	0	00	Extended to May 15, 202 Return of Organization Exempt From		ζ	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it m		tions)	
Depa Intern	rtment o	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat	•		Open to Public Inspection
			-	g JUN 30, 202	3	·
B C a	heck if pplicab	le: C Name of	organization	D Employer iden	tificati	on number
	Addre	ge ALLV	E!, Inc.			
	Name chang	ge Doing bi	usiness as	54-0914	.017	
	Initial return Final return	Number 2723	and street (or P.O. box if mail is not delivered to street address) Room, King Street			9300
	termir ated Amen	City or to	own, state or province, country, and ZIP or foreign postal code andria, VA 22302	G Gross receipts \$ H(a) Is this a grou	o roturi	4,740,249.
	_return]Applio		nd address of principal officer: Mary Eileen Dixon	for subordina		
	_tión pendi		as C above	H(b) Are all subordinate		
<u>г</u> т	ax-ex	empt status:				See instructions
	Vebsi		s://www.alive-inc.org/	H(c) Group exemp		
				Year of formation: 1969		
	rt I	Summary				
e e	1	Briefly describ	e the organization's mission or most significant activities: $rac{ extsf{ALIVE!}}{ extsf{active}}$	helps Alexand	lria	ns become
Activities & Governance			of assuming self-reliant roles in t			
'ern	2	Check this bo	5			
200	3				3	67
જ	4		ependent voting members of the governing body (Part VI, line 1b)		4	67 24
ties			of individuals employed in calendar year 2022 (Part V, line 2a) of volunteers (estimate if necessary)		5	900
tivi			6	900		
Ac			d business revenue from Part VIII, column (C), line 12	F	7a	0.
	D	Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	7b	Current Year
	0	Contributions	and grants (Part VIII, line 1h)			4,716,479.
anc	8 9		ce revenue (Part VIII, line 2g)).	0.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)			17,101.
ň			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,852.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)			4,735,432.
			nilar amounts paid (Part IX, column (A), lines 1-3)	1 72 404		2,494,179.
	14		to or for members (Part IX, column (A), line 4)).	0.
S	15	-		717,142		972,296.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	24,374	•	10,888.
Expenses	b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 158,059.			
Ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,737,222		1,310,110.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,215,232		4,787,473.
	19	Revenue less	expenses. Subtract line 18 from line 12	-727,416		-52,041.
Net Assets or Fund Balances				Beginning of Current Ye		End of Year
sset: lalar	20	Total assets (F	Part X, line 16)	3,285,995		3,670,282.
atAs	21		(Part X, line 26)	470,217		826,562.
	22		fund balances. Subtract line 21 from line 20	2,815,778	•	2,843,720.
Pa	rt II	Signature	BIOCK			

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

	Signature of officer	Date									
Sign	Signature of officer	Dale									
Here											
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	Yong Zhang, CPA		03/01/24 ^{if} self-employed P012497								
Preparer	Firm's name Rogers & Company		Firm's EIN 58-2676261								
Use Only	Firm's address 8300 Boone Boulev	ard, Suite 600									
	Vienna, VA 22182 Phone no. (
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes	No							
			E 000								

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Form	990 (2022) ALIVE!, Inc.	54-0914017	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: See Schedule O		
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	XNo
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services:		XNo
3	If "Yes," describe these changes on Schedule O.	: Ies	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:)(Expenses 2,655,531. including grants of 1,258,083.) (Reve Food Program: ALIVE! is the largest food provider in Al)
	fiscal year 2023, ALIVE's food program managed the dist		
	to 3,000 to 5,000 households monthly via: (1) mass dist		
	on the last Saturday of the month, and (2) weekly walk-		
	through events. Food is also provided to 15 pantries an		
	During fiscal year 2022, ALIVE! distributed on average		ıds
	of food monthly. Food includes enough for a family of 4		
	and usually includes eggs, fresh bread and meat, season		and
	shelf stable pantry items usually consisting of vegetab		
	grain/starch and protein. ALIVE! also delivers food Mor		
	Friday each week to the elderly, disabled, and others u		
	their homes to buy food through its family assistance p		VE!
4b	(Code:)(Expenses 1,382,978. including grants of 1,234,794.) (Reve Family Assistance and Eviction Prevention: Through its)
	Family Assistance and Eviction Prevention: Through its assistance program ALIVE! helps members of the communit		
	utilities and medical and other expenses as requested h		
		stance also h	
	deliver food to people who cannot leave home for grocer		.0162
	Throughout the COVID-19 global pandemic, ALIVE! has been		rk
	in coalition and with local government to provide direct		
	relief to people who are in jeopardy of losing their ho		s
	connect people to other organizations providing assista	nce includin	
	members of the Alexandria Eviction Prevention Task Ford	e.	
4c	(Code:) (Expenses \$ 95,286. including grants of \$ 1,302.) (Reve)
	ALIVE! House: The ALIVE! House is a transitional housin providing up to 24 months of individualized, goal-focus		
		vices are al	80
	leveraged through external partners to address financia		.50
	tutoring, parenting guidance nutrition, and stress mana		VE!
	House helps transition families to independent living a		
	12-month aftercare program that supports residents upor		
	stable, permanent housing.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 65,395. including grants of \$) (Revenue \$ Total program service expenses 4,199,190.)	
4e	Total program service expenses4,199,190.		
00000	See Schedule O for Continuation(990 (2022)
232002			
	-		

Form	990	(2022)
	330	(2022)

Form 990 (2022) ALIVE!, Inc. Part 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)?		v	
~	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		x
4	public office? If "Yes," complete Schedule C, Part I	3		
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 23
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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		X
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, 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,			
d	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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			
	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
12	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
18	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,"	10		
13	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	<u> </u>
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		x

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 Form 990 (2022)
 ALIVE!, Inc.

