301-306, ubmit this report annually no later than four months a n's accounting period may result in the loss of tax ex of \$800, plus interest, and/or fines or filing penalties 23703; Government Code section 12586.1. IRS exter	CALIFO Governme 309, 311, and fifteen days comption and the s. Revenue & Ta	RNIA ent Code and 312 after the end of the he assessment of a axation Code section	DEPARTMENT (For Registry Use Only)		STICE E 1 of 5
LIVING WITH XXY Name of Organization List all DBAs and names the organization				ange of address nended report			
3960 WEST POINT		LVD #H240	State Ch	arity Registration Nur	mber ст 0266995		
Address (Number and Street)	92110		Corporat	ion or Organization N	o 84-259150		
City or Town, State, and ZIP Code 619-300-8836		LIVINGWITHXXY.ORG		Employer ID No. 84			
Telephone Number	E-mail Addres	3S					
ANNUAL RE	GISTRATION	RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departm			311, and 312)		
<u>Total Revenue</u> Less than \$50,000 Between \$50,000 and \$100,0 Between \$100,001 and \$250,		<u>Total Revenue</u> Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 millio			001 and \$100 million 0,001 and \$500 millior) million		_
PART A - ACTIVITIES							
		period (beginning $01/01/20$ 781 Noncash Contributions \$		ding <u>12/31/2</u> <u>0</u> Total Asse penses \$		7,7	<u>45</u>
PART B - STATEMENTS REG	ARDING ORC	GANIZATION DURING THE PERIOD C	of this re	EPORT			
		you answer "yes" to any of the ques Is for each "yes" response. Please re				Yes	No
o 1 o 1		any contracts, loans, leases or other fi of, either directly or with an entity in wl			v		x
2. During this reporting period or funds?	od, was there a	any theft, embezzlement, diversion or n	nisuse of th	ne organization's char	itable property		x
3. During this reporting period	od, were any o	rganization funds used to pay any pen	alty, fine or	judgment?			x
4. During this reporting period		ervices of a commercial fundraiser, fund	draising co	unsel for charitable p	urposes, or		x
5. During this reporting period	od, did the org	anization receive any governmental fur	nding?				x
6. During this reporting period	od, did the org	anization hold a raffle for charitable pu	rposes?				x
7. Does the organization co	nduct a vehicle	e donation program?					x
5	•	ndent audit and prepare audited finances for this reporting period?	ial stateme	ents in accordance wi	th		x
9. At the end of this reportir	g period, did t	he organization hold restricted net ass	ets, while r	eporting negative unr	estricted net assets?		x
		ve examined this report, including ac complete, and I am authorized to sig		ng documents, and t	to the best of my know	wledge	
Signature of Authorized Accest		AN BREGANTE		PRESIDENT	C .		
Signature of Authorized Agent	Pri	nted Name	1	Title	Date		

Fori	" 990-EZ	Short Form Return of Organization Exemp	t Fro	m Income	Тах	OMB No. 1545-0			
	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 for	rm, as it	may be made pul	olic.	Open to Pub			
	artment of the Treasury nal Revenue Service	► Go to www.irs.gov/Form990EZ for instructions	s and the	e latest informatio	on.	Inspection			
		year, or tax year beginning	a	nd ending					
B i	Check if C N	ame of organization			D Employer iden	itification number			
	Address change	NTNO WINI YYY INO			84-259	1 5 0 5			
	Nun	IVING WITH XXY INC. her and street (or P.O. box if mail is not delivered to street address)		Room/suite	64-259 E Telephone nui				
	Final return/	960 WEST POINT LOMA BLVD #H240		noom/suite	-	0-8836			
		or town, state or province, country, and ZIP or foreign postal code			F Group Exempt				
	, anona o a rotari	AN DIEGO, CA 92110			Number				
G	Accounting Method:	X Cash Accrual Other (specify) ►				if the organizati			
		LIVINGWITHXXY.ORG				o attach Schedule I			
J	Tax-exempt status (cl	neck only one) $ X$ 501(c)(3) 501(c) () \triangleleft (insert no.)	4947	(a)(1) or 527	(Form 990).				
	Form of organization:		Other						
		b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or	if total assets (Part I		100 8			
	column (B)) are \$500,	000 or more, file Form 990 instead of Form 990-EZ	Polone		• \$	129,7			
Pi					,				
		organization used Schedule O to respond to any question in this Part I				129,7			
		gifts, grants, and similar amounts received				129,1			
		ues and assessments							
	4 Investment inc								
	-	from sale of assets other than inventory	1 I						
		ther basis and sales expenses	5b						
		from sale of assets other than inventory (subtract line 5b from line 5a)			5c				
	6 Gaming and fu	ndraising events:							
Ð	a Gross income	from gaming (attach Schedule G if greater than							
Revenue	\$15,000)		6a						
Jev V		from fundraising events (not including \$	of contri	butions					
-		ng events reported on line 1) (attach Schedule G if the sum of such							
	-	and contributions exceeds \$15,000)	6b						
		penses from gaming and fundraising events	6c	20)	0.1				
		(loss) from gaming and fundraising events (add lines 6a and 6b and sub inventory, less returns and allowances	7a		6d				
		oods sold	7a 7b						
	c Gross profit of	(loss) from sales of inventory (subtract line 7b from line 7a)			7c				
	8 Other revenue	(describe in Schedule 0)	E SCI	HEDULE O	8				
	9 Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				129,7			
		nilar amounts paid (list in Schedule O)							
	11 Benefits paid t	o or for members			11				
S	12 Salaries, other	compensation, and employee benefits			12				

