|                                | 0                                    | 00                              | Extended to May 15, 202<br>Return of Organization Exempt From   |   | ζ        | OMB No. 1545-0047            |
|--------------------------------|--------------------------------------|---------------------------------|---|---|----------|------------------------------|
| Forr                           | n <b>Y</b>                           | 90                              | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code<br>Do not enter social security numbers on this form as it m  |   | tions)   |                              |
| Depa<br>Intern                 | rtment o                             | of the Treasury<br>enue Service | Go to www.irs.gov/Form990 for instructions and the lat  | •                                       |          | Open to Public<br>Inspection |
|                                |                                      |                                 | -   | g JUN 30, 202                           | 3        | ·                            |
| B C<br>a                       | heck if<br>pplicab                   | le: C Name of                   | organization  | D Employer iden                         | tificati | on number                    |
|                                | Addre                                | ge ALLV                         | E!, Inc.  |   |          |                              |
|                                | Name<br>chang                        | ge Doing bi                     | usiness as  | 54-0914                                 | .017     |                              |
|                                | Initial<br>return<br>Final<br>return | Number<br>2723                  | and street (or P.O. box if mail is not delivered to street address) Room, King Street   |   |          | 9300                         |
|                                | termir<br>ated<br>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<br>]Applio                   |                                 | nd address of principal officer: Mary Eileen Dixon  | for subordina                           |          |                              |
|                                | _tión<br>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<br>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<br>24                     |
| ties                           |                                      |                                 | of individuals employed in calendar year 2022 (Part V, line 2a)<br>of volunteers (estimate if necessary)  |   | 5        | 900                          |
| tivi                           |                                      |                                 | 6   | 900                                     |          |                              |
| Ac                             |                                      |                                 | d business revenue from Part VIII, column (C), line 12  | <b>F</b>                                | 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<br>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)<br>undraising fees (Part IX, column (A), line 11e)<br>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<br>Fund Balances |                                      |                                 |   | Beginning of Current Ye                 |          | End of Year                  |
| sset:<br>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 <sup>if</sup> 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 <b>2</b>     |
|--------|--|---------------------------|-------------------|
| 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:<br>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.<br>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<br>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<br>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<br>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 \$<br>Total program service expenses 4,199,190.   | )                         |                   |
| 4e     | Total program service expenses4,199,190.   |                           |                   |
| 00000  | See Schedule O for Continuation(   |                           | <b>990</b> (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<br>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.<br>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<br>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        |
|     |  |     |        |          |

| Corm. | 000 | (0000) |
|-------|-----|--------|
| FOUL  | 990 | (2022) |

 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 <b>5</b> |
|---------|---|-----|-----|--------------|
| 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<br>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<br>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       | <b>Sponsoring organizations maintaining donor advised funds.</b> 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<br>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 |     |              |
|         | <b>Note:</b> 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 <b>13b</b>   |     |     |              |
| 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<br>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<br>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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54-0914017