 Part 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			37
	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			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
-1	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
254	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
D	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		х
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		х
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		Х
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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			х
00	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	01		
0L	Schedule N, Part II	32		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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	
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ra	Check if Schedule O contains a response or note to any line in this Part V			
	טוויטא או טטוופטעוב ט טטווגמווזס מ ובסטטווסב טו ווטנב נט מוזץ וווזב ווז נווזס דמוג ע		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11		103	110
b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c	Х	

Form	990 (2022) ALIVE!, Inc. 54-0914	017	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 24		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-		v
	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			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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 donor advised funds. Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.) 11b			
129	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	ieu		
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 13b			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
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?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
-	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		
	If "Yes," complete Form 6069.			

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year [1a] 67								
	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									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
-	officer, director, trustee, or key employee?	2		x					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	~							
5	of officers, directors, trustees, or key employees to a management company or other person?	3		x					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
_		5		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X					
6 70	Did the organization have members or stockholders?	0							
78	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-	x						
	more members of the governing body?	7a	- 11						
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x					
•	persons other than the governing body?	7b							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-	v						
a	The governing body?	8a	X X						
b	Each committee with authority to act on behalf of the governing body?	8b	~						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		37					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c		X					
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X	L					
b	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.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed None								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) availa	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finaı	ncial						
	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 books and records								
	Jennifer Ayers - (703) 837-9300								
	2723 King Street, Alexandria, VA 22302								

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

ALIVE!, Inc.

Form 990 (2022)

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Page 6

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	ſ

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 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.

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(13) Tim Burns1.00X0.0.0.Congregational RepresentativeX0.0.0.0.(14) Megan Cefferillo1.00X0.0.0.Congregational RepresentativeX0.0.0.0.(15) Lisa Clausen1.00X0.0.0.Congregational RepresentativeX0.0.0.0.(16) Janet Coldsmith1.00X0.0.0.(17) Vonda Delawie1.00X0.0.0.	_	1.00	v						0	0	0
Congregational RepresentativeX0.0.0.(14) Megan Cefferillo1.000.0.0.Congregational RepresentativeX0.0.0.(15) Lisa Clausen1.000.0.0.Congregational RepresentativeX0.0.0.(16) Janet Coldsmith1.000.0.0.Congregational RepresentativeX0.0.0.(17) Vonda Delawie1.000.0.0.		1 00	^						0.	0.	0.
(14) Megan Cefferillo1.00X0.0.0.Congregational RepresentativeX0.0.0.0.(15) Lisa Clausen1.00X0.0.0.Congregational RepresentativeX0.0.0.0.(16) Janet Coldsmith1.00X0.0.0.Congregational RepresentativeX0.0.0.0.(17) Vonda Delawie1.00X0.0.0.		1.00	v						0	0	0
Congregational RepresentativeX0.0.0.(15) Lisa Clausen1.00X0.0.0.Congregational RepresentativeX0.0.0.(16) Janet Coldsmith1.000.0.0.Congregational RepresentativeX0.0.0.(17) Vonda Delawie1.000.0.0.		1 00	<u>^</u>						0.	0.	0.
(15) Lisa Clausen1.00Congregational RepresentativeX0.0.(16) Janet Coldsmith1.00Congregational RepresentativeX0.0.(17) Vonda Delawie1.00	-	1.00	v						0	0	0
Congregational RepresentativeX0.0.0.(16) Janet Coldsmith1.000.0.0.Congregational RepresentativeX0.0.0.(17) Vonda Delawie1.000.0.0.		1,00							0.	0.	0.
(16) Janet Coldsmith1.00Congregational RepresentativeX(17) Vonda Delawie1.00			x						0.	0.	0.
Congregational Representative X 0. 0. 0. (17) Vonda Delawie 1.00 0 0 0		1.00									
			x						0.	0.	0.
Congregational Representative X 0. 0.	(17) Vonda Delawie	1.00									
	Congregational Representative		Х						0.	0.	0.

232007 12-13-22

Form 990 (2022)

Form 990 (2022) ALIVE!,	Inc.								54-0914	017	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	erage				٦ <u>.</u>		Reportable	Reportable	E	stimate	ed
	hours per	box	, unle	ess pe	erson	e than is bot	h an		compensation	a	nount	of
	week	offi	cer ar	nd a d	directo	or/trus	tee)	from	from related		other	
	(list any	ctor						the	organizations	con	npensa	ation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	f	rom th	ie
	related	stee o	ustee			ensa		(W-2/1099-MISC/	1099-NEC)	org	ganizat	tion
	organizations	ll trus	nal tr		oyee	duo		1099-NEC)		ar	d relat	ted
	below	Individual trustee or director	nstitutional trustee	cer	ƙey employee	Highest compensated employee	Former			org	anizati	ions
	line)	Indi	Inst	Officer	Key	Higlemp	Боп					
(18) Robert Fisher	1.00											
Congregational Representative		Х						0.	0.			0.
(19) Annette Foster	1.00											
Congregational Representative		Х						0.	0.			0.
(20) Bridget Gaddis	1.00								_			_
Executive Board		Х						0.	0.			0.
(21) Joan Hartman Moore	1.00								_			_
Congregational Representative		Х						0.	0.			0.
(22) Maggie Haslam	1.00								_			_
Congregational Representative		Х						0.	0.			0.
(23) Ann Marie Hay	1.00											
Congregational Representative		Х						0.	0.			0.
(24) Gerry Hebert	1.00								•			~
Executive Board	1 00	X						0.	0.			0.
(25) Al Henderson	1.00								0			~
Congregational Representative	1 00	X						0.	0.			0.
(26) James Henry	1.00	.,							0			0
Congregational Representative		X						0.	0.		<u> </u>	$\frac{0}{2}$
1b Subtotal								119,275.	0.		4,5	23.
c Total from continuation sheets to Part V								0.	0.		~ -	0.
d Total (add lines 1b and 1c)								119,275.	0.		2,5	23.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportable			
compensation from the organization											<u></u>	1
											Yes	No
3 Did the organization list any former officer,									•			
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su									the organization			37
and related organizations greater than \$15										4		X
5 Did any person listed on line 1a receive or a					-	-		-		-		v
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scheaui	eJi	or s	ucn	pers	son .				5		X
•		-l							¢100.000 of compare	+:		
 Complete this table for your five highest co the organization. Report compensation for 	-									sation	Irom	
(A)	the calendar y	cai	enu	ng v	WILLI			(B)			C)	
רא) Name and business	address	N	олі	Ε				Description of s	ervices	Compe		n
		-										
							_					
							_					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

ALIVE!, Inc.