Open to Public Inspection

2021

	Final	Final return/ terminated 3960 WEST POINT LOMA BLVD #H240			619-30	619-300-8836			
	Ame	nded return City or town, state or province, country, and ZIP or foreign postal code	Group Exempti	on					
	Applic	ation pending SAN DIEGO, CA 92110	Number 🕨						
G /		nting Method: X Cash Accrual Other (specify)		Н	Check \blacktriangleright if the organization is				
		te: NWW.LIVINGWITHXXY.ORG				attach Schedule B			
		empt status (check only one) $-$ X 501(c)(3) 501(c) () (insert no.) 4947(a	a)(1) or 527	(Form 990).				
		of organization: X Corporation Trust Association	Other						
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000		total assets (Part II,					
		n (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	,	,	🕨 \$	129,781.			
	art I	Revenue, Expenses, and Changes in Net Assets or Fun	d Balance	S (see the instruct	ions for Part I)				
		Check if the organization used Schedule O to respond to any question in this Part	I	-		X			
	1	Contributions, gifts, grants, and similar amounts received				129,772.			
	2	Program service revenue including government fees and contracts							
	3	Membership dues and assessments							
	4	Investment income							
	5a	Gross amount from sale of assets other than inventory	5a						
	b	Less: cost or other basis and sales expenses							
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a			5c				
	6	Gaming and fundraising events:							
-	a	Gross income from gaming (attach Schedule G if greater than							
nue		\$15,000)	6a						
Revenue	b	Gross income from fundraising events (not including \$	of contribu	utions					
		from fundraising events reported on line 1) (attach Schedule G if the sum of such							
		gross income and contributions exceeds \$15,000)	6b						
	c	Less: direct expenses from gaming and fundraising events							
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and s		;)	6d				
	7a	Gross sales of inventory, less returns and allowances	7a						
	b	Less: cost of goods sold	7b						
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)							
	8	Other revenue (describe in Schedule 0)	SEE SCH	EDULE O	. 8	9.			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	129,781.			
	10	Grants and similar amounts paid (list in Schedule 0)			10				
	11	Benefits paid to or for members							
ş	12	Salaries, other compensation, and employee benefits			12				
Expenses	13	Professional fees and other payments to independent contractors				2,850.			
xpe	14	Occupancy, rent, utilities, and maintenance			14	110.			
Ш	15	Printing, publications, postage, and shipping			15				
	16	Other expenses (describe in Schedule 0)	SEE SCH	EDULE O	16	27,995.			
	17	Total expenses. Add lines 10 through 16			► 17	30,955.			
ŝ	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	98,826.					
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))							
As		(must agree with end-of-year figure reported on prior year's return)	19	58,908.					
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)	20	0.					
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	157,734.			
LHA	A For	Paperwork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2021)			

