

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 7/01, 2022, and ending 6/30, 2023

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C LAGUNA BEACH LIVE!
31391 ALTA LOMA
LAGUNA BEACH, CA 92651-6924

D Employer identification number: 91-2160009

E Telephone number: 949-715-9713

G Gross receipts \$ 193,722.

F Name and address of principal officer: LUCINDA PREWITT
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? If "No," attach a list. See instructions. Yes No

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.LAGUNABEACHLIVE.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 2001 **M** State of legal domicile: CA

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS TO INCREASE THE AWARENESS OF AND PARTICIPATION IN DIVERSE MUSICAL EXPERIENCES BY PRESENTING HIGH QUALITY LIVE MUSICAL PERFORMANCES AND EDUCATION THAT ARE ACCESSIBLE, AFFORDABLE, INTIMATE AND IN OUR COMMUNITY.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	<u>3</u>	<u>10</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	<u>4</u>	<u>9</u>
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a).....	<u>5</u>	<u>0</u>
	6 Total number of volunteers (estimate if necessary).....	<u>6</u>	<u>12</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	<u>7a</u>	<u>0.</u>
b Net unrelated business taxable income from Form 990-T, Part I, line 11.....	<u>7b</u>	<u>0.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	<u>82,734.</u>	<u>119,622.</u>
	9 Program service revenue (Part VIII, line 2g).....	<u>40,035.</u>	<u>50,846.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	<u>7,356.</u>	<u>2,400.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	<u>443.</u>	<u>2,647.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	<u>130,568.</u>	<u>175,515.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	<u>4,187.</u>	<u>3,000.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	<u>42,000.</u>	<u>42,000.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25).....	<u>13,081.</u>	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	<u>105,241.</u>	<u>132,598.</u>	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	<u>151,428.</u>	<u>177,598.</u>	
19 Revenue less expenses. Subtract line 18 from line 12.....	<u>-20,860.</u>	<u>-2,083.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	<u>172,393.</u>	<u>178,908.</u>
	21 Total liabilities (Part X, line 26).....	<u>5,675.</u>	<u>8,871.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20.....	<u>166,718.</u>	<u>170,037.</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>LUCINDA PREWITT</u>	Date <u>PRESIDENT</u>				
	Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name <u>MARILYN M. BLANK</u>	Preparer's signature <i>Marilyn M. Blank</i>	Date <u>2/14/2024</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P00365474</u>	
	Firm's name <u>M BLANK & COMPANY, CPAS</u>	Firm's EIN <u>33-0641520</u>		Phone no. <u>949-830-5231</u>		
	Firm's address <u>23705 BIRTCHE DR. LAKE FOREST, CA 92630</u>					
	May the IRS discuss this return with the preparer shown above? See instructions..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					