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Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd I	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Pos		I		Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	-				oyee		the	organizations	compensation
	(list any hours for	lirecto				l em p		organization	(W-2/1099-MISC)	from the
	related	e or d	stee			Isated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	idual	ution	ar	Key employee	est co	er			5
	line)	Indiv	Instit	Officer	Keye	High	Former			
(27) Jean Horace	1.00									
Congregational Representative		х						0.	0.	0
(28) Kathy Houghtalen	1.00									
Congregational Representative		х						0.	0.	0
(29) Linda Howard	1.00							•	• •	
Congregational Representative		x						0.	0.	0
(30) Rawles Jones	1.00									
Executive Board member		x						0.	0.	0
(31) Jim Karlson	1.00							•••	•••	
Food Chair		x						0.	0.	0
(32) Rose Karv	1.00									
Congregational Representative		x						0.	0.	0
(33) Suzanne Kratzok	1.00									
Executive Board		x						0.	0.	0
(34) Mollie Lambert	1.00									u
Family Assistance Chair		x						0.	0.	0
(35) Nancy Lopez	1.00									
Congregational Representative		x						0.	0.	0
(36) Mike Mackey	1.00									
Furniture Chair		x						0.	0.	0
(37) Cheryl Malloy	1.00									
Past Board President/Nominating Comm	100	x						0.	0.	0
(38) Claude Mayo	1.00	- 11						0.	0.	0
Congregational Representative	1.00	x						0.	0.	0
(39) Jesse McCain	1.00								0.	0
Congregational Representative	1.00	x						0.	0.	0
(40) Beth McFarland	1.00								0.	0
Congregational Representative	1.00	x						0.	0.	0
(41) Herbert McKoy	1.00								0.	0
Congregational Representative	1.00	x						0.	0.	0
(42) Ashley McNeil	1.00	Δ						0.	•	0
(42) ASHIEY MCNEII Executive Board	T.00	x						0.	0.	0
(43) David McWilliams	1.00	^						0.	0.	0
	T.00	x						0.	0.	0
Congregational Representative	1.00	^						0.	0.	0
(44) Terra K. Morgan	T.00	x						0.	0.	0
Congregational Representative	1.00	^						0.	0.	0
(45) Siobhan Mould	T.00	x							0.	0
Congregational Representative	1 00	^						0.	0.	0
(46) Jewel Lyn Maune	1.00	v							•	<u>م</u>
Congregational Representative		Х	1				1	0.	0.	0

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	byee	s, a	nd I	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position			1		Reportable	Reportable	Estimated	
	hours	(c	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	Ŀ				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	director				d em		(W-2/1099-MISC)	(00-2/1033-10100)	organization
	related	tee or	Istee			en sate		()		and related
	organizations	l trust	nal tru		oyee	ompe				organizations
	below	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Indi	Inst	Offi	Key	Hig	Fon			
(47) Ken Naser	1.00									_
Past Board President		Х						0.	0.	0
(48) Dorothy Outlaw	1.00									
Congregational Representative		Х						0.	0.	0
(49) Paul Painter	1.00									
Congregational Representative		х						0.	0.	0
(50) Deborah Patterson	1.00									
Past Board President		х						0.	0.	C
51) Constance Richardson	1.00									
Congregational Representative		Х						0.	0.	C
(52) Iva Richey	1.00									
Congregational Representative		Х						0.	0.	0
(53) Deborah Schaffer	1.00									
Congregational Representative		Х						0.	0.	0
(54) Debi Steinbacher	1.00									
Congregational Representative		Х						0.	0.	0
(55) Bob Steventon	1.00									
Congregational Representative		Х						0.	0.	0
(56) David Taylor	1.00									
Executive Board		Х						0.	0.	0
(57) Doris Thorne	1.00									
Congregational Representative		Х						0.	0.	0
(58) Patricia Tighe	1.00									
Past President		Х						0.	0.	0
(59) Beth Trent	1.00									
Congregational Representative		Х						0.	0.	0
(60) Alison Utermohlen	1.00									
Audit Committee Chair		Х						0.	0.	0
(61) Carlton Willis	1.00									
Congregational Representative		Х						0.	0.	0
(62) Eric Winakur	1.00									
Past Board President/Nominating Comm		Х						0.	0.	0
(63) Matt Zahn	1.00									
Congregational Representative		х						0.	0.	C
(64) Very Reverend Collins Asonye	1.00									
Congregational Representative		Х						0.	0.	0