	n 990-EZ (2021) LIVING WITH XXY INC.		8	84-	25915	05 Page 2
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp					
			A) Beginning of year			nd of year
22			58,908.			157,745.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0)		E0 000	24		167 746
25			58,908.			<u>157,745.</u> 11.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE O		0. 58,908.			157,734.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) art III Statement of Program Service Accomplishmen	its (see the instructi	ons for Part III)	21		
	Check if the organization used Schedule O to resp		,	X		penses for section
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE O				501(c)(3)	and 501(c)(4)
	ribe the organization's program service accomplishments for each of its three largest program se		In a clear and concise		others.)	ons; optional for
	ner, describe the services provided, the number of persons benefited, and other relevant information					
28	EDUCATION AND RESEARCH IN LIVING WIT	ГН ХХҮ				
	(Grants \$) If this amount includes foreign g	rants, check here			28a	
29						
				_		
	(Grants \$) If this amount includes foreign g	grants, check here	►		29a	
30						
	(Grants \$) If this amount includes foreign g	rants, check here			30a	
21					304	
01	(Grants \$) If this amount includes foreign g				31a	
32	Total program service expenses (add lines 28a through 31a)				32	0.
Pa	art IV List of Officers, Directors, Trustees, and Key Ei	mployees (list each one e	even if not compensated - se	ee the	instructions fo	r Part IV)
	Check if the organization used Schedule O to resp	oond to any question	in this Part IV			
		(b) Average hours	(C) Reportable compensation (Forms	(d) не	alth benefits, ributions to	(e) Estimated
	(a) Name and title	per week devoted to	W-2/1099-MISC/	empl	and deferred	amount of other
		position	(if not paid, enter -0-)		pensation	compensation
-	AN BREGANTE				•	
	ESIDENT	60.00	0.		0.	0.
-	NIEL MILCHEV	2 00	0		0	0
	EASURER RCI TATHAM	3.00	0.		0.	0.
	CRETARY	10.00	0.		0.	0.
01		10.00	0.		0.	0.
		-				
		1				
		-				
		-				
		-				
		-				
		-				

Form **990-EZ** (2021)

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			X
		Tart		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	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	34		Х
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)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	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			v
	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,"	0.0		x
97 0	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions V 37a 0 .	36		Δ
	Did the organization file Form 1120-POL for this year?	37b	-	X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made	3/0		
00 a	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 38b N/A	000		
39	Section 501(c)(7) organizations. Enter:	1		
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 ▶ ; section 4912 ▶ ; section 4955 ▶ 0.			
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			
	by the organization U . All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
е		40e	-	x
41	transaction? If "Yes," complete Form 8886-1 List the states with which a copy of this return is filed \blacktriangleright CA	400		
	The organization's books are in care of \triangleright RYAN BREGANTE Telephone no. \triangleright 619–30	0-8	836	
	Located at ▶ 3960 WEST POINT LOMA BLVD #H240, SAN DIEGO, CA ZIP+4 ▶ 9	211	0	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	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).			
C	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	N/A	🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	IN/A		
			Yes	No
11 9	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		100	
u	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	. 14		_
5	of Form 990-EZ	44b		Х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	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		
	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			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		Form 9	90-EZ	(2021)

LIVING WITH XXY INC.

Form 990-EZ (2021)

132173 12-08-21

84-2591505

Page 3

orm 990-EZ (2021) LIVING WITH XXY	INC.				84-25915	505	Pa	ge
						_	Y	'es I	N
Did the o	rganization engage, directly or indirectly, in pol	itical campaign activities	s on behalf of or ir	n oppositior	n to candidates for pu	ublic office?			
	complete Schedule C, Part I						46		Х
	Section 501(c)(3) Organizations	-							
	All section 501(c)(3) organizations must a							-	
	Check if the organization used Schedule	O to respond to any o	question in this l	Part VI				L	_
						Г	ľ	'es I	Nc
	rganization engage in lobbying activities or hav	()		,					77
	complete Sch. C, Part II						47		X
	panization a school as described in section 170						48		X
	rganization make any transfers to an exempt no						49a		Х
	vas the related organization a section 527 organ						49b		
-	e this table for the organization's five highest co		•	s, directors	, trustees, and key er	nployees) who ea	ch recer	/ed mo	re
than \$10	0,000 of compensation from the organization. I	t there is none, enter "No	_	h a a	(-)	(d)	(-) [·	
	(a) Name and title of each employee		(b) Average per week dev		(C) Reportable compensation (Forms	(d) Health benefits contributions to	(-)	stimat nt of o	
	NON	τ ρ	position		W-2/1099-MISC/ 1099-NEC)	employee benefit plans, and deferred		pensati	
	INOIN	E .				compensation	-		
									—
							+		
									—
Complete	e this table for the organization's five highest co			each receiv	ved more than \$100,0	000 of compensat	ion from	the	
	ion. If there is none, enter "None." NON				- / ·				
(a) [Name and business address of each independer	it contractor		(D)	Type of service	(C) (Compens	ation	
									—
Total accord	abox of other independent contractions and	aiving over \$100.000			•	I			
	nber of other independent contractors each rec	•			🕨				—
	rganization complete Schedule A? Note: All sec	.,.,					Yes		
	d Schedule A					· · · ·			N(
•	s of perjury, I declare that I have examined this					, ,	je and b	ellet, it	IS
, correct, a	nd complete. Declaration of preparer (other tha	ii officer) is based on all	information of wi	nich prepar	er nas any knowledg	e.			
gn 🕨	Signature of officer					Date			—
ere 📐	RVAN BREGANDE DDEC	TDFNT							
	RYAN BREGANTE, PRES Type or print name and title								
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
	1 1110 1 ypo proparet 5 flattie	i roparor o orginature		υαισ	self- emplo				
id	COMM M I VONC ODA				sen- emplo	-	0700	77	
eparer	SCOTT M. LYONS, CPA)			P003			
e Only	Firm's name LYONS ACCOUNT					▶ 33-067			
	Firm's address > 7964 ARJONS		D		Phone no.	858-362	2 – T O	צצ	
	SAN DIEGO,						7		
/ the IRS di	scuss this return with the preparer shown abov	e? See instructions					ζ Yes		N
						F	orm 99()-EZ (2	02