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| 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.

| Name and title         Average<br>hows per<br>weak<br>(list ary<br>related<br>organization<br>below<br>integet         Operation<br>compension<br>for<br>all denotations<br>(list ary<br>line)         Denotable<br>results<br>(list ary<br>line)         Reportable<br>compension<br>for<br>all denotations<br>(list ary<br>line)         Estimated<br>and<br>the<br>organization<br>(line)         Estimated<br>and<br>the<br>organization<br>(list ary<br>line)           (1) Jennifer Ayers         40.00         X         X         119,275.         0.         2,523.           (2) Mary Elleen Dixon<br>Dead President         10.00         X         X         0.         0.         0.           (3) Larry Thompson<br>Treasurer/Congregational Representat         1.000         X         X         0.         0.         0.           (6) Nataki MacMurray<br>(10) Gargeted and<br>(10) Congregational Representat         1.000         X         X         0.         0.         0.           (6) Nataki MacMurray<br>(10) Congregational Representative         1.000         X         X         0.         0.         0.           (10) Congregational Representative         1.000         X         X         0.         0.         0.           (2) Stack Congregational Representative         1.000         X         X         0.         0.         0.           (10) Congregational Representative         0.         0.         0.         0.         0.  | (A)                                   | (B)           | (C)      |                   |          |        |                  |      | (D)        | (E)  | (F)           |
|---|---------------------------------------|---------------|----------|-------------------|----------|--------|------------------|------|------------|--|---------------|
| hours per week<br>(list any<br>hours for<br>related<br>organizationscompensation<br>from<br>the<br>different and articulation<br>gring and gring and and control of the<br>organizationscompensation<br>from<br>the<br>organizationscompensation<br>organization<br>(W2/1009-NISC)compensation<br>organization<br>(W2/1009-NISC)amount of<br>other<br>compensation(1) Jennifer Ayers<br>Executive Director40.00XX119,275.0.2,523.(2) Mary Elleen Dixon<br>Board President10.00XX0.0.0.(3) Larry Thomson<br>Tressure? (Congregational Representation<br>(G) Nataki MacMuray1.000<br>XXX0.0.0.(4) Rolf Blank<br>Board President1.000<br>XXX0.0.0.0.(6) Nataki MacMuray<br>(G) Stack Glassco<br>(G) Laise Anderson<br>(G) Stack MacMuray1.000<br>XXX0.0.0.(6) Nataki MacMuray<br>(G) Stack Glassco<br>(G) Gargegational Representative<br>(G) Gargegational Representative<br>(G) Gargegational Representative<br>(G) Gargegational Representative<br>(G) Gargegational Representative<br>(G) Stack Glassco<br>(G) Gargegational Representative<br>(G) Gargegatio | Name and title                        | Average       | Position |                   |          |        | l<br>than        | one  | Reportable | Reportable   | Estimated     |
| week<br>(stary)<br>hours for<br>related<br>organizations<br>below<br>line)     mon<br>below<br>is<br>served to compensation<br>organizations<br>is<br>served to compensation<br>(W2/1099/NEC)     mon<br>bound<br>organizations<br>(W2/1099/NEC)     compensation<br>organizations<br>(W2/1099/NEC)       (1) Jennifer Ayers     40.00     x     119,275.     0.     2,523.       (2) Mary Eileen Dixon     10.00     x     x     0.     0.     0.       (3) Larry Thompson     1.00     x     x     0.     0.     0.       (4) Rolf Blank     1.00     x     x     0.     0.     0.       Bead President     x     x     0.     0.     0.       (6) Nataki MacMurray<br>Scretary/Congregational Representat     x     x     0.     0.     0.       (7) Eileen Adenan     1.00     x     x     0.     0.     0.       (7) Eileen Adenan     1.00     x     0.     0.     0.       (9) Janes Bechtol     1.00     x     0.     0.     0.       (10) Gaynelle Bowden-Diaz     0.0     0.     0.     0.     0.       (11) Blen Brown     1.000     x     0.     0.     0.     0.       (12) Janes Bechtol     1.000     x     0.     0.     0.     0.       (13) Tim Burbs     0.0     0.     0. <td></td> <td>· ·</td> <td>box</td> <td colspan="3">box, unless perso</td> <td>is bot</td> <td>h an</td> <td></td> <td>•</td> <td></td>   |                                       | · ·           | box      | box, unless perso |          |        | is bot           | h an |            | •  |               |
| (1) Jennifer Ayers       40.00       X       119,275.       0. 2,523.         (2) Mary Elleen Dixon       10.00       X       X       0.       0.       0.         Board President       X       X       0.       0.       0.       0.         (3) Larry Thompson       1.00       X       X       0.       0.       0.         Treasurer/Congregational Representat       X       X       0.       0.       0.       0.         (4) Rolf Blank       1.00       X       X       0.       0.       0.       0.         Board Vice-President       X       X       0.       0.       0.       0.       0.         (5) Rick Glassco       1.00       X       X       0.       0.       0.       0.       0.         (7) Elleen Adenan       1.00       X       X       0.       0.       0.       0.         (8) Louise Anderson       1.00       X       X       0.       0.       0.       0.         (9) Janese Bechtol       1.00       X       0.       0.       0.       0.       0.       0.         (10) Gaynelle Bowden-Diaz       1.000       X       0.       0.   |                                       |               |          |                   |          |        |                  |      |            |  |               |