	: VII	2022) ALIVE					54-0914	017 Page
								Г
		Check if Schedule O cont	ains a response	e or note to any III	ne in this Part VIII			
						(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue exclud
						function revenue	business revenue	from tax unde
								sections 512 - 5
s	4 -	Es devete des evens sieves		44,627.				
and Other Similar Amounts	1 а	Federated campaigns	1a	44,02/•				i .
2	b	Membership dues	1b					i
Ĕ			······	253,374.	-			i
₹	С	Fundraising events	1c	200,074.				i
a	b	Related organizations	1d					i
i≝∣					4			i
<u>i</u>	е	Government grants (contributi	ions) 1e 1	,509,004.				i
Ś	f	All other contributions, gifts, grant	ts and					i
ē				000 474				i
휟		similar amounts not included abov	ve 1f 2	,909,474.				i
0	~	Noncash contributions included in lines	10.16 10 11	,359,025.	1			i
P	y	Noncash contributions included in lines	ia-π τη φ					i
a	h	Total. Add lines 1a-1f			4,716,479.			i i
				Business Code				
	2 a							ĺ
Revenue								
٥	b							<u> </u>
21	с							
ē	C							
ē	d							
τl	_							[
	е							
	f	All other program service reve	nue					l
—	g	Total. Add lines 2a-2f	<u></u>					
	3	Investment income (including	dividends inte	rest, and				1
	-				20,418.			20,41
		other similar amounts)			20,418.			20,41
	4	Income from investment of tax	x-exempt bond	proceeds				i i
			•	•				
	5	Royalties						1
			(i) Real	(ii) Personal				
			(1) 1100		4			i i
	6 a	Gross rents 6a						i
					1			i i
	b	Less: rental expenses 6b	<u> </u>					
	c	Rental income or (loss) 6c						
				1				
	d	Net rental income or (loss)						<u> </u>
		Gross amount from sales of	(i) Securities	(ii) Other				
	, a		(7		-			
		assets other than inventory 7a						
	h	Less: cost or other basis						
	U							
		and sales expenses		3,317.				
	-			-3,317.				
		Gain or (loss) 7c						
	d	Net gain or (loss)			-3,317.			-3,31
								,
	8 a	Gross income from fundraising ev						
		including \$ 253,3	74. of					
		· · · · · · · · · · · · · · · · · · ·						
		contributions reported on line	1c). See					
		Part IV, line 18		. 0.				
	b	Less: direct expenses	81	1,500.				
				-	-1,500.			-1,50
		Net income or (loss) from fund			1,500.			1,50
	9 a	Gross income from gaming ac	tivities. See					
	-			_				
		Part IV, line 19		a				
	h	Less: direct expenses	91					
				-				1
	С	Net income or (loss) from gam	ing activities					
1	10 a	Gross sales of inventory, less	returns					
		and allowances		a				
	h	Less: cost of goods sold						
		Net income or (loss) from sale	s of inventory	<u></u>				L
	С			Business Code				
	с	- · •			2 2 5 2			
				900099	3,352.			3,35
		Other revenue		H	· · ·		1	
	11 a	Other revenue						(
		Other revenue						L
	l1 a b	Other revenue						
+	l1a b c							
	l1a b c	All other revenue						
	l1a b c d				3,352.			

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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 respon-	se or note to any line in	this Part IX	, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B) I	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	CAPCINGCS
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	2,494,179.	2,494,179.		
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,				
	trustees, and key employees	128,687.	95,975.	20,046.	12,666.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	726,239.	541,528.	113,242.	71,469.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,666.	4,267. 47,783.	839.	560.
9	Other employee benefits	71,645.		18,010.	5,852.
10	Payroll taxes	40,059.	30,164.	5,931.	3,964.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	110,823.		110,823.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	10,888.			10,888.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	75,989.	9,476. 5,209.	60,689.	5,824. 11,343.
12	Advertising and promotion	17,200.	5,209.	648.	11,343.
13	Office expenses	160,784.	118,118.	30,703.	11,963.
14	Information technology	32,882.	1,616.	20,724.	10,542.
15	Royalties	100 400	100 000	0 - 400	
16	Occupancy	133,422.	103,273.	27,422.	2,727.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	70 011	E0 033	10 000	7 701
22	Depreciation, depletion, and amortization	79,044. 22,479.	58,933. 16,211.	12,330. 3,843.	7,781. 2,425.
23	Insurance	44,419.	10,211.	5,045.	4,443.
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.)				
а	Food and kitchen suppli	612,385.	611,090.	1,295.	0.
b	Materials	61,168.	61,168.	0.	0.
c	Dues and subscriptions	3,934.	200.	3,679.	55.
d				· · ·	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,787,473.	4,199,190.	430,224.	158,059.
26	Joint costs. 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)				
00001	n 12-13-22				Form 990 (2022)

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ALIVE!, Inc. Part X Balance Sheet

Form 990 (2022)

		Check if Schedule O contains a response or no	te to any	line in this Part X			
		· · · · · ·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			235,126.	1	222,115.
	2	Savings and temporary cash investments	1,896,168.	2	1,751,698.		
	3	Pledges and grants receivable, net			10,457.	3	46,020.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
s		under section 4958(f)(1)), and persons describe		6			
	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		256,574.	8	225,471.	
As	9		6,671.	9	25,437.		
		Land, buildings, and equipment: cost or other		·····			
		basis. Complete Part VI of Schedule D	10a	1,120,053.			
	Ь		10b	704,095.	473,998.	10c	415,958.
	11	Investments - publicly traded securities			403,101.	11	890,813.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	3,900.	15	92,770.		
	16	Total assets. Add lines 1 through 15 (must equ			3,285,995.	16	3,670,282.
	17	Accounts payable and accrued expenses			83,046.	17	161,163.
	18	Grants payable		,	18		
	19	Deferred revenue		19			
	20			20			
	21	Escrow or custodial account liability. Complete		21			
<i>(</i> 0	22	Loans and other payables to any current or forr			21		
Liabilities	22	trustee, key employee, creator or founder, subs					
ilidi						22	
Lia	22	controlled entity or family member of any of the Secured mortgages and notes payable to unrel				22	
	23					23 24	
	24 25	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on line					
			5 17-24).	Complete Part X	387,171.	25	665,399.
	26	of Schedule D			470,217.	25	826,562.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			470,217.	20	020,5020
es		and complete lines 27, 28, 32, and 33.					
anc	07				2,815,778.	27	2,843,720.
Sala	27	Net assets without donor restrictions			2,015,770.		2,043,720.
Б	28	Net assets with donor restrictions				28	
Ъ		Organizations that do not follow FASB ASC 9	50, che				
P	20	and complete lines 29 through 33.				20	
ets	29	Capital stock or trust principal, or current funds				29	
SS	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			2,815,778.	31	2,843,720.
Ź	32	Total net assets or fund balances			3,285,995.	32	3,670,282.
	33	Total liabilities and net assets/fund balances			5,205,335.	33	Form 990 (2022)

Form **990** (2022)

Form	1990 (2022) ALIVE!, Inc.	54-	0914017	Pa	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,73				
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,78				
3	Revenue less expenses. Subtract line 2 from line 1	3			41.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,81				
5	Net unrealized gains (losses) on investments	5	7	9,9	83.		
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	2,84	3,7	20.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			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	϶O.			x		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X 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 th	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	iedule (D.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc	lit		1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	Х			

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury

Go

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.