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

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Nam	e of t	he organization							identification number
_							4-2591505		
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found			-	-			
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)([.]	I)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	-						
7		An organization that normal	-	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general	oublic described in
~		section 170(b)(1)(A)(vi). (C							
8		A community trust describe			-				
9		An agricultural research org				-		-	-
		or university or a non-land-g university:	rant college of agric	מונטו פ נשבי וושנו טכנוטרוג).		name, city	, and state of	the college	
10	X	An organization that normal	lly receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	ne membereb	in fees an	d aross receipts from
		activities related to its exem							
		income and unrelated busin							-
		See section 509(a)(2). (Cor		(1000 000 100 100 100 100 100 100 100 10					
11		An organization organized a		vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (Check the box on
		lines 12a through 12d that of	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with it	s supporte	ed organization	n(s), by hav	ving
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	-						
с		Type III functionally inte						ly integrate	ed with,
		its supported organization		· ·			-		
d		Type III non-functionally						-	
		that is not functionally int			•		-	an attentiv	/eness
		requirement (see instructi Check this box if the orga	,	•	-				
е		functionally integrated, or					турет, туре	п, туре ш	
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	ng organiz	ation.			
' a		vide the following information	•	d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota									

132022 01-04-22

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e)	2021	(
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.							
Se	ction B. Total Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e)	2021	(
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots							
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 th	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)		
	organization, check this box and stop							
Se	ction C. Computation of Publi	c Support Per	rcentage					
14	Public support percentage for 2021 (li	ine 6, column (f), c	livided by line 11,	column (f))		14		
	Public support percentage from 2020							
16 a	a 33 1/3% support test - 2021. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, che	ck this bo	x and
	stop here. The organization qualifies							
k	33 1/3% support test - 2020. If the c							
	and stop here. The organization qual	ifies as a publicly	supported organization	ation				

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

2021

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

\mathbf{IG}	WITH	XXY	INC.	84-25
Niz:	atione D	oscrib	ad in Sactiv	$ne \frac{170}{h}(1)(1)(1)(2)$

(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.)

Schedule A (Form 990) 2021 Part II

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

91505 <u>Page 2</u>

(f) Total

(f) Total

►

%

%

(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			24,527.	50,641.	129,772.	204,940.
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						
6	the organization without charge Total. Add lines 1 through 5			24,527.	50,641.	129,772.	204,940.
	Amounts included on lines 1, 2, and						-
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						204,940.
	Public support. (Subtract line 7c from line 6.)						204,940.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(u) 2011	(5) 2010	24,527.	50,641.	129,772.	204,940.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					9.	9.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					9.	9.
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.	129,781.	204,949.
14	First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax ye	ear as a section 5	01(c)(3) organizatic	on,
Sec	ction C. Computation of Public	; Support Pe	rcentage			I	
15	Public support percentage for 2021 (lin	ne 8, column (f), c	divided by line 13,	column (f))			100.00 %
	Public support percentage from 2020					16	100.00 %
	ction D. Computation of Invest		Ţ				
	Investment income percentage for 202			ine 13, column (f))		17	.00 %
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the o	-					
h	more than 33 1/3%, check this box and 33 1/3% support tests - 2020. If the d						►X
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						
	23 01-04-22		··- · · , · ·	, , , , .			(Form 990) 2021

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Yes

No

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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

LIVING WITH XXY INC. Schedule A (Form 990) 2021 Supporting Organizations (continued

11	Has the organization accepted a gift or contribution from any of the following persons?
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and
	11c below, the governing body of a supported organization?

- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI

Section B. Type I Supporting Organizations

Part IV

- Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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).

Section D. All Type III Supporting Organizations

Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- 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.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С

2021

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

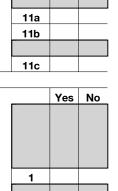
2a

2b

3a

No

Yes



Yes

No

Yes No 1

2

	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Section 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		
Section 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		
88	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 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-functionally integrated Type III supporting organization (see			
	instructions).	-		

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

LIVING WITH XXY INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2021

84-2591505 Page 6

132026 01-04-22

Schedule A (Form 990) 2021

1

1

Schedule A (Form 990) 2021

Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
-	Excess from 2018				
	Excess from 2019				
-	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

1

Schedule A	(Form 990) 2021	LIVIN	S WITH	XXY	INC.	84-25915	05 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. P 2, 3b, 3c, 4 lines 2 and 3	rovide the e o, 4c, 5a, 6, ; Part IV, Se	xplanati 9a, 9b, ection E,	ons required by Part II, line 9c, 11a, 11b, and 11c; Pa lines 1c, 2a, 2b, 3a, and 3	e 10; Part II, line 17a or 17b; Part III, line 1 rt IV, Section B, lines 1 and 2; Part IV, Se b; Part V, line 1; Part V, Section B, line 1 his part for any additional information.	l2; ction C,
	(See instructions.)						

Schedule A (Form 990) 2021

132028 01-04-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

84-2591505

LIVING	WITH	XXY	INC.

Section:
\fbox 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots b \$

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

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

Schedule B (Form 990) (2021)

LIVING WITH XXY INC.

Name of organization

Employer identification number

84-2591505

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 RICHARD BREGANTE X Person Payroll 942 TINGLEY LANE 55,000. Noncash \$ (Complete Part II for SAN DIEGO, CA 92106 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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12200511 760505 7060

Name of organization

Part II

(a)

LIVING WITH XXY INC.

(c) No. (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
23453 11-11-21			Schedule B (Form 990) (202

(d)

(d)

(d)

(d)

Employer identification number

84-2591505

Name of o	organization			Employer identification number
LIVIN	G WITH XXY INC.			84-2591505
Part III) through (e) and the following charitable, etc., contributions of \$1 ,	line entry. For o	01(c)(7), (8), or (10) that total more than \$1,000 for the year roanizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, a			elationship of transferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional Attach to Form 990 or Form 990-E Go to www.irs.gov/Form990 for the latest in	ecific questions on l information. Z.	OMB No. 1545-0047 2021 Open to Public Inspection
Name of the organization	LIVING WITH XXY INC.		loyer identification number 1-2591505
FORM 990-EZ,	PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION	OF OTHER REVENUE:		AMOUNT:
INTEREST INC	OME		9.
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION	OF OTHER EXPENSES:		AMOUNT:
OFFICE SUPPL	IES		8,846.
TELEPHONE			181.
INSURANCE			1,442.
ADVERTISING	& MARKETING		2,262.
DUES & SUBSC	RIPTIONS		2,069.
TRAVEL			2,124.
MERCHANT FEE	S		1,661.
MEALS & ENTE	RTAINMENT		149.
FEDERAL & ST.	ATE TAXES		50.
EQUIPMENT RE	NTAL		255.
OUTSIDE SERV	ICES		8,956.
TOTAL TO FOR	M 990-EZ, LINE 16		27,995.
FORM 990-EZ,	PART II, LINE 26, OTHER LIABILITIES	5:	
DESCRIPTION		BEG. OF YEAR	END OF YEAR
SALES TAX PA	YABLE	0.	11.
FORM 990-EZ,	PART III, PRIMARY EXEMPT PURPOSE -	EDUCATION AND	RESEARCH IN
LIVING WITH	XXY		
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.		Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
LIVING WITH XXY INC.	84-2591505
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	T CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	DS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	ACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	MS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
132212 11-11-21	Schedule O (Form 990) 2021

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 YEARCalifornia Exempt Organization2021Annual Information Return

