			** PUBLIC DISCLOSURE COPY		_	
	Ω	00	Return of Organization Exempt From	om Ir	ncome Tax	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	de (exce	ept private foundation	s) <b>2023</b>
-			Do not enter social security numbers on this form as it i			Open to Public
Depa Interr	rtment o al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the	latest in		Inspection
AF	or th	e 2023 calend	ar year, or tax year beginning ${ m APR}1$ , $2023$ and enc	ding <u>M</u>	AR 31, 2024	
B c a	heck if pplicab	le: C Name o	forganization		D Employer identific	ation number
	Addre	aliv	e Inc			
	Name Chang		usiness as		43-129852	27
	Initial			om/suite	E Telephone number	
	Final return	DO B	ox 28733	on, ouno	314-938-4	
	termin	n	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,911,751.
	Amen return	st L	ouis, MO 63146		H(a) Is this a group re	
	Applie dition	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: Jennifer Gadsky		for subordinates	? Yes X No
	pendi	<sup>ng</sup> same	as C above		H(b) Are all subordinates inc	luded? Yes No
IT	ax-ex	empt status: [	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or [	527	If "No," attach a	ist. See instructions
	Vebsi		alivestl.org		H(c) Group exemption	number
			X Corporation Trust Association Other	L Year o	of formation: 1983 M	State of legal domicile: MO
Pa	rt I	Summary				
0	1		be the organization's mission or most significant activities: $\underline{\texttt{Alive'}}$			
nce n		<u>counsel</u>	ing, emergency sanctuary and other c	riti	<u>cal service</u>	s to
erna	2	Check this bo	x if the organization discontinued its operations or disposed	of more	than 25% of its net ass	
Governance	3		ting members of the governing body (Part VI, line 1a)			7
5	4		7			
Activities &	5		of individuals employed in calendar year 2023 (Part V, line 2a)			46
iviti			of volunteers (estimate if necessary)			100
Acti			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····		0.
					Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)		1,796,911.	1,825,517.
Revenue	9	•	ce revenue (Part VIII, line 2g)		0. 119.	0.
Be			come (Part VIII, column (A), lines 3, 4, and 7d)			
_			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,935. 1,820,965.	<u>69,023.</u> 1,894,765.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		292,225.	67,684.
			nilar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	07,004.
			to or for members (Part IX, column (A), line 4)		1,025,122.	1,114,535.
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,025,122.	0.
Expenses			undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 1,766		• •	0•
ЦХр			ing expenses (Part IX, column (D), line 25) <u>1,766</u> es (Part IX, column (A), lines 11a-11d, 11f-24e)		465,843.	640,156.
_			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,783,190.	1,822,375.
	18 19				37,775.	72,390.
۲. S		I LEVELIUE IESS	expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Assets or d Balances	20	Total assets (F	Part X line 16)		726,955.	756,126.
Asse Bala	20 21	·			539,949.	496,730.
Vet , und	21		; (Part X, line 26) fund balances. Subtract line 21 from line 20		187,006.	259,396.
Pa	rt II				_0.,000.	200,000
			I declare that I have examined this return, including accompanying schedules and	d stateme	nts, and to the best of my	knowledge and belief, it is

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

		,						
Sign	Signature of officer			Date				
Here	Jennifer Gadsky, Execut	ive Director						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Da		PTIN			
Paid	Steven D. Anseth, CPA	Steven D. A	nseth, CP02	2/17/25 self-employe	P00552219			
Preparer	Firm's name Abdo LLP			Firm's EIN 4	L-1397419			
Use Only	Firm's address 5201 Eden Ave,	Ste 250						
	Edina, MN 55436			Phone no. (95	52) 835-9090			
May the I	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 See Schedule O for Organization Mission Statement Continuation

Form	1990 (2023) Alive Inc	43-1298527 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	Alive's mission is to provide counseling, emergency sand	rtuary and
	other critical services to adults and children impacted	
	abuse, as well as to increase awareness in order to crea	
	supportive community.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,179,279. including grants of \$ 67,684.) (Reve	enue \$
	Answered crisis hotline calls, furnished emergency shelt	
	of domestic violence and their children with nights of a	
	clients with court actions, provided children's services	
	and their parents, provided individual adult counseling	
	clients and facilitated support groups with individuals,	
	the community through presentations to individuals.	
	the community through presentations to individuals.	
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$ )
4c	(Code:) (Expenses \$ including grants of \$) (Rever	enue \$ )
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 1,179,279.	
		Form <b>990</b> (2023)
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Form	990 (2023) Alive Inc 43-1298	527	P	age <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI		21	
U		11b		х
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d	х	
<u>م</u>	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х
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	990 (2023) Alive Inc 43-12	98527	Р	age <b>4</b>
Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	·		
2.14	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			<u> </u>
C		24c		
A	any tax-exempt bonds?	240		<u> </u>
		240		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25a</b>		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	. 25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
57	Part V, line 1	34		x
25.2				X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
D		256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	. 36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- <b>v</b>
~-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	1
Do	Note: All Form 990 filers are required to complete Schedule O	. 38	Х	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		<b>^</b>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	. 1c	X	L
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Alive Inc

