

**Electronic Notice (e-Postcard) for  
Tax-Exempt Organization Not Required to File  
Form 990 or 990-EZ**

Form **990-N**

**2022**

Electronic Filing Only – Do Not Mail

For the 2022 calendar year, or tax year beginning 1/01, 2022, ending 12/31, 2022

Check if applicable

Termination

**Organization name and address**

LONG BEACH FOOD & BEVERAGE  
65 PINE AVENUE, #200  
LONG BEACH, CA 90802

Employer identification number

84-2641039

Telephone Number

(562) 572-4770

Other names the organization uses

\_\_\_\_\_  
\_\_\_\_\_

Website:> \_\_\_\_\_

Check >  if the organization's gross receipts are normally not more than \$50,000 (\$5,000 for a 509(a)(3) supporting organization)

Principal Officer Information	Name	TERRI HENRY
	Address	65 PINE AVENUE, #200 LONG BEACH, CA 90802

Form 990-N, also known as the e-Postcard, must be filed  
electronically with the Internal Revenue Service. There will be no  
paper form accepted by the Internal Revenue Service.

**Do Not** mail this form to the Internal Revenue Service.

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)
Corporation/Organization name: LONG BEACH FOOD & BEVERAGE
California corporation number: 4300588
FEIN: 84-2641039
Street address: 65 PINE AVENUE, #200
City: LONG BEACH
State: CA
Zip code: 90802

A First return
B Amended return
C IRC Section 4947(a)(1) trust
D Final information return
E Check accounting method
F Federal return filed
G Is this a group filing?
H Is this organization in a group exemption
I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L Is the organization a limited liability company?
M Did the organization file Form 100 or Form 109 to report taxable income?
N Is the organization under audit by the IRS or has the IRS audited in a prior year?
O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 2 columns: Description and Amount. Rows include Receipts and Revenues (Total gross receipts: 25,199), Expenses (Total expenses: 29,107), and Filing Fee (Balance due: 0).

Sign Here: 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 taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer's Use Only: Preparer's signature: LEA DE LEON, Title: EXECUTIVE DIRECTOR, Date: [blank], Telephone: (562) 572-4770, Firm's FEIN: P01874328, Firm's name: 1800ACCOUNTANT LLC, Address: 260 MADISON AVE 10TH FLOOR, NEW YORK, NY 10016, Telephone: (800) 222-6868.

May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

**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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule	●	7	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other expenses and disbursements. Attach schedule	●	17	29,107.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	29,107.

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		8,951.		●
2 Net accounts receivable				●
3 Net notes receivable				●
4 Inventories				●
5 Federal and state government obligations				●
6 Investments in other bonds				●
7 Investments in stock				●
8 Mortgage loans				●
9 Other investments. Attach schedule				●
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				●
12 Other assets. Attach schedule				●
13 <b>Total assets</b>		8,951.		
<b>Liabilities and net worth</b>				
14 Accounts payable				●
15 Contributions, gifts, or grants payable				●
16 Bonds and notes payable				●
17 Mortgages payable				●
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund		7,325.		●
20 Paid-in or capital surplus. Attach reconciliation		1,626.		●
21 Retained earnings or income fund				●
22 <b>Total liabilities and net worth</b>		8,951.		

**Schedule M-1 Reconciliation of income per books with income per return**  
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	●	7 Income recorded on books this year not included in this return. Attach schedule	●
2 Federal income tax	●	8 Deductions in this return not charged against book income this year. Attach schedule	●
3 Excess of capital losses over capital gains	●	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	●	10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	●		
6 Total. Add line 1 through line 5			

## LONG BEACH FOOD &amp; BEVERAGE

84-2641039

STATEMENT 1  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

## CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TERRI HENRY 65 PINE AVENUE #200 LONG BEACH, CA 90802	EXECUTIVE DIR. 40.00	\$ 0.	\$ 0.	\$ 0.
		TOTAL \$ 0.	\$ 0.	\$ 0.

STATEMENT 2  
FORM 199, PART II, LINE 17  
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	2,177.
COMPUTER SOFTWARE.....		2,048.
CONTRACTED SERVICES.....		500.
DUES AND SUBSCRIPTION.....		4,714.
EVENT EXPENSE.....		16,337.
EVENT STORAGE.....		972.
GRANT APPLICATION.....		15.
LEGAL FEES.....		25.
MEALS.....		397.
REFUND.....		1,922.
	TOTAL \$	<u>29,107.</u>

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](http://www.oag.ca.gov/charities)



(For Registry Use Only)

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

<p><b>LONG BEACH FOOD &amp; BEVERAGE</b> Name of Organization</p> <p>List all DBAs and names the organization uses or has used <b>65 PINE AVENUE, #200</b> Address (Number and Street)</p> <p><b>LONG BEACH, CA 90802</b> City or Town, State, and ZIP Code</p> <p><b>(562) 572-4770</b>      <b>TERRI@LBFOODANDBEVERAGE.</b> Telephone Number      E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p>State Charity Registration Number _____</p> <p>Corporation or Organization No. <b>4300588</b></p> <p>Federal Employer ID No. <b>84-2641039</b></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  
Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 1/01/22 ending 12/31/22) list:

**Total Revenue \$**  
(including noncash contributions) 25,199.    **Noncash Contributions \$** 0.    **Total Assets \$** 0.

**Program Expenses \$** 0.      **Total Expenses \$** 29,107.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

	<b>TERRI HENRY</b>	<b>EXECUTIVE DIRECTOR</b>	
Signature of Authorized Agent	Printed Name	Title	Date

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