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

OMB No. 1545-0047
2022
Open to Public Inspection

					is and the	e latest ill						
Nan	ne of	the organization							identification number			
Da			E!, Inc.	(4)		·			4-0914017			
	nrt I	Reason for Public (ns.				
	orgar	nization is not a private found		· • • ·	-	-						
1	\square	A church, convention of ch				on 170(b)(*	1)(A)(i).					
2	\square	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3	Н	A hospital or a cooperative					-					
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d 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	d or opera	ted by a g	overnmental	unit descrik	bed in			
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
	_	section 170(b)(1)(A)(vi). (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-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state c	of the colleg	e or			
		university:										
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	ship fees, a	nd gross receipts from			
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)			·						
11		An organization organized a		ively to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or			
		more publicly supported or	ganizations describe	ed 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	-									
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s),	typically by	giving			
		the supported organization	-	-	•			• • •				
		organization. You must c										
b		Type II. A supporting org	-		tion with it	s support	ed organizati	on(s), bv ha	ivina			
		control or management o	-				•		-			
		organization(s). You mus						5 1	ŗ			
с		Type III functionally inte			in connec	tion with.	and functiona	ally integrate	ed with.			
-		its supported organization							,			
d		Type III non-functionally						orted organi	ization(s)			
-		that is not functionally int						-				
		requirement (see instruct			•		-					
е		Check this box if the orga	-	-				II Type III				
Ŭ		functionally integrated, or					x 1 ypo 1, 1 ypo	, rype m				
f	Ent	er the number of supported of			0 0							
		vide the following information							. <u>.</u>			
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)			
Tota	al											

ALIVE!, Inc.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,063,736.	2,876,628.	6,241,255.	3,482,275.	4,716,479.	19,380,373.
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	81,000.	107,193.	190,975.	158,575.	158,575.	696,318.
4	Total. Add lines 1 through 3	2,144,736.	2,983,821.	6,432,230.	3,640,850.	4,875,054.	20,076,691.
	The portion of total contributions				<u> </u>		
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						20,076,691.
_	ction B. Total Support						20,070,091.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2,144,736.	2,983,821.	6,432,230.	3,640,850.	4,875,054.	20,076,691.
8		2,111,700.	2,303,011.	0,102,200.	5,010,030.	1,0,0,001.	20,070,091.
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,	7,500.	7,468.	10,316.	7,277.	20,418.	52,979.
	and income from similar sources	7,500.	7,400.	10,510.	1,211.	20,410.	54,919.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	105	0 550	4 0 7 0		2 250	11 (22)
	assets (Explain in Part VI.)	105.	2,553.	4,873.	750.	3,352.	11,633.
11	Total support. Add lines 7 through 10						20,141,303.
	Gross receipts from related activities,					12	185,035.
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third, ⁻	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Public						
	Public support percentage for 2022 (I					14	99.68 %
	Public support percentage from 2021					15	99.68 %
1 6a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual	fies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	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 r	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported o	organization		
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						
	J		,	. , .			

Schedule A (Form 990) 2022

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.)

See	ction A. Public Support	í 	,					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e)	2022	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
Ũ	are not an unrelated trade or bus-							
	iness under section 513							
4								
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
_	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons	L						
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							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e)	2022	(f) Total
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included on line 10b,							
	whether or not the business is							
12	regularly carried on Other income. Do not include gain							
	or loss from the sale of capital	1						
40	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)			(\i	
14	First 5 years. If the Form 990 is for th	-			-		-	on,
80	check this box and stop here							L
	-							
	Public support percentage for 2022 (15		%
<u>16</u>	Public support percentage from 2021 ction D. Computation of Invest					16		%
	•		•	10 1 (0)				
17						17		%
18	Investment income percentage from					18		%
19a	33 1/3% support tests - 2022. If the	-						
	more than 33 1/3%, check this box a							
b	33 1/3% support tests - 2021. If the	•						
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check ti	his box and see in:	structior	าร	

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.)

232024 12-09-22

		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		_	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

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 organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

За

Yes No

ALIVE!, Inc.

	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	94-0914017 Pag
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	-		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

e Excess from 2022

2022	ALIVI

LIVE!	, Inc.
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	dule A (Form 990) 2022 ALIVE!, Inc.			5	4-0914017 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ed)	
Sect	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

ALIVE!, Inc.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A, Part II, Line 10, Explanation for Other Income:

Other income	
2018 Amount: \$	105.
2019 Amount: \$	2,553.
2020 Amount: \$	4,873.
2021 Amount: \$	750.
2022 Amount: \$	3,352.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2022

Employer identification number

017

ALIVE!,	Inc.	54-0914
Organization type (check one):		

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

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

General Rule

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

X 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.

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of organization

ALIVE!, Inc.