Part V         Statements Regarding Other IRS Filings and Tax Compliance         Yes         No.           2a         Inter the number of employees reported on Finor W3, Transmittal of Wage and Tax Statements,         Image: Complex Sta		990 (2023) Alive Inc 43-1298	527	P	age <b>5</b>				
2a         Enter the number of employees reported on from W3, Transmittal of Wage and Tax Statements.         2a         46           b If a least one is reported on line 2a, did the organization file all equired fedral employment tax roturns?         2b         X           3a         Dif the organization has uncleaded business grooms is nome of \$1,000 or more during the yea?         3b         X           3b         If "Yes," has it filed a Form 590 T for this yea? // F.No" to line 3b, provide an subnation on Schedule D         3b         X           4a         At my time during the calendar year, did the organization have an interest in, or a signifute or offer all shorts/y cover, a         4a         X           b "Yes," task in flord a Form 590 T for this year? // No" to line 3b, provide an subnation on Schedule D         3b         X           b Was, "At the organization that exergen control youth as a barry took of a prohibit tax shell transcal Accounts (FBAR).         5a         X           b D dary taxability and groom sepatistic that at a normally greater than \$100,000, and did the organization solid at a prohibit tax shell transcal Accounts (FBAR).         5a         X           b If "Yes," if due to againzation that at an ormally greater than \$100,000, and did the organization solid any orotholations and shell size a contributions or grifs         6a         X           b If "Yes," if due to againzation taxi tax encounts groom taxis statement that such contributions and year encounts of the againzation nacceleade state anoreal approxing any taxis any tan	Par	<b>TV</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)		Vee	Na				
Ite of the calendar year ording with or within the year covered by this return     12     46       30     Diff the cognization have unrelated business gross income of \$1,000 or more during the year?     28       34     Diff the cognization have unrelated business gross income of \$1,000 or more during the year?     28       34     At any time during the calendar year, diff the cognization have an interaction, or other intervals account?     44       35     Diff "Nei," inter the name of the feeling ocurity     56       36     Diff "Nei," inter the name of the feeling country     56       36     Diff any taxable party notify the cognization that it was or is a party to a prohibited tax shallor transcalcon?     56       36     Diff any taxable party notify the cognization that it was or is a party to a prohibited tax shallor transcalcon?     56       36     Diff any taxable party notify the cognization the fire massB81?     56       36     Diff any taxable party notify the cognization the fire massB81?     56       37     Organization shall nave receive deductible contributions ander section 1700,1     68     70       30     Diff any taxable party notify the cognization in diff and party as contribution and party to podd and sectors provided?     70       38     Diff the cognization collew with weary solicitation an express statement that such contribution any anti?     72       30     Diff the cognization collew with any control in diff and party as contruburation and a	29	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements		Yes	NO				
b       If the angle is reported on line 2, did the organization file all required foderal employment tax returns?       20       X         a       Did the organization have emitted business gross showed 51, 000 mme during the year?       3a       X         b       If Yes, "has filed a Form 980-T for this year," <i>J</i> Wo <sup>+</sup> to <i>ins</i> 8b, provide an explanation or Schedulo 0       3b       X         b       If Yes, "has filed a Form 980-T for this year," <i>J</i> Wo <sup>+</sup> to <i>ins</i> 8b, provide an explanation or Schedulo 0       3b       X         b       If Yes, "nast filed a Form 980-T for this year," <i>J</i> Wo <sup>+</sup> to <i>ins</i> 8b, provide an explanation or Schedulo 0       3b       X         b       If Yes, "inste the name of the foreign country       See instructors for filing requiration tar at wo or is a part to a prohibitod tax shell transaction?       5a       X         b       D dary tasable gray notify the organization hat at an ormality greater than \$100,000, and did the organization solet any contributions that way receive deductible contributions and party for pools and services provided to the part of the organization nature and parts that are normally greater than \$100,000, and did the organization sell.       5a       X         b       If Yes, " indicate the runnable of social state are normally greater than \$100,000, and did the organization networks of the organization networks of angle to prove a statement that such contributions or grits were not tax deductible?       7a       X         f       Organizations that may receive deductible contribution	Lu								
a) Did the organization have unrelated business prose income of \$1,000 or more during the year?       3a       X         b) II "'se, "nate life af Germ 0000 Tor this year? M No' to fine 3b, provide an explanation on Schedule O       3b       X         4A At any time during the catendar year, did the organization have an interest in, or a signature or other authomly over, a.       4a       X         4B       Max the construction is for figure quarteres to the financial accounts (FBAR).       5a       X         5B       Was the organization have an problem to task sheler transaction at any time during the tax year?       5a       X         C       II "Yes, 'enter the name of the forsign country.       5a       X         D Did any taxable party notify the organization in that was or is a party to a prohibited tas where ramaction?       5a       X         C       II "Yes,' idit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on contributions and entrable contributions?       5a       X         0       Did the organization include with every solicitation an express statement that such contribution at generation include with every solicitation an express tatement that such contribution at generation to the save of the solicitation and the every solicitation and the every indication property or which it was required?       7a       X         7       Tay, 'indication every eventime tax, set off the organization include with every solicitation eventime tax set off the or	b		2b	Х					
b     H*vs_** that it field a form 900-1 for this year? If *No* to the 30, powled an exploration on Schoule O     3b       4     At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a     4a       b     H*vs_** that the name of the foreign country     5a     X       5a     Waste to consistance on the consign country     5a     X       5a     Waste to consistance on a party to a prohibited tax sheller transaction at any time during the tax year?     5a     X       5a     Did any stable party notify the organization that was or is a party to a prohibited tax sheller transaction?     5c     K       c     H*vs_* to line 5a or 5b, did the organization that was or is a party to a prohibited tax sheller transaction?     5c     K       b     H*vs_* to line organization have annual gross receives that are normally greater than \$100,000, and did the organization nucled with avery solicitation an express statement that such contributions or gifts     5a     X       b     H*vs_* to line organization have notify the donor of the value of the goods or services provided?     7a     X       d     H*vs_* to line organization have solicitation an express statement that such contributions or gifts     7a     X       d     H *vs_* indition ergenization neaver solicitation and party for shokin it was required?     7a     X       d     H *vs_* indition ergenization neave any funds, direcity or indirecity, to pay remium on a parso					Х				
4a At any time during the calendar year, dd the organization have an interest in, or a signature or other authority orer, a day financial accounty (or day to bank account, securities account, or other financial accounts) (FBAR),       5a         5a       Visa the organization a party to a prohibited tas shelter transaction?       5a       X         5a       Visa the organization have any tot a prohibited tas shelter transaction?       5a       X         5a       Visa the organization include with organization in the was or is a party to a prohibited tas wheller transaction?       5a       X         5b       If Yes; tota the organization include with every solicitation an express statement that such contributions colicit any contributions that were not tax douctibles or charable contributions?       5a       X         7       Organization notify the donor of the value of the goods or services provided?       7a       X         7       Type; 'dd the organization include with every solicitation an express statement that such control.       7a       X         9       If Yes; 'dd the organization anotify the donor of the value of the goods or services provided?       7a       X         10       If Yes; 'dd the organization notify which, directly to pay premiums on a personal benefit contract?       7a       X         10       If Yes; 'dd the organization network synchica, directly to pay premiums on a personal benefit contract?       7a       X         10       If Yes; 'dd t		<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b. provide an explanation on Schedule O							
b       If Yes," enter the name of the foreign country       5         See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       5         5a       X         5b       If Yes," end the organization in the organization in the rom 880 or is a party to a prohibited tax shelter transaction?       56         5b       If Yes," end the organization in Ear 60 St, dot the organization in Ear 60 St, dot the organization is charakie contributions?       56         6a       Dot any taxable party notify the organization in Ear 60 St, dot the organization solut any contributions that were not tax deductibles and charakie contributions?       56         7b       Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and brankie contributions or go the value of the goods or services provided to the party?       7a         7c       X       To dot the organization noifly the donor of the value of the goods or services provided?       7a         7c       X       To       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         7d       Tes," indicate the number of forms 8828 filed during the year orbic ord and value of the organization forewards contribution of quarking the party?       7a       X         9       Dotot the organization receive a contribution of quarking the party?       7a       7a									
See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).       5a         Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?       5a         Sa Dot any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b         Sa Dot any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c         Sa Dot any contributions that ween not tax deductible as chartable contributions?       5c         Organization set any annual gross received eductible as chartable contributions?       5c         Organization set any any receive deductible contributions under section 170(c).       7a       X         Did the organization notify the donor of the value of the goods or services provided?       7a       X         Did the organization notify the donor of the value of the goods or services provided?       7a       X         Did the organization neceive apyment in excess of Si made party as a continuum on a personal benefit contract?       7a       X         Types, 'idd the organization and, contribution of as, bas, arplanes, or other vehicles, did the organization file a Form 8282       7a       X         If "Yes,' indicate the number of Forms 8282 filed during the year?       7a       X       7a       X         If the organization neceive any funds, directly or indirectly, on a personal benefi		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
5a         Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?         5a         X           b         Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction?         5b         X           6a         Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?         5c         5c           7b         Pres," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?         6a         X           7b         Organization reacted a pament in eaces of \$75 made party as a contribution and party for goods and services provided to the party?         7a         X           7b         If "Yes," did the organization notify the donor of the value of the goods or services provided?         7a         X           7b         Ut the organization notify the donor of the value of the organization factor?         7a         X           7b         Did the organization notify the donor at solution in directly, to pay premiums, directly or indirectly, to pay premiums, or personal benefit contract?         7a         X           7d         Did the solution in make altholicuton to advised funds.         Did a regonization face were as partial model as the section 4366?         3a           9	b	If "Yes," enter the name of the foreign country							
b       Oid any taxable party notify the organization file from 888817?       Sec       Sec         a       Des the organization file from 888817?       Sec       Sec         a       Des the organization file organization file from 888817?       Sec       Sec         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Sec       Sec         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Sec       Sec         b       If "Yes," did the organization modes of S75 made partly as a contribution and partly for gools and services provided to the payor?       Ta       X         b       If "Yes," did the organization modes dispose of tangible personal property for which it was required to file Form 82827       Td       Td       Td         c       Did the organization receive any funds, directly or indirectly, no pay remiums on a personal benefit contract?       Te       X         f       Did the organization matching doro advised funds.       Did a corganization file a Form 10802 C       Sponsoring organization matching doro advised funds.       Sponsoring organization file a Form 1042 C       Te       X         f       H the organization marke a altribution to a conor advised (und marking altribution to a doror, ororelated person?       Spo       Spons		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
c       If "Yes" to line 5a or 5b, did the organization file Form 88867?       5c         GD Dees the organization have annual gross needpts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charatible contributions and were not tax deductible outributions under section 170(c).       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible outributions under section 170(c).       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provide?       7a       X         c       Did the organization notify the donor of the value of the goods or services provide?       7c       X         c       Did the organization needway a contribution and partly for goods and services provide?       7c       X         d       Did the organization needway any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Did the organization needway a contribution of casi, boats, apingenes, or ther values, did morganization face any thunds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         f       If the organization neewes a contribution of casi, boats, apingenes, or ther values, divides, did the organization face form 108827       7h       1/2         f       If the organization neavees bolding at any taxa			5a						