	202	Annual Information Retu	urn					199)
Cale	ndar Yea	r 2021 or fiscal year beginning (mm/dd/yyyy)		, and ending	(mm/dd/yy	/y)			
Corp	oration/Org	ganization name			Cal	ifornia corp	oration n	umber	
.						4201	417		
		MITH XXY INC. mation. See instructions.			FF	4301	413		
Auun		nation. See instructions.			''	84-2	591	505	
Stree	t address ((suite or room)				PMB no.	<u> </u>	505	
39	60 W	EST POINT LOMA BLVD #H240							
City					State	ZIP code			
SA	N DI	EGO			CA	9211			
Forei	gn country	name Foreign provinc	ce/state/county			Foreign p	ostal co	de	
-	First ratu	ırn Yes X		o organization boy			auidali		
	First retu	d return Yes X		e organization hav		•	•		X No
C	IRC Sect	ed return Yes X No not reported to the FTB? See instructions • [tion 4947(a)(1) trust Yes X No J If exempt under R&TC Section 23701d, has the organization							
D		ormation return?	_	ed in political activ					X No
	•	Dissolved Surrendered (Withdrawn) Merged/Reorganize						701g? • 🗌 Yes 🗌	X No
		: (mm/dd/yyyy) •		," enter the gross					
				organization a lim				• Yes 🖸	X No
F		return filed? (1) ● 990т (2) ● 990РF (3) ● Sch н (1 Other 990 series		e organization file taxable income?				• Yes	X No
G		group filing? See instructions • Yes X	No N Is the	organization unde					
		rganization in a group exemption Yes 🚺	No IRS au	idited in a prior ye					X No
	lf "Yes," v	what is the parent's name?		eral Form 1023/10					X No
			Date f	led with IRS					
P	artl (Complete Part I unless not required to file this form. See Gener	ral Information B	and C					
		1 Gross sales or receipts from other sources. From Side 2,				•	1		9 00
		 2 Gross dues and assessments from members and affiliates 				•	2		00
		3 Gross contributions, gifts, grants, and similar amounts re					3	129,7	72 00
R	eceipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.							
n	and	This line must be completed. If the result is less than \$5					4	129,78	<u>81 00</u>
Re	evenues	5 Cost of goods sold				00			
		 6 Cost or other basis, and sales expenses of assets sold 7 Total costs. Add line 5 and line 6 					7		00
		• Total groop income Subtract line 7 from line 4				•	8	129,78	
_		9 Total expenses and disbursements. From Side 2, Part II, I					9	30,9	
EX	penses	10 Excess of receipts over expenses and disbursements. Sub	btract line 9 from	line 8		•	10	98,82	26 00
		11 Total payments				•	11		00
		12 Use tax. See General Information K					12		00
E:I	ing Fee	13 Payments balance. If line 11 is more than line 12, subtract14 Use tax balance. If line 12 is more than line 11, subtract line				-	13 14		00
ΓII	пугее						14		00
									00
Ciar		16 Balance due. Add line 12 and line 15. Then subtract line Under penalties of perjury, I declare that I have examined this return, includi it is true, correct, and complete. Declaration of preparer (other than taxpayer	ing accompanying serving in the service of the serv	chedules and stateme prmation of which pre	ents, and to th parer has any	e best of m knowledge	y knowle	dge and belief,	
Sign Here		Signature	Title		Date		1	• Telephone	
		Signature of officer	PRES	IDENT Date				619-300-883	36
		Preparer's signature		Duto	Check	if nployed		P00370277	
Paid	1	signature Firm's name			3611-61			● Firm's FEIN	
	arer's	(or yours, if self-	P					33-0671936	
	Only	employed) 7964 ARJONS DR. SUITE 1						Telephone	
	-	and address SAN DIEGO, CA 92126						858-362-109	99
		May the FTB discuss this return with the preparer shown above	e? See instruction	ıs		• X	Yes	No	

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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.