Employer identification number

54-0914017

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	City of Alexandria, VA DHCD / US Department Treasury 2525 Mt. Vernon Avenue Alexandria, VA 22301	\$839,254.	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	Act for Alexandria 201 N Union Street, Suite 110 Alexandria, VA 22314	\$124,198.	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	Virginia Department of Housing and Community Development 600 E Main Street #300 Richmond, VA 23219	\$541,743.	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	Estate Elizabeth Cassidy 1655 N Fort Myer Drive, Suite 700 Arlington, VA 22209	\$352,802.	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	Winkler Botanical Preserve Foundation 5400 Ox Road Fairfax Station, VA 22039	\$100,000.	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
223452 11-1		\$	Person Payroll Occupient Payroll Payroll Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

	3 (Form 990) (2022) ganization	Er	Pag nployer identification numbe
LIVE	!, Inc.		54-0914017
Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022)

Name of or	rganization			Employer identification number
ALIVE	!, Inc.			54-0914017
Part III		through (e) and the following line en aritable, etc., contributions of \$1,000 or	ntry For organizations) that total more than \$1,000 for the yea
(a) No.		•		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
-		(e) Transfer of g		
-	Transferee's name, address, an	Id ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
	Transferee's name, address, an	(e) Transfer of g		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of g		
	Transferee's name, address, an	Id ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of g	 ift	
-	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee

26

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental 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.



Name of the organization

ALIVE	!	,	Inc	

Employer identification number 54-0914017

I Total number at end of year (a) Denor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year)	Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		as or Accol	Ints. Complete if the
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c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2d 4 Number of states where property subject to conservation easement is located					
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 4 Number of states where property subject to conservation easement is located 5 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l)() and section 170(h)(4)(B)(l)() Yes No 9 In Part XIII, describe how the organization reports conservation easements. Yes No 9 In Part XIII, describe how the organization answered "Yes" on Form 990, Part V, line 8. Complete if the organization answered "Yes" on Form 990, Part V, line 8. 14 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or resea					
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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	a				
year	~				
 Number of states where property subject to conservation easement is located	3		eleased, extinguished, or terminated by	the organization	n during the tax
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022					

	dule D (Form 990) 2022 ALIVE!,							54-09			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	or Othe	er Simila	r Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following tha	at make s	significant (use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	-		-	-			se in Par	t XIII.		
5	During the year, did the organization solicit o								1		1
Do	to be sold to raise funds rather than to be m		0						Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
10	· ·		dian (for	oontribution	o or other or	acto not	included				
Id	Is the organization an agent, trustee, custod								Yes		No
h	on Form 990, Part X?	and complete the fe	llowing t	ablo:				∟	lies		
D		and complete the it	nowing t	abie.					Amount		
~	Reginning halance						1c			-	
	Beginning balance Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII]
	t V Endowment Funds. Complete										
	· · · · ·	(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three ye	ears back	(e) Four	years	back
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										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administe	ered for t	he		г	Vee	
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
b	(ii) Related organizations										
D	If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the								3b		
Par	t VI Land, Buildings, and Equipn	0	Jwmenti	unus.							
1 41	Complete if the organization answere		0. Part IV	line 11a. S	See Form 990). Part X.	line 10.				
	Description of property	(a) Cost or c	· · · · · · · · · · · · · · · · · · ·		or other		cumulate	ы	(d) Bool	k value	
	Becomption of property	basis (investr		basis		• •	preciation	~		value	
1a	Land		,		8,039.				2	8,03	39.
	Buildings				5,887.	4	444,81	.8.		1,00	
	Leasehold improvements						•			-	
	Equipment			14	7,217.		79,21	3.	6	8,00	04.
	Other				8,910.		180,06		7	8,84	46.
	. Add lines 1a through 1e. (Column (d) must e		X, colum	nn (B), line 1	0c.)					5,9!	

Schedule D (Form 990) 2022

Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(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, col. (B) line 12.)			
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)		1	
(3) (4)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u>			
(9) Total (Opt. (b) must a must farm 000. Dart V. and (D) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
	on Form 000 Dort IV/ line	11d See Form 000 Part V line 15	
Complete if the organization answered "Yes"	Description	Thu. See Form 990, Part A, line 15.	(b) Book value
	Description		(b) BOOK value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Refundable grant advances			577,469.
(3) Lease liabilities-operati	ng leases		87,930.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25)		665,399.
	0 20.7		

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... X

Schedule D (Form 990) 2022

			-		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	4,993,490.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	_ 2a	79,983.		
b	Donated services and use of facilities	2b	176,575.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,500.		
е	Add lines 2a through 2d			2e	258,058.
3	Subtract line 2e from line 1			3	4,735,432.
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			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,735,432.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	4,965,548.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	176,575.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)		1,500.		
е	Add lines 2a through 2d			2e	178,075.
3	Subtract line 2e from line 1			3	4,787,473.
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	0.
5				5	4,787,473.
Pa	t 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.

Part X, Line 2:

Schedule D (Form 990) 2022

Management ha	as reviewed	all	open	tax	years	for	a11	tax	jurisdictions	and
---------------	-------------	-----	------	-----	-------	-----	-----	-----	---------------	-----

has concluded that the Organization has taken no uncertain tax positions

30

that require adjustment to the financial statements to comply with the

provisions of this guidance.

Part XI, Line 2d - Other Adjustments:

Special Event Expenses

Part XII, Line 2d - Other Adjustments:

Special Event Expenses

1,500.

ALIVE!, Inc.

FartAll	Supplemental information	(continued)		

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Activ	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" or organization entered more than \$				or 19, d	or if the	2022
Department of the Treasury Internal Revenue Service	Go t	Attach to Form 990 www.irs.gov/Form990 for instru				n.		Open to Public Inspection
Name of the organization	ALIVE!,	Inc.					Employer id 54-091	lentification number 4017
	sing Activities complete this par	Complete if the organization answ	ered "\	es" o	n Form 990, Part IV,	line 17	. Form 990-I	EZ filers are not
 Indicate whether the a Mail solicitate Mail solicitate Internet and Phone solicitate Phone solicitate In-person social In-person social Did the organization key employees list 	e organization rais tions email solicitations tations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	sed funds through any of the follow e Solicita f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with viduals or entities (fundraisers) purs	ation of ation of I fundra al (inclu profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru: jundraising services?	stees,	🗌 Ye	
(i) Name and addres or entity (fund		(ii) Activity	fund have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (or fl	mount paid retained by indraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrit	oution	s or has been notified	d it is e	exempt from	registration