6a     Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solutions that were not tax deductible as charitable contributions?     6a     X       b     If Yes, 'idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     7a     X       c     Organization solutions that may receive deductible contributions under section 170(c).     7a     X       b     If Yes, 'idd the organization neckive asymmet in excess of \$37 made parity as a contribution and parity for goods and services provided?     7a     X       c     Did the organization receive asymmet in excess of \$37 made parity as a contribution on a personal benefit contract?     7c     X       d     If Yes, 'idd the organization neceive any knots, directly or indirectly, on a personal benefit contract?     7c     X       f     Did the organization receive any knots, directly or indirectly, on a personal benefit contract?     7fd     X       f     Hot encapanization received a contribution of qualified intellectual property, did the organization file a Form 1088C?     8       s     Sponsoring organization make any taxable distributions under section 4966?     9a     9       g     Sponsoring organization make any taxable distributions under section 4966?     9a     9b       g     Sponsoring organization make any taxable distributions under section 4966?     9a     9b       g </td <td></td> <td></td> <td></td> <td></td> <td><u> </u></td>					<u> </u>				
any contributions that were not tax deductible as charitable contributions?       6a       X         b If 'Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts       6b       6b         7 Organizations that may receive deductible contributions under section 170(c).       7b       7c       7a         8 Did the organization netwer symme in excess of \$55' made party as contribution an party for goods and services provided?       7a       X         7 the organization netwer symme in excess of \$55' made party as contribution an party for goods and services provided?       7b       X         7 the organization netwer symme in excess of \$55' made party as contributions on personal benefit contract?       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year       Td       Td       X         9 Did the organization neceves any funds, directly or indirectly, on a personal benefit contract?       7c       X         11 the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization for adveses biolings at any time during thre during the year?       7g       3e         9 Sponsoring organization make as biolings at any time during thre during the year?       9a       9a       9a         9 Dot the sponsoring organization make as a table distributions under section 4960?       9a       9a       9b       9b       9b       9b       9a			5c						
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         Organizations that may receive deductible contributions under section 170(c).       10       17       1	6a				37				
were not tax deductible?     6b       7 Organization trackie a payment in excess of 575 made party as a contribution and party for goods and services provided to the part?     7a     X       b If "Yes," did the organization notify the donor of the value of the goods or services provided?     7b     X       c Did the organization notify the donor of the value of the goods or services provided?     7c     X       d If "Yes," indicate the number of forms 8282 field during the year     7d     Td     X       f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       f Did the organization received a contribution of cars, boats, aiphanes, or other values, did the organization file Form 8089 as required?     7n     X       f If the organization received a contribution of cars, boats, aiphanes, or other values, did the organization file Form 8089 as required?     7n     X       g If the organization meaker any taxable distributions under section 4966?     9a     9a     9a       9 Did the sponsoring organization make any taxable distributions under section 4966?     9a     9a       9 Did the sponsoring organization make any taxable distributions under section 4966?     9a     9a       9 Did the sponsoring organization make any taxable distributions under section 4966?     9a     9a       9 Did the sponsoring organization make any taxable distributions under section 4966?     9a     9a       10 Section 501(c)(12)			6a		<u> </u>				
7       Organization stat may receive deductible contributions under section 170(c).       Image: the section section 170(c).       Image: the section 170(c).         a Did the organization receive a payment in excess of 5/5 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If 'Yes, 'i did the organization notify the door of the value of the goods or services provided?       7d       X         c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file a form 1098-0?       7h       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-0?       7h       X         g Sponsoring organizations maintaining doorn advised funds.       9a       9a       9a         9 Sponsoring organizations maintaining doorn advised funds.       9a       9a       9a         10 the sponsoring organizations included on Part VIII, line 12       10a       10a       10b         11 Section 501(c)(12) organizations.       State advised funds.       11a       10a       10b         12 Section 501(c)(12) organizations.       Enter:       10a       10b       10b       10b       10b         13 Section 501(c)(2)(12) organiza	b								
a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       ff "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c       Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         f       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive a contribution of qualified intellectual property (or which it was required)       7f       X         g       If the organization receive a contribution of qualified intellectual property (or which expenses)       7f       X         g       If the organization make any taxable distributions under section 4966?       7n       7a       X         9       Sonosoring organization make any taxable distributions under section 4966?       9a       9a <td< td=""><td>_</td><td></td><td>6b</td><td></td><td></td></td<>	_		6b						
b       If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year premiums, on a personal benefit contract?       7d       X         d       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7       Nt       X         f       If the organization and a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7       Nt       Sponsoring organization make a distributions under section 4966?       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         9       Section 501(c)(12) organizations. Enter:       10a       10a       10b       10b         11       Section 501(c)(12) organization. Such earny taxable distributions under section 4966?       9a       9a       9a       9a       9a       9a       9a       9a       9a       10b       10b       10b       10b <t< td=""><td></td><td></td><td>_</td><td>v</td><td></td></t<>			_	v					
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       H''Nes,'' indicate the number of Forms 8282 filed during the year       7d       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         f       Did the organization receive a contribution of qualified intellectual property (did the organization file a Form 1098-C?       7f       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       7n         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9       9a       9b         D Id the sponsoring organization make a slivibuid to a donor, donor advisor, or related person?       9b       9b       9b       9b       9b         10       Gross income from members or shareholders       10a       10a       10a       10a       10b       10c       10c       10c       10c       10c       10c       10c       10c <t< td=""><td></td><td></td><td></td><td></td><td>v</td></t<>					v				
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g If the organization received a contribution of cars, botas inplanes, or other vehicles, did the organization file Form 8899 as required?       7f       X         g If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       Bid the sponsoring organization make any taxable distributions under section 4966?       9a       9b			70		<u> </u>				
d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e       Did the organization receive any funds, directly or indirectly, to ap prenoums on a personal benefit contract?       7d       X         f       Did the organization, during the year, pay premiums, directly, or a personal benefit contract?       7d       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       X         g       Sponsoring organizations maintaining donor advised funds.       Id ohorn advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b         b       Did the sponsoring organization make and istribution to a donor, donor advised person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b         11       Section 501(c)(72) organizations. Enter:       10a       10b       11a       10b         12       Section 501(c)(72) organizations. Enter:       11a       10b       10b       11a       11a       11a       11a       11a       11a       11a       11b       11b<	С		7.		v				
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       76       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       77       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       78       79       X         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9         b       Did the sponsoring organization make a distribution to a donor, donor advised person?       9b       9         10       the organization feed from 980, Part VIII, line 12       10a       10a       10a         11       Section 501(c)(27) organizations. Enter:       11a       10a       10a       10a         12       Section 501(c)(21) organizations. Enter:       11a       10a       11b       11b         12       Section 501(c)(22) organizations. Enter:       11a       10a       10a       11b       11b       11b       11b       11b       11b       11b       11b       11b	لم		70						
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7/t       X         g       If the organization received a contribution of qaulified intellectual property, did the organization file Form 8899 as required?       7g       7g         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10       the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b       9b       9c         10       section 501(c)(7) organizations. Enter:       10a       <									
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tg         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?         8       Sponsoring organization make and the organization submits and the organization make and the organization submits of duror advised funds.       B         9       Sponsoring organization make and the organization submits and y taxable distributions under section 4966?       9a         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Beross income from members or shareholders       11a       10b         12       Section 501(c)(12) organizations. Enter:       11a       12a         13       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         14       Section 501(c)(2) qualified nonprofit health insurance issuers.       13a       13a         15       Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a       13a         14       Did the ergenvest to regeniz	-								
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining door advised funds.       8         9       Sponsoring organizations maintaining door advised funds.       8         0       Did the sponsoring organization make any taxable distributions under section 4966?       9a         0       Section 501(c)(7) organizations. Enter:       9b         10       Section 501(c)(2) organizations. Enter:       10a         11       Section 501(c)(2) organizations. Enter:       10b         12       Section 501(c)(12) organizations. Enter:       10b         13       Gross income from members or shareholders       11a         14       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       11a         15       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         13a       Inter the amount of reserves the organization is required to maintain by the states in which the organization silcensed to issue qualified health plans       13b         13a       Is the organization is creation dimer station must report on Schedule O.       14a       X									
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         a       Gross receipts, included on Form 990, Part VIII, line 12.       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       a       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14a       X       13a       13a       13a         15       Enter the amount of reserves on hand       13a       13a       13a         15       It we orga									
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         a Did the sponsoring organization make a distribution under section 4966?       9a       9b         10       Section 501(c)(7) organizations. Enter:       10a       9b       9b         10       Section 501(c)(2) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         a Gross income from members or shareholders       11a       10b       10b       11b       12a         28       Section 4947(a) (1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a       12b       13a       14a       X       14a       X       14b       14a       X       14a       X       14b       14a       X       14b       14b       14a       X       14a       X       14a       X       14b       14b       14a       X       14a       X       14a       X <td< td=""><td>-</td><td>-</td><td>/11</td><td></td><td></td></td<>	-	-	/11						
9 Sponsoring organizations maintaining donor advised funds.   a Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   10 Section 501(c)(7) organizations. Enter:   a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   12a Section 501(c)(29) qualified nonprofit health plans in more than one state?   note: See the instructions for additional information the organization must report on Schedule O.   b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   c Enter the amount of reserves the organization is equired to maintain by the states in which the organization is licensed to issue qualified health plans   c Ithe organization receive any payments for indoor tanning services during the tax year?   t Ita   t Yen, "has it filed a Form 720 to report these payments?" if "No," provide an explanation on Schedule O   t Ithe organization subject to the section 4968 excise tax on net investment income?   t St   t Yen," has it filed a Form 720, Schedule O.   t Ithe 'Yes," see the instructions and file Form 4720, Schedule N. <td>Ū</td> <td></td> <td>8</td> <td></td> <td></td>	Ū		8						
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         11 Section 501(c)(12) organizations. Enter:       10b         a Gross income from members or shareholders       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13 Section 501(c)(22) qualified nonprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         14 Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,00,000 in remuneration or excess parachute payment(s) during the year?       14a       X         16 If "Yes," see the instructions and file Form 4720, Schedule N.       15       X       14b	9		<u> </u>						
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         1       Section 501(c)(12) organizations. Enter:       10a       10b       11b         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       Enter the amount of reserves on hand       13c       14a       X         14b       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       If "Yes,"			9a						
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<ul> <li>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i></li> <li>14b</li> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or</li> <li>excess parachute payment(s) during the year?</li> <li>If "Yes," see the instructions and file Form 4720, Schedule N.</li> <li>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li> <li>16 X</li> <li>If "Yes," complete Form 4720, Schedule O.</li> <li>17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?</li> </ul>					v				
<ul> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</li></ul>					<u> </u>				
excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17	. –		140						
If "Yes," see the instructions and file Form 4720, Schedule N.         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         If "Yes," complete Form 4720, Schedule O.         If "Yes," complete Form 4720, Schedule O.         If "Yes," that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	15		45		y				
16       X         17       If "Yes," complete Form 4720, Schedule O.         18       If "Yes," complete Form 4720, Schedule O.         19       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			15						
If "Yes," complete Form 4720, Schedule O.         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?         17	16		16		x				
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	.,		17						
			.,						
332005 12-21-23 Form <b>990</b> (2023)	332005		Form	990	(2023)				