128951 01-19-22

	1 Gross sales or receipts from all	business activities. See instruct	ions	•	1	00
					2	00
					3	00
Receipts					4	00
from					5	00
Other	6 Gross amount received from sa	ale of assets (See instructions)		•	6	00
Sources	7 Other income		SEE STA	TEMENT 2 •	7	9 oc
	8 Total gross sales or receipts from	n Side 1, Part I, line 1	8	9 00		
		d similar amounts paid	-		9	00
		ers			10	00
	11 Compensation of officers, direct	ctors, and trustees	SEE STA	TEMENT 3 •	11	0 00
					12	00
Expenses					13	00
and					14	00
Disburse					15	110 00
ments		e instructions)			16	00
	17 Other expenses and disbursem	ents	SEE STA	TEMENT 4 •	17	30,845 00
	18 Total expenses and disbursem	ents. Add line 9 through line 17.	Enter here and on Side 1. Pa	rt I. line 9	18	30,955 00
Sched	ule L Balance Sheet	Beginning of ta			of taxable	
Assets		(a)	(b)	(C)		(d)
	1		58,908		•	157,745
	accounts receivable				•	
	notes receivable				•	
	ntories				•	
	ral and state government obligations				•	
	stments in other bonds				•	
	stments in stock				•	
	gage loans				•	
	r investments				•	·
	epreciable assets					
ble	ess accumulated depreciation	()		()	
	 	, ,			•	
	r assets				•	
	l assets		58,908			157,745
	s and net worth		,			
	ounts payable				•	
15 Cont	ributions, gifts, or grants payable				•	
	ds and notes payable				•	
	gages payable				•	
	r liabilities STMT 5					11
	tal stock or principal fund				•	
	in or capital surplus. Attach reconciliation				•	
	ined earnings or income fund		58,908		•	157,734
	I liabilities and net worth		58,908			157,745
		per books with income per retu				
		edule if the amount on Schedule		s than \$50,000.		
1 Neti	ncome per books	• 98,8	26 7 Income recorded	on books this year		
	ral income tax		not included in th	is return. Attach schedul	e 💽	
3 Exce	ss of capital losses over capital gains	•	8 Deductions in this	s return not charged		
	me not recorded on books this year.		against book inco	•		
	ch schedule	•			•	
	enses recorded on books this year not		9 Total. Add line 7 a			
	icted in this return. Attach schedule	•	10 Net income per re			
	Add line 1 through line 5	98,8				98,826

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84-2591505

A 199 CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 ONTRIBUTOR'S NAME ICHARD BREGANTE 942 TINGLEY LANE SAN DIEGO, CA 92106 OTAL INCLUDED ON LINE 3 A 199 OTHER INCOME ESCRIPTION INTEREST INCOME OTAL TO FORM 199, PART II, LINE 7 A 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES AME AND ADDRESS TITLE AND AVERAGE HRS WORKED/WK				84-2591	505
INCLUDED ON PART I, LINE 3 ONTRIBUTOR'S NAME CONTRIBUTOR'S ADDRESS DATE ICHARD BREGANTE 942 TINGLEY LANE SAN DIEGO, CA DATE 9106 9106 OTAL INCLUDED ON LINE 3 OTAL INCLUDED ON LINE 3 A 199 OTHER INCOME OTHER INCOME ESCRIPTION INTEREST INCOME TITLE AND A 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES A 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES AME AND ADDRESS AVERAGE HRS WORKED/WK YAN BREGANTE AVERAGE HRS WORKED/WK ANIEL MILCHEV TREASURER ARCI TATHAM SECRETARY 10.00 10.00		STATEMENT	1		
CONTRIBUTOR'S NAME	CONTRIBUTOR '	S ADDRESS	DATE O GIFT		1
RICHARD BREGANTE	INCLUDED ON PART I, LINE 3 TRIBUTOR'S NAME CONTRIBUTOR'S ADDRESS DATE GIF HARD BREGANTE 942 TINGLEY LANE SAN DIEGO, CA DATE 942 TINGLEY LANE SAN DIEGO, CA 92106 DATE PAL INCLUDED ON LINE 3 OTHER INCOME DATE 199 OTHER INCOME OTHER INCOME CRIPTION PEREST INCOME DATE 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES IEE AND ADDRESS AVERAGE HRS WORKED/WK N BREGANTE AVERAGE HRS WORKED/WK PRESIDENT 60.00 TIEL MILCHEV TREASURER		55,00		
TOTAL INCLUDED ON LINE	3			55,0	00.
CA 199	OTHE	R INCOME		STATEMENT	2
DESCRIPTION				AMOUNT	
INTEREST INCOME			-		9.
TOTAL TO FORM 199, PART	II, LINE 7		-		9.
CA 199 COMPENSATI	ON OF OFFICERS,	DIRECTORS AND TRUS	TEES	STATEMENT	3
NAME AND ADDRESS)/WK	COMPENSAT	ION
RYAN BREGANTE					0.
DANIEL MILCHEV					0.
MARCI TATHAM					0.
TOTAL TO FORM 199, PART	II, LINE 11				0.