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

Schedule G (Form 990) 2022

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 of fundraising event contributions and gross income on Form 990, FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		· · ·	(a) Event #1	(b) Event #2	(c) Other events	,
						(d) Total events
			Step Alive!	Empty Bowls	2	(add col. (a) through
D			(event type)	(event type)	(total number)	col. (c))
ים עם וחם			105 500	0.000	50 500	
	1	Gross receipts	185,592.	9,000.	58,782.	253,374
	2	Less: Contributions	185,592.	9,000.	58,782.	253,374
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	_	Newsonk suizes				
ß	5	Noncash prizes				
חוו בתר דאתבו ואבא	6	Rent/facility costs				
Ì	_					
	7	Food and beverages				
1	8	Entertainment				
	9	Other direct expenses	1,500.			1,500
- 1		Direct expense summary. Add lines 4 through				1,500
		Net income summary. Subtract line 10 from I	/ \/			-1,500
'a	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
			() 51	(b) Pull tabs/instant		(d) Total gaming (add
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
יפעפוותם						
-	1	Gross revenue				
ß	2	Cash prizes				
	3	Noncash prizes				
חווברו באחבווסבס	4	Rent/facility costs				
ןי	_					
+	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No /*	□ No //		
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	r from line 1 column (d)			
	<u> </u>	Het gaming meene summary. Subtract inter				
9	Ent	er the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a		states?		Yes No
b	lf "I	No," explain:				
_		to only of the exception is coming line and		arminated during the tar	N0050	Vec
	vve	re any of the organization's gaming licenses re	evokea, suspended, or to	eminated during the tax	year?	
	If "	Vac " avalaın.				
	lf "`	Yes," explain:				

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	ALIVE!,	Inc.	54-0914017 Page 3
11	Does the organization conduct ga	ming activities w	h nonmembers?	Yes No
12			of a trust, or a member of a partnership or other entity fo	
13	Indicate the percentage of gaming			
				13 a %
			pares the organization's gaming/special events books ar	
••				
	Name			
	Address			
15:	Does the organization have a con	tract with a third	party from whom the organization receives gaming reven	ue? Yes No
ł	If "Yes," enter the amount of gam	ina revenue rece	red by the organization \$ and	the amount
	of gaming revenue retained by the		· · · ·	
	If "Yes," enter name and address			
-				
	Name			
	Address			
16	Gaming manager information:			
	5 5			
	Name			
	Gaming manager compensation	\$		
	Description of services provided			
		_		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions:			
á			e charitable distributions from the gaming proceeds to	
	retain the state gaming license?			Yes L No
ł	Enter the amount of distributions	required under s	ate law to be distributed to other exempt organizations o	r spent in the
_	organization's own exempt activit	0		
Pa			the explanations required by Part I, line 2b, columns (iii)	and (v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also	provide any additional information. See instructions.	

	CHEDULE I Grants and Other Assistance to Organizations, Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						омв No. 1545-00 2022		
	Attach to Form 990. ternal Revenue Service Go to www.irs.gov/Form990 for the latest information.								lic
			Go to www.irs	s.gov/Form990 for	r the latest inform	ation.		Inspection Employer identification nu	
Name of the organization Employer ide									
Part I	General Information on Grants a	and Assistance							
crite	es the organization maintain records eria used to award the grants or assi	stance?				ty for the grants or ass		tion	No
2 Des Part II	cribe in Part IV the organization's pro Grants and Other Assistance to					anization answered "	es" on Form 990 Par	t IV line 21 for any	
rarrn	recipient that received more than						es off off 350,1 af		
1 (a)	Name and address of organization or government	(b) EIN	(c) 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) Purpose of grant or assistance	
2 Ente	er total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table					

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

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

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Schedule I (Form 990) 2022

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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Food	12000	0.	1,258,083.	Pounds/FMV	Bags of groceries
Financial assistance including rent, utilities,					
medical and other assistance.	892	1,236,096.	0.		
Part IV Supplemental Information. Provide the information red	l quired in Part I, Iir	e 2; Part III, column	(b); and any other a	I Idditional information.	
Part III, Column(A)					
(A) Type of grant or assistance: A	LIVE! is	the large	st food pr	ovider in	
Alexandria. In fiscal year 2023, A	LIVE's f	ood progra	m managed	the	
distribution of food to 3,000 to 5	5.000 hou	seholds mo	nthlv via:	(1) mass	
distribution events on the last Sa	turday o	f the mont	h, and (2)	weekly	
walk-up and drive through events.	Food is	also provi	ded to 15	pantries	
and schools. During fiscal year 20	23, ALIV	E! distrib	outed on av	verage	
150,000 pounds of food monthly. Fo	od inclu	des enough	for a fam	nily of 4	
for 5-7 days and usually includes	eggs, fr	esh bread	and meat,	seasonal	

Schedule I (Form 990) ALIVE!, Inc.	54-0914017 Page 2
Part IV Supplemental Information	
produce, and shelf stable pantry items usually consisting	of
vegetables, fruit, grain/starch and protein. ALIVE! also d	elivers food,
Monday through Friday each week, to the elderly, disabled	and others
unable to leave their homes to buy food through its family	assistance
program.	
Part III, Column(A)	
Through its family assistance program, ALIVE! helps member	s of the
community with rent, utilities, medical and other emergenc	y expenses,
as requested by social service agencies or faith leaders o	f member
congregations.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Dout

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 oyer identification number

Name of the organization

-

Employ	/er ide	ntifica	ation	nur
	54-	091	40	17

ALIVE!, Inc.