332005 12-21-23

Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t	hrough 7b be	elow, and for	a "No" i	respor	nse	
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	. See instruc	tions.				
	Check if Schedule O contains a response or note to any line in this Part VI					Σ	
Sec	tion A. Governing Body and Management						
					Yes	N	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any otl	ner				
	officer, director, trustee, or key employee?			2		Σ	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supe	rvision				
						Σ	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed	?	4		Z	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		2	
6	Did the organization have members or stockholders?			6		Σ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or					
	more members of the governing body?			7a		Σ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?			7b		Z	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the follow	/ing:				
а	The governing body?			8a	Х		
b	Each committee with authority to act on behalf of the governing body?			8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		2	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.	)				
					Yes	Ν	
l0a	Did the organization have local chapters, branches, or affiliates?			10a		2	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affilia	ites,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b			
l 1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "						
	on Schedule O how this was done	,		12c	Х		
13	Did the organization have a written whistleblower policy?			13	Х		
14	Did the organization have a written document retention and destruction policy?				Х		
5	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15a	х		
	Other officers or key employees of the organization			15b	X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a					
100				16a		2	
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			104			
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	• •	allon				
	exempt status with respect to such arrangements?			16b			
Ser	tion C. Disclosure						
	•-						
17		ad 000 T (a a a	tion 501/a)/0			<b>b</b> 1 <b>c</b>	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	na aan-1 (sec	2001 501 (0)(3	os oniy)	avalla	bie	
	for public inspection. Indicate how you made these available. Check all that apply.	<u> </u>	0				
40	X Own website Another's website X Upon request Other (explain		,	a al fina ana	-:-I		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of inter	est policy, ar	nd finan	cial		
~	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and reco	rds				
	The Organization - 314-938-4414						
	PO Box 28733, St Louis, MO 63146			_	000		
32006	5 12-21-23			Forn	ן <b>990</b>	(20	
	·/	-			<u> </u>		
		a			20	יחי	
02	2023.05050 ALIVE IN 2023.05050 ALIVE IN	C			30		