CA 199	OTHER EXPENSES	STATEMENT 4

DESCRIPTION	AMOUNT
OFFICE SUPPLIES TELEPHONE INSURANCE ADVERTISING & MARKETING DUES & SUBSCRIPTIONS	8,846. 181. 1,442. 2,262. 2,069. 0.
TRAVEL MERCHANT FEES MEALS & ENTERTAINMENT FEDERAL & STATE TAXES EQUIPMENT RENTAL OUTSIDE SERVICES PROFESSIONAL FEES AND OTHER PAYMENTS TO INDEPENDENT	2,124. 1,661. 149. 50. 255. 8,956.
CONTRACTORS	2,850.
TOTAL TO FORM 199, PART II, LINE 17	30,845.

CA 199 C	OTHER LIABILITIES	STATEMENT 5	
DESCRIPTION		BEG. OF YEAR	END OF YEAR
SALES TAX PAYABLE	-	0.	11.
TOTAL TO FORM 199, SCHEDULE L, LI		0.	11.

TAXABLE 202			nia e-file R t Organiza	eturn Autho tions	rization f	or			FOR 8453-	
Exempt Orga	anization name							Ide	ntifying number	
LIVIN	IG WITH	H XXY IN	с.					8	4-2591505	
			ation (whole dollar	s only)						
		eipts (Form 199							1 129,	781
	0	me (Form 199,							1 2 0	781
	•	•	,	9)						955
– Part II	Settle You	r Account Elec	tronically for Taxa	ble Year 2021						
4	Electronic	funds withdraw	al 4a Amount		4b Wi	ithdrawal c	late (mm/do	d/yyyy)	
Part III	Banking Ir	nformation (Ha	ve you verified the e	exempt organization's l	anking informati	ion?)				
5 Routir	ng number									
6 Accou	unt number				7 Type of a	ccount: [Check	ng	Savings	
Part IV	Declaratio	n of Officer								
l authorize on line 4a.	the exempt o	organization's acc	ount to be settled as c	lesignated in Part II. If I cl	neck Part II, box 4,	I authorize a	an electronic	funds	withdrawal for the amount	listed
transmitter California e a balance d organizatio statements	r, or interméd electronic retu due return, l u on will remain s be transmitt	liate service provi urn. To the best o understand that if liable for the fee ed to the FTB by	der and the amounts i f my knowledge and b the Franchise Tax Boa liability and all applica the ERO, transmitter, o	n Part I above agree with elief, the exempt organiza ard (FTB) does not receive	the amounts on the tion's return is true full and timely pay I authorize the exe ovider. If the proce	e correspon e, correct, ar (ment of the empt organiz essing of the e delay.	ding lines of nd complete. exempt orga zation return	the exe If the e inizatio and ac	exempt organization is filin n's fee liability, the exemp companying schedules and	g t
Here	Signature	e of officer		Date	Title					
Part V	Declaratio	n of Electronic	Return Originator	(ERO) and Paid Prep	arer.					
am only an accurately i provided th 1345, 2021 the exempt I declare th	n intermediate reflects the d ne organizatio 1 Handbook f t organization nat I have exa	e service provider ata on the return on officer with a c or Authorized e-f n return is filed, w mined the above	, I understand that I ar) I have obtained the c opy of all forms and ir le Providers. I will kee hichever is later, and I exempt organization's	n not responsible for revio organization officer's signa iformation that I will file w p form FTB 8453-EO on fi will make a copy availabl	ewing the exempt of ature on form FTB 8 rith the FTB, and I h le for four years fr e to the FTB upon r schedules and sta ave knowledge.	organization 8453-EO be nave followe om the due request. If I atements, an	s return. I de fore transmit d all other re date of the r am also the p d to the best	clare, I ting thi quirem eturn o paid pro of my	b the best of my knowledg however, that form FTB 84 s return to the FTB; I have lents described in FTB Pub r four years from the date eparer, under penalties of p knowledge and belief, they	53-EO). perjury,
	ERO's signature				Date	Check if also paid	Ghe if se	elf-		
	Firm's name (or			TANCY GROUP		preparer	X em	oloyed	P00370277 m's FEIN 33-06719	
Ciam ⁱⁱ	if self-employed			DR. SUITE B				Fi	rm's FEIN 33-00/19	50
Sign a	and address		N DIEGO, C					71	P code 92126	
Lindor pope	altico of pariu					a ooboduloo	and atatama		d to the best of my knowle	dao
				laration based on all infor				nio, all		uye
Paid	Paid	,			Date		Check		Paid preparer's PTIN	
Prepare	preparer'				Duite		if self- employed			
Must		ime (or yours			I		Lambiolog		m's FEIN	
Sign	if self-em and addr	ployed)								
2.3.	and addr	, ,						71	P code	
									FTB 8453-FC	2021