Par	τι	Types of Property							
			(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	termini	na	
			applicable	contributions or	amounts reported on	noncash contribu		•	s
				items contributed	Form 990, Part VIII, line 1g				
1		Works of art							
2		Historical treasures							
3		Fractional interests							
4		ks and publications							
5	Clot	hing and household goods	Х		82,838.	FMV			
6	Cars	s and other vehicles							
7	Boa	ts and planes							
8	Inte	llectual property							
9		urities - Publicly traded							
10	Sec	urities - Closely held stock							
11	Sec	urities - Partnership, LLC, or							
	trus	t interests							
12	Sec	urities - Miscellaneous							
13	Qua	lified conservation contribution -							
	Hist	oric structures							
14	Qua	lified conservation contribution - Other							
15	Rea	l estate - Residential							
16	Rea	l estate - Commercial							
17	Rea	l estate - Other							
18	Coll	ectibles							
19		d inventory	Х	662,684	1,276,187.	FMV			
20		gs and medical supplies							
21	Тахі	dermy							
22	Hist	orical artifacts							
23	Scie	entific specimens							
24		neological artifacts							
25	Othe	er ()							
26	Othe								
27	Othe								
28	Othe	er ()							
29	Nun	nber of Forms 8283 received by the organiz	zation durin	g the tax year for c	ontributions				
	for v	vhich the organization completed Form 828	33, Part V, D	Donee Acknowledg	ement				
								Yes	No
30a	Duri	ng the year, did the organization receive by	contributio	on any property rep	ported in Part I, lines 1 throug	gh 28, that it			
	mus	t hold for at least 3 years from the date of t	the initial co	ontribution, and wh	ich isn't required to be used	for			
	exer	mpt purposes for the entire holding period?	?				30a		Х
b		es," describe the arrangement in Part II.							
31	Doe	s the organization have a gift acceptance p	policy that r	equires the review	of any nonstandard contribu	itions?	31		Х
32a	Doe	s the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell noncash				
	cont	tributions?					32a		Х
b	lf "Y	es," describe in Part II.							
33	lf th	e organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			

describe in Part II.

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Schedule M (Form 990) 2022

Part II Supplemental Information. 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	0
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization



ALIVE!, Inc.

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

ALIVE! is the oldest and largest private safety net for Alexandrians

living in poverty and with hunger in the city of Alexandria. Addressing

short to long-term needs for those less fortunate, ALIVE! helps people

faced with emergency situations or long-term needs become capable of

assuming self-reliant roles in the community. ALIVE!'s work focuses on

food, shelter, emergency help, and education.

ALIVE! was founded in 1969 as Alexandrians Involved Ecumenically by 14 faith communities in response to rising levels of poverty in the City of Alexandria. An interfaith organization, ALIVE! has grown to 50 member congregations.

ALIVE! is also supported by the City of Alexandria; community and civic organizations; local businesses; individuals; and, volunteers working together to provide basic needs support to Alexandrians.

ALIVE! serves thousands of individuals every month, providing food,

shelter, and emergency help.

Form 990, Part III, Line 4a, Program Service Accomplishments: also provides food to people at two free grocery stores, called Food Hubs, where people can choose groceries and be connected to other stabilizing resources.

Form 990, Part III, Line 4d, Other Program Services:

ALIVE!, Inc.

Furniture and Housewares: ALIVE! volunteers collect furniture donated by city residents and deliver these items to Alexandrians in need every week mostly Saturday mornings and three Sundays of the year.

ALIVE!'s Housewares Program assists persons in housing transition by

providing basic housewares received from generous donors.

Expenses \$ 65,395. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section A, line 1a:

An Executive Board was established by the adoption of new Bylaws in 2019. Per the Bylaws:

"The Executive Board shall consist of no more than fifteen members, at least half of whom shall be Congregational Representatives or former Congregational Representatives who are members of the Board of Directors and no more than half of whom shall be community members (as selected in accordance with Article VI, Section 3). The Executive Board will consist of the President, the Vice President, the Secretary, the Treasurer, the Chairpersons of the Governing Committees, Congregational Representatives or former Congregational Representatives, and the community members of the Board of Directors. The President shall serve as Chair of the Executive Board. The Executive Director shall serve as an ex-officio, non-voting member. All of the powers and authority of the Corporation shall be vested in the Executive Board except as expressly reserved to the Board of Directors in Article VI, Section 1, or by law."

The powers and duties of the Executive Board include:

"A. Recommend major policy and bylaw changes;

B. Select, oversee and set the compensation of the Executive Director;

C. Translate organizational vision and mission to high-level organizational

goals;

D. Approve the operating budget and fundraising goals;

E. Oversee the assets of the Corporation;

F. Monitor the overall management of the Corporation; and

G. Serve as a thought partner/sounding board to the Executive Director."

During fiscal year 2023, there were fifteen members of the Executive Board, all of whom were members of the Board of Directors.

Form 990, Part VI, Section A, line 7a:

ALIVE!'s faith communities are entitled to select a representative to serve on the ALIVE! Board of Directors.

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

ALIVE!'s President, Audit Committee, and Executive Director review the Form 990 on behalf of the Board.

Form 990, Part VI, Section B, line 12:

Officers/Directors are required to disclose potential conflicts. ALIVE!

management and President review conflict of interest disclosures to ensure

conflicts are resolved annually.

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

During fiscal year ended 6/30/2023, the President conducted an annual

performance review of the Executive Director which included consideration

of compensation levels of comparable positions/organizations in the
232212 10-28-22
Schedule O (Form 990) 2022

Schedule O ((Form 9	90) 2022

Name of the organization

ALIVE!, Inc.

Northern Virginia area.

Form 990, Part VI, Section C, Line 18:

The Public Disclosure Copy of the Form 990 is posted to the Organization's

website, and available for review at the ALIVE! office. Form 1023 is

available for review at the ALIVE! office and upon request.

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

The Organization's financial statements, governing documents, and conflict

of interest policy are made available upon request.

Form 990, Part XII, Line 2c:

The Organization's Audit Committee is responsible for oversight of the

audit. The process has not changed from the prior year.