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

\_\_\_\_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior	l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	ı an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus <sup>:</sup>	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trus		/ee	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	nstitutional trustee	L_	(old m	st cor	L.			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			3
(1) Margaret Menefee (4/1/23 - 10/3	40.00									
Executive Director				Х				64,251.	0.	0.
(2) Sarah Gramanzini (9/1/23 - 3/6/	40.00									
Executive Director				Х				25,778.	0.	0.
(3) Jennifer Gadsky (3/6/24 - 3/31/	40.00									
Executive Director				Х				62,563.	0.	0.
(4) Matt Ziemianski	2.00									
Board President		Х		Х				0.	0.	0.
(5) Mouna Apperson	2.00									
Board Vice President		Х		X				0.	0.	0.
(6) Hannah Borden	2.00									
Board Treasurer		Х		X				0.	0.	0.
(7) Christa Gayle	2.00									
Board Secretary		Х		X				0.	0.	0.
(8) Guy Phillips	2.00									
Board Member		Х						0.	0.	0.
(9) Roxanne Putney	2.00									
Board Member		Х						0.	0.	0.
(10) Yvette Harsfield	2.00									
Board Member		х						0.	0.	0.
(11) Brad Lefebvre	2.00									
Board Member		Х						0.	0.	0.
(12) Ann Irving	2.00									
Board Member		Х						0.	0.	0.
(13) Ed Hubbell	2.00									
Board Member		Х						0.	0.	0.
(14) Emma Espinoza	2.00									
Board Member		Х						0.	0.	0.
(15) Katie Roberts	2.00								•	
Board Member		Х	<u> </u>		<u> </u>			0.	0.	0.
		-								
			-		-	-				
		•								
	I				L		l			<b>600</b> (0000)

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Form 990 (2023)

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	990 (2023) Alive Inc	2								43-12	2985	27	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box offi	(C) Position (do not check more tha box, unless person is be officer and a director/t			than d is both	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related		am	(F) timate iount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga and	pensa om the anizat d relate nizatie	e ion ed
1h	Subtotal								152,592.		0.			0.
с	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n									000 of reportable				
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer,	,	,				'	0		,	ſ		100	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
Sec	rendered to the organization? If "Yes." corr tion B. Independent Contractors											5		Х
1	Complete this table for your five highest co									, 1	ensati	on fro	m	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B)								(C					
	Name and business	address	NC	ONE	3			_	Description of s	ervices	Co	omper	nsatio	n
2	Total number of independent contractors (in \$100,000 of compensation from the organized strength or the organized strength of the strength of	•	ot lin	nited	d to	thos (		ted	above) who received mo	ore than				
											F	orm 9	<b>990</b> (2	2023)

		0 (2023) Alive Inc				43-1298	527 Page <b>9</b>
Pa	rt V	/III Statement of Revenue					
		Check if Schedule O contains a response or n	note to any lin				
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
ល្អ	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
ي. ق			32,095.				
àifts ar A		d Related organizations 1d					
s, Dili		e Government grants (contributions) 1e 1,51	11,730.				
rsi		f All other contributions, gifts, grants, and					
but			31,692.				
d UL		g Noncash contributions included in lines 1a-1f	36,184.				
<u> </u>		h Total. Add lines 1a-1f		1,825,517.			
		Βι	usiness Code				
e	2	a					
Program Service Revenue		b					
Sc		c					
lran Sev		d					
rog		e					
Δ.		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	· · · · · · · · · · · · · · · · · · ·		225.			225.
	4	other similar amounts) Income from investment of tax-exempt bond proc		223.			
	5 Royalties						
	5		(ii) Personal				
	6	a Gross rents	(.) · · · · · · · · ·				
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
		b Less: cost or other basis					
en		and sales expenses 7b					
venue		c Gain or (loss)					
<b>a</b>		d Net gain or (loss)					
Other Re	8	a Gross income from fundraising events (not including \$32,095. of					
		contributions reported on line 1c). See	70 255				
			79,355. 16,986.				
		· · · · · · · · · · · · · · · · · · ·	10,900.	62,369.			62,369.
		c Net income or (loss) from fundraising events		02,303.			02,303.
	9	a Gross income from gaming activities. See         Part IV, line 19         9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
<i>(</i> 2		В	usiness Code				
suo e	11		900099	6,546.			6,546.
ane		b Rebates	900099	108.			108.
Sell		c					
Miscellaneous Revenue		d All other revenue					
		e Total. Add lines 11a-11d		6,654.	-	-	
	12	Total revenue. See instructions		1,894,765.	0.	0.	69,248.
33200	9 12-2	-21-23					Form <b>990</b> (2023)

	Check if Schedule O contains a respor			(0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	67,684.	67,684.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		51 501	05 054	
	trustees, and key employees	77,595.	51,721.	25,874.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)		C10 01F	202 200	
7	Other salaries and wages	915,544.	612,215.	303,329.	
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	61 001	1 0 2 0	C2 0E2	
9	Other employee benefits	64,891. 56,505.	1,038. 51,867.	63,853.	
10	Payroll taxes	50,505.	JI,00/.	4,638.	
11	Fees for services (nonemployees):				
	Management	280.		280.	
	Legal	30,563.		30,563.	
	Accounting	50,505.		50,505.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f					
, a	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	134,620.	115,602.	19,018.	
12	Advertising and promotion	4,422.	110,0010	2,656.	1,766.
13	Office expenses	16,939.	11,449.	5,490.	
14	Information technology	28,738.	16,447.	12,291.	
15	Royalties				
16	Occupancy	124,158.	35,588.	88,570.	
17	Travel	2,818.	2,100.	718.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,604.		6,604.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,100.		7,100.	
23	Insurance	33,546.		33,546.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	04.05-	0.5.005		
	Transportation	96,957.	96,882.	75.	
b	Hotels	77,908.	77,908.		
	Meals	29,706.	29,657.	49.	
d	Miscellaneous expenses	11,687.	2,408.	9,279.	
	All other expenses	34,110.	6,713. 1,179,279.	27,397.	1 766
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,822,375.	1,119,419.	641,330.	1,766.
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Alive Inc Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

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Form 990 (2023)

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		Check if Schedule O contains a response or no	te to any li	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			97,980.	1	162,468.
	2	Savings and temporary cash investments				2	30,988.
	3	Pledges and grants receivable, net			142,011.	3	153,479.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial con	tributor, or 35%			
		controlled entity or family member of any of the	se persons	s		5	
	6	Loans and other receivables from other disqual	fied perso	ns (as defined			
		under section 4958(f)(1)), and persons describe	d in sectio	n 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			17,867.	9	12,247.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	90,194.			
	ь	Less: accumulated depreciation	10b	90,194. 76,867.	20,429.	10c	13,327.
	11	Investments - publicly traded securities			•	11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		Γ		14	
	15	Other assets. See Part IV, line 11			448,668.	15	383,617.
	16	Total assets. Add lines 1 through 15 (must equ			726,955.	16	
	17	Accounts payable and accrued expenses			38,461.	17	756,126. 55,111.
	18	Grants payable			,	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
bili		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela		Γ	51,600.	23	52,012.
	24	Unsecured notes and loans payable to unrelate		Г		24	
	25	Other liabilities (including federal income tax, pa	•				
	20	parties, and other liabilities not included on line					
		a f O ale a ale da D		· .	449,888.	25	389,607.
	26				539,949.	26	496,730.
		Organizations that follow FASB ASC 958, che		X			
es		and complete lines 27, 28, 32, and 33.					
anc	27				82,435.	27	0.
Balá	28	Net assets with donor restrictions		Г	104,571.	28	259,396.
Pd		Organizations that do not follow FASB ASC 9			- / -		
Τu		and complete lines 29 through 33.					
ç	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or en				30	
<b>J</b> SS	31	Retained earnings, endowment, accumulated ir				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			187,006.	32	259,396.
Ž	33	Total liabilities and net assets/fund balances			726,955.	33	756,126.
	33	TOTAL HADHILIES AND HEL ASSELS/TUNU DAIANCES			120,555.	აა	-7.50, 120

Form **990** (2023)

# Alive Inc

Form	1 990 (2023) Alive Inc	43-12	98527	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,894		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,822		
3	Revenue less expenses. Subtract line 2 from line 1	3			90.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	187	,00	<u> </u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			_	
	column (B))	10	259	, 39	96.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<b>3</b> a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	X	

Form **990** (2023)

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.

ĺ	OMB No. 1545-0047			
	2023			
Open to Public				

Name of the o	rganization
---------------	-------------

Nan	ne of	the organization אין דר ג	e Inc						identification number 3-1298527
Da	rt I	Reason for Public (				ie ment ) C	:		3-1290321
							ee instruction	S.	
	orga	nization is not a private found		•		,			
1		A church, convention of ch	,			n 170(b)(1	I)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative					•		
4		A medical research organiz	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 operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7		An organization that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he function	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	r section	509(a)(2).	See section &	509(a)(3). (	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ring
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
		its supported organizatio	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in cor	nnection w	vith its suppor	ted organiz	ation(s)
		that is not functionally int		• •				-	
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
е		Check this box if the orga						II, Type III	
		functionally integrated, or							
f	En	ter the number of supported of		, , ,	0 0				
g	Pro	ovide the following information	n about the supporte						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization 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	<b>a</b> l								
			1	I			I		1

Pa	(Complete only if you checke	-					-
	fails to qualify under the tests	ilisted below, plea	ase complete Part	III.)			-
See	ction A. Public Support		1				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
		(a) 2019	(b) 2020	(c) 2021	(4) 2022	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(d) 2019	(0) 2020	(0) 2021	(d) 2022	(e) 2023	
-	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						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	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 instructi	l ons)			12	1
13	First 5 years. If the Form 990 is for th						
10	organization, check this box and stop	•		•			
See	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	%
15	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the						x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2023. If the ord	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Par	t VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2022. If the or	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and s	<b>stop here.</b> Explain	in Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	s

Alive Inc

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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### Schedule A (Form 990) 2023

Alive Inc

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.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2020 (c) 2021 (d) 2022 (a) 2019 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1960052 1094831 1945104. 1710404. 1789333. 8499724. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 62,369. 174,296. 35,064. 76,863. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1094831. 2021967. 1710404. 1995116. 1851702. 8674020. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 7,689. 7,689. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 7,689. 7 689 8666331 Public support. (Subtract line 7c from line 6.) Section B. Total Support (b) 2020 Calendar year (or fiscal year beginning in) (a) 2019 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 Amounts from line 6 1995116. 1094831 2021967. 1710404. 1851702. 8674020. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 28. 119. 225. 373. 1. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1. 28. 119. 225. 373. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is 104.729. 104,729. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1995117. 1094831. 2021995. 1815252. 1851927. 8779122. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 98.72 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 98.95 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 17 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not .....X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23

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16 2023.05050 ALIVE INC

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3a

3b

3c

4a

4b

4c

5a

5b

5c

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7

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9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

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	(Form 990) 2023	Alive	-
Part IV	Supporting Org	janizations <sub>(co</sub>	ontinued)

1

			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	ction 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> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction 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			

Section D. All Type III Supporting Organizations					
			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s).	2			
3	By reason of the relationship described 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 org	anization used to satisfy	the Integral Part Test durin	a 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.*

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

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s)

- **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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

Par	t V   Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Sect	on 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			
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	on 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-function	ally integrated	Type III supporting orga	inization (see	

instructions).

Schedule A (Form 990) 2023

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Alive Inc

Schedule A (Form 990) 2023

332027 12-21-23

# 20 2023.05050 ALIVE INC

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2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	g Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8					
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023			6-	hedule A (Form 990) 2023
				30	11EUUIE A (FUIII 330) 2023

1 Amounts paid to supported organizations to accomplish exempt purposes

Schedule A (Form 990) 2023

Section D - Distributions

1

Current Year

Schedule A	(Form 990) 2023	Alive	Inc	43-1298527 Page 8
Part VI	Supplemental In Part IV, Section A, lin line 1; Part IV, Section	formation. <sub>F</sub> es 1, 2, 3b, 3c, 4 n D, lines 2 and 3	rovide the explanations required by b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, ar 3; Part IV, Section E, lines 1c, 2a, 2b	Part II, line 10; Part II, line 17a or 17b; Part III, line 12; nd 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, , 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, complete this part for any additional information.
222000 10 01 0	2			Schedule A (Form 990) 2023
332028 12-21-2	3		21	Schedule A (Form 990) 202

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### \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

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

# 2023

Employer identification number

43-1298527

nent of the Treasury	
Revenue Service	

Organization type (check one):

Name of the organization

Schedule B

(Form 990)

Departr

Internal

Alive Ind
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Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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.

### **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 for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts u

**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).

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

	3 (Form 990) (2023)	- Emm	Page 2
Name of or	ganization	Empl	oyer identification number
Alive Inc			3-1298527
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,507.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023

	B (Form 990) (2023)		Page 2
Name of or	rganization		Employer identification number
Alive	Inc		43-1298527
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
7_		- \$\$7,5	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
8_		- \$\$65,0	Person       X         Payroll
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	\$5,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
10		_ \$ <u>5,0</u>	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
11_		- _ \$ <u>10,0</u>	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
<u>12</u> 323452 12-26		_ \$5,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Schedule E Name of or	3 (Form 990) (2023)		Emplo	Page 2 Pa
Name of of	ganzation			
Alive	Inc		43	-1298527
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
13		\$20,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
14_		\$5,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio		(d) Type of contribution
15		\$5,2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
16_		\$32,9	<u>07.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
17_		\$127,1	06.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
18		\$36,3		Person X Payroll Noncash (Complete Part II for noncash contributions.)

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2

	B (Form 990) (2023)		Page <b>2</b>
Name of o	rganization		Employer identification number
Alive	Inc		43-1298527
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
19		\$27,5	28.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
20		\$\$119,55	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

	3 (Form 990) (2023)		Page
Name of or	rganization		Employer identification number
Alive	Inc		43-1298527
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	if additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

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Schedule B (Form 990) (2023)

Name of o	rganization			Employer identification number	
Alive	Inc			43-1298527	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line entricharitable, etc., contributions of \$1,000 or le	v. For organizations	hat total more than \$1,000 for the year	
(a) No.	Ose duplicate copies of r art in it additional				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
		(e) Transfer of gift			
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
		(e) Transfer of gift			
-	Transferee's name, address, a	und ZIP + 4	Relationship of tra	Insferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
-		(e) Transfer of gift			
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
	Transferee's name, address, a	(e) Transfer of gift	fer of gift Relationship of transferor to transferee		
323454 12-26	3-23			Schedule B (Form 990) (2023)	

29 2023.05050 ALIVE INC

SCHEDULE D	Supp
(Form 990)	Compl Doubling

Department of the Treasury Internal Revenue Service

# plemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Nam	e of the organization			Em	bloyer identification number
De	Alive Inc	d Euroda ar Oth			43-1298527
Pa	t I Organizations Maintaining Donor Advise		er Similar Funds	or Accour	<b>Its.</b> Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		h da a al 6 un ala	(1-) 5	de su d'alle su a ser unda
		(a) Donor ad	dvised funds	(b) Fur	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	•			
	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o			•	
D.	impermissible private benefit?				Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	oly).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation o	f a historically	important land area
	Protection of natural habitat		Preservation o	f a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation co	ntribution in the form	of a conserva	tion easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
с	Number of conservation easements on a certified historic stru	ucture included on li	ne 2a	2c	
d	Number of conservation easements included on line 2c acqu	ired after July 25, 20	06, and not		
	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished	, or terminated by the	e organization	during the tax
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, ins	pection, handling of		
	violations, and enforcement of the conservation easements it	holds?			Yes 📃 No
6	Staff and volunteer hours devoted to monitoring, inspecting,				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcing conserva	tion easemen	ts during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirem	ents of section 170(r	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footr	note to the organizat	on's financial statem	ents that desc	ribes the
	organization's accounting for conservation easements.	-			
Pa	t III Organizations Maintaining Collections of	Art, Historical	Treasures, or Of	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement a	and balance sl	neet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, educa	tion, or research in fu	urtherance of	public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	describes these iten	ıs.	
b	If the organization elected, as permitted under FASB ASC 95				works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.	,	,	Ī	
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treater				
-	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1	-			\$
	Assets included in Form 990, Part X				\$\$
-	For Paperwork Reduction Act Notice, see the Instructions		<u></u>		$^{\mathrm{p}}$ Schedule D (Form 990) 2023
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Sche	dule D (Form 990) 2023 Alive I							43-12			<sub>age</sub> 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historie	cal Trea	sures, or (	Other S	Similar	Assets	(contir	ued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check an	y of the fo	llowing that m	nake sigr	nificant u	ise of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🗌 Loa	an or exch	ange program	ı					
b	Scholarly research	e	e 🗌 Oth	ier							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they f	further the	organization	's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histor	ical treasu	ires, or other :	similar as	ssets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		te if the org	anization	answered "Ye	es" on Fo	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for con	ntributions	or other asse	ets not in	cluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table	e:							
									Amoun	<u> </u>	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		7		
	Did the organization include an amount on F						?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	<b>t V Endowment Funds</b> Complete it						1) Three y	ears back	(a) Four	vooro	book
		(a) Current year	(b) Prior	year	(c) Two years		i) illiee y	Ears Dack	(e) Four	years	DACK
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•		biumn (a))	neid as:						
а ь	Board designated or quasi-endowment	%	_%								
d o	Permanent endowment	% %									
С	Term endowment The percentages on lines 2a, 2b, and 2c sho										
20	Are there endowment funds not in the posse		tion that ar	o hold and	Ladministoroc	t for the					
Ja	organization by:		ation that are		auministeret				ſ	Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		), Part IV, lin	ne 11a. Se	e Form 990, F	Part X, lir	ne 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr		(b) Cost o basis (c		• •	umulate eciation	d	( <b>d)</b> Boo	k valu	e
<b>1</b> a	Land										
b	Buildings										
	Leasehold improvements			26	5,991.	-	14,29	98.	1:	2,6	93.
d	Equipment				3,203.		62,5e				34.
	Other						-				
	. Add lines 1a through 1e. (Column (d) must e		X. line 10c	column (l	3))	<u></u>	<u></u>		1	3,3	27.

Schedule D (Form 990) 2023

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Part VII	Investments	- Other Securities	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

### Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Right of Use Assets	378,748.
(2) Rent Deposits	4,869.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	383,617.
Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f, Sec	Form 000 Part V line 25

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Lease Liabilities	389,607.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	389,607.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 Alive Inc		43-1298527 Page 4
	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	<u>8.</u> )	
Pa	rt XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, c	or if the	2023
Department of the Treasury		Attach to Form 990 o	or Forr	n 990	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information			Inspection
Name of the organization	Alive I	nc					Employer i 43-129	dentification number 8527
	complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	ered "Y	'es" or	n Form 990, Part IV, li	ine 17	. Form 990-	EZ filers are not
<ul> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>f X Solicitation of non-government grants</li> <li>c X Phone solicitations</li> <li>g X Special fundraising events</li> <li>d X In-person solicitations</li> <li>g X Special fundraising events</li> <li>d X In-person solicitations</li> <li>e V Special fundraising services, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>key employees listed in Form 990, Part VII) or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>								
(i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Activity       (iii) Did fundraiser have custody or control of control of control undraiser listed in col. (i)       (iv) Gross receipts from activity       (v) Amount paid to (or retained by fundraiser listed in col. (i)						(v) Amount paid to (or retained by)		
Debra Cotton - 523	Coulter	Grant writing, coordinate	Yes	No				
Ave, Kirkwood, MO	63122	fundraising events,		X	1,851,702.		75,00	0. 1,851,702.
Total         3       List all states in whi or licensing.	ich the organizatic	n is registered or licensed to solicit o	contrib	utions	1,851,702. or has been notified	it is e	75,00 xempt from	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. See Part IV for continuations Schedule G (Form 990) 2023

LHA 332081 09-13-23

Alive Inc

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 Golf	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
				Bingo	2	col. (c)
J			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	82,161.	11,672.	17,617.	111,450
	2	Less: Contributions	28,200.	3,895.		32,095
	3	Gross income (line 1 minus line 2)	53,961.	7,777.	17,617.	79,355
	4	Cash prizes				
	5	Noncash prizes				
DIrect Expenses	6	Rent/facility costs	7,200.			7,200
	7	Food and beverages	5,559.	3,067.		8,626
5	•	Entorteinment		300.		300
		Entertainment Other direct expenses		5001	674.	860
	u				0/4.	000
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)	<u> </u>		16,986
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I <b>Gaming.</b> Complete if the organization	n 9 in column (d)			16,986
aı	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I	n 9 in column (d)			16,986 62,369 (d) Total gaming (add col. (a) through col. (c
aı	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	16,986 62,369 (d) Total gaming (add
aniavari	10 11 rt I	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I <b>Gaming.</b> Complete if the organization	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	16,986 62,369 (d) Total gaming (add
aniavari	10 <u>11</u> rt I	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	16,986 62,369 (d) Total gaming (add
	10 <u>11</u> rt I 2 3	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	16,986 62,369 (d) Total gaming (add
aı	10 11 rt I 2 3 4	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	16,986 62,369 (d) Total gaming (add
a	10 11 rt I 2 3 4 5	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	16,986 62,369 (d) Total gaming (add
	10 11 1 1 2 3 4 5 6	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	An 9 in column (d) ine 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo Yes% No	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	16,986 62,369 (d) Total gaming (add

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

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Schedule G (Form 990) 2023

Yes

No

No

Sch	edule G (Form 990) 2023	Alive	Inc 43	-1298527 Page 3
11	Does the organization conduct ga	ming activitie	s with nonmembers?	Yes No
12			tee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?			Yes No
13	Indicate the percentage of gaming			
				<b>13</b> a %
			prepares the organization's gaming/special events books and records:	
14		e person who		
	Name			
	Name			
	Address			
	Address			
15a	Does the organization have a con	tract with a th	ird party from whom the organization receives gaming revenue?	Yes No
k	If "Yes," enter the amount of gam	ing revenue re	eceived by the organization \$ and the amount	
	of gaming revenue retained by the			
c	If "Yes," enter name and address			
	Name			
	Address			
16	Gaming manager information:			
	Saming manager mormation.			
	Name			
	Gaming manager compensation	\$		
	Carning manager compensation	Ψ		
	Description of services provided			
	Description of services provided			
	Director/officer	Employ	ee Independent contractor	
17	Mandatory distributions:			
	•	state law to i	nake charitable distributions from the gaming proceeds to	
				Ves No
F			er state law to be distributed to other exempt organizations or spent in the	
	organization's own exempt activit	•		
Pa			by the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III lines 9 9b 10b
			Iso provide any additional information. See instructions.	
	,,,,,,,,,,,			
Sc	hedule G. Part I.	Line 2	b, List of Ten Highest Paid Fundraiser	rs:
<u>~~</u>		4		•
(i	) Name of Fundrais	ser: De	bra Cotton	
<u>, –</u>	<u>,</u>			
(i	) Address of Fund	raiser:	523 Coulter Ave, Kirkwood, MO 63122	
<u>, </u>	, 11441055 01 141141	- 41901 -	<u></u>	
(i	i) Activity: Grant	writi	ng, coordinate fundraising events, cu	ltivating do
<u> </u>	-, neerviey. Gran		my, coorainate runaraising events, cu.	Letvacing uo

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	Schedule G (Form 990)

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SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations.			OMB No. 1	1545-0047
(Form 990)		Go	vernments, an ete if the organizatio	d Individua	ls in the Úni	ted States			20	23
Department of the Treasury		Compr	ete il the organizatio	Attach to Forn		1 1 <b>v</b> , inte 2 1 01 22.			Open to	
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								Inspe		
Name of the organizat								Employer ider		
	Alive Inc							4	3-12	98527
	Part I General Information on Grants and Assistance									
•	zation maintain records t		•		• • • •	•			1	X No
criteria used to a	award the grants or assis	itance?	oring the use of grant	funda in tha Unitad	l Stataa			L	Yes	A No
	IV the organization's pro					anization answered "Y	es" on Form 990. Parl	t IV. line 21. for a	anv	
	hat received more than \$	-							y	
	ddress of organization vernment	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purp or as	ose of g ssistanc	
								-		
								-		
		•		•						

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

Alive Inc

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Adopt A Family	51	0.	10,000.	Fair market value	Wrapped gifts
Baby Shower	20	0.	500.	Fair market value	Baby donations
Starbucks	700	0.	36,184.	Fair market value	Chilled and pastry items
Clothing donations	100	0.	1,000.	Fair market value	Clothing donations
Toiletries	500	0.	1 000	Fair market value	Toiletries donations

43-1298527 F

Schedule I (Form 990) Alive Inc					43-1298527 Page
Part III Continuation of Grants and Other Assistance to I	Domestic Individuals	(Schedule I (Form 99	90), Part III.)	1	
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
uggage	12.	0.	1,000.	Fair market value	Luggage donations
	250			\$50/bag, 30 bags per	
elf-care kits	360.	0.	18,000.	month	Self-care kit donations

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

23

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

20

Name of the organization

.ive	Inc

	Alive Inc				43-1	298	527	
Pa								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles		7 602	26 104	Dein Marlat	17-	1	
19	Food inventory	X	7,683	30,184.	Fair Market	va.	Lue	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 82	83, Part V, L	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of		ntribution, and whi	ch isn't required to be used	for			v
_	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.							v
31	Does the organization have a gift acceptance p				tions?	31		X
32a	Does the organization hire or use third parties		-					v
	contributions?					32a		X
b	If "Yes," describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2023

LHA 332141 09-11-23

describe in Part II.

Part II	Supplemental Information Dravide the information required by Dart Llines 20h, 20h, and 22, and whether the exception
	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2023

332142 09-11-23

Schedule M (Form 990) 2023 Alive Inc

SCHEDULE O (Form 990)

Name of the organization

### Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Alive Inc

Form 990, Part I, Line 1, Description of Organization Mission:

adults and children impacted by domestic abuse, as well as to increase

awareness in order to create a supportive community.

Form 990, Part VI, Section B, line 11b:

The Board of Directors reviews Form 990 prior to filing.

Form 990, Part VI, Section B, Line 12c:

The Organization conducts periodic reviews to ensure the conflict of

interest policy is followed.

Form 990, Part VI, Section B, Line 15:

The board members of the Organization compare compensation data from other

similar non-profit organizations in the St. Louis area to determine the

compensation of the Executive Director.

Form 990, Part VI, Section C, Line 19:

The Organization makes its governing documents and financial statements

available to the public upon written request.

Form 990, Part XII, Line 2:

The Financial Statement Audit is in process as of the filing date of

the return and will be completed as soon as possible.

Form 990, Part XII, Line 3a:

 The Single Audit is in process of the filing date as of the return and

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Name of the organization	Page Employer identification numbe 43-1298527
Alive Inc	43-1298527
will be completed as soon as possible.	
	Schedule O (Form 990) 20

(Rev. January 2024)

### Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

-	E an anno an				, and trusts	
	Form 7004 to request an extension of time to file incom	me tax retur	ns.			
	lentification					
Type or	Name of exempt organization, employer, or other filer, see instructions.			Taxpayer	Taxpayer identification number (TIN)	
Print	Alive Inc				43-1298527	
File by the due date for	by the					
filing your PO Box 28733						
return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	St Louis, MO 63146	lereigit daa				
Enter the	Return Code for the return that this application is for (f	ile a separa	te application for each return)			01
Application Is For					Return	
		Return Code			Code	
Form 990 or Form 990-EZ		01	Form 4720 (other than individual)			09
		03	Form 5227			10
Form 4720 (individual)		03	Form 6069			11
Form 990-PF						
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 8870			12
Form 990-T (trust other than above)		06	Form 5330 (individual)			13
Form 990-T (corporation)		07	Form 5330 (other than individual)			14
Form 104	-1-A ou enter your Return Code, complete either Part II or Pa	08				
Pla Pla <u>Pla</u> Pla	pplication is for an extension of time to file Form 5330, n Name	inizations (s				
The bo	poks are in the care of The Organization					
	PO Box 28733 - S	st Loui	-			
•	none No. <u>314-938-4414</u>		Fax No			
	organization does not have an office or place of busine					
<ul> <li>If this i</li> </ul>	is for a Group Return, enter the organization's four-digi					
box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.						
1 I request an automatic 6-month extension of time until <b>February 18</b> , 20 <u>25</u> , to file the exempt organization return for						
the	organization named above. The extension is for the or	ganization's	return for:			
calendar year 20 or						
X	tax year beginning <u>APR 1</u>	, 20	2.3 , and ending	MAR 3	1.	, 20 <b>24</b>
If the tax year entered in line 1 is for less than 12 months, check reason:     Initial return     Final return     Change in accounting period						
3a lfth	nis application is for Forms 990-PF, 990-T, 4720, or 606	9. enter the	tentative tax. less			
	<i>i</i> nonrefundable credits. See instructions.	,	······,·····	3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	/ refundable credits and			
	imated tax payments made. Include any prior year over			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your p					
	ng EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.