| (1) Jennifer Ayers       40.00       X       119,275.       0. 2,523.         (2) Mary Elleen Dixon       10.00       X       X       0.       0.       0.         Board President       X       X       0.       0.       0.       0.         (3) Larry Thompson       1.00       X       X       0.       0.       0.         Treasurer/Congregational Representat       X       X       0.       0.       0.       0.         (4) Rolf Blank       1.00       X       X       0.       0.       0.       0.         Board Vice-President       X       X       0.       0.       0.       0.       0.         (5) Rick Glassco       1.00       X       X       0.       0.       0.       0.       0.         (7) Elleen Adenan       1.00       X       X       0.       0.       0.       0.         (8) Louise Anderson       1.00       X       X       0.       0.       0.       0.         (9) Janese Bechtol       1.00       X       0.       0.       0.       0.       0.       0.         (10) Gaynelle Bowden-Diaz       1.000       X       0.       0.   |                                       |               | directo  |                   |          |        | -                |      |            | , and a second s |               |
| (1) Jennifer Ayers       40.00       X       119,275.       0. 2,523.         (2) Mary Elleen Dixon       10.00       X       X       0.       0.       0.         Board President       X       X       0.       0.       0.       0.         (3) Larry Thompson       1.00       X       X       0.       0.       0.         Treasurer/Congregational Representat       X       X       0.       0.       0.       0.         (4) Rolf Blank       1.00       X       X       0.       0.       0.       0.         Board Vice-President       X       X       0.       0.       0.       0.       0.         (5) Rick Glassco       1.00       X       X       0.       0.       0.       0.       0.         (7) Elleen Adenan       1.00       X       X       0.       0.       0.       0.         (8) Louise Anderson       1.00       X       X       0.       0.       0.       0.         (9) Janese Bechtol       1.00       X       0.       0.       0.       0.       0.       0.         (10) Gaynelle Bowden-Diaz       1.000       X       0.       0.   |                                       |               | ee or    | stee              |          |        | nsate            |      |            |  |               |
| (1) Jennifer Ayers       40.00       X       119,275.       0. 2,523.         (2) Mary Elleen Dixon       10.00       X       X       0.       0.       0.         Board President       X       X       0.       0.       0.       0.         (3) Larry Thompson       1.00       X       X       0.       0.       0.         Treasurer/Congregational Representat       X       X       0.       0.       0.       0.         (4) Rolf Blank       1.00       X       X       0.       0.       0.       0.         Board Vice-President       X       X       0.       0.       0.       0.       0.         (5) Rick Glassco       1.00       X       X       0.       0.       0.       0.       0.         (7) Elleen Adenan       1.00       X       X       0.       0.       0.       0.         (8) Louise Anderson       1.00       X       X       0.       0.       0.       0.         (9) Janese Bechtol       1.00       X       0.       0.       0.       0.       0.       0.         (10) Gaynelle Bowden-Diaz       1.000       X       0.       0.   |                                       | organizations | l trust  | nal tru           |          | oyee   | ompe             |      | 1099-NEC)  |  | and related   |
| (1) Jennifer Ayers       40.00       X       119,275.       0. 2,523.         (2) Mary Elleen Dixon       10.00       X       X       0.       0.       0.         Board President       X       X       0.       0.       0.       0.         (3) Larry Thompson       1.00       X       X       0.       0.       0.         Treasurer/Congregational Representat       X       X       0.       0.       0.       0.         (4) Rolf Blank       1.00       X       X       0.       0.       0.       0.         Board Vice-President       X       X       0.       0.       0.       0.       0.         (5) Rick Glassco       1.00       X       X       0.       0.       0.       0.         Secretary/Congregational Representat       X       X       0.       0.       0.       0.         (7) Elleen Adenan       1.00       X       X       0.       0.       0.       0.         Board President       X       0.       0.       0.       0.       0.       0.         (3) Janese Bechtol       1.00       X       0.       0.       0.       0.       0.   |                                       |               | ividua   | titutio           | icer     | / empl | hest c<br>ployee | mer  |            |  | organizations |
| Executive DirectorX119,275.0.2,523.(2) Mary Elleen Dixon10.00XX0.0.Board PresidentXX0.0.0.(3) Larry Thompson1.00XX0.0.Treasurer/Congregational RepresentatXX0.0.0.(4) Rolf Blank1.00XX0.0.0.Board Vice-PresidentXX0.0.0.0.(5) Rick Glassco1.00X0.0.0.0.Past Board PresidentXX0.0.0.0.(7) Elleen Adenan1.00X0.0.0.0.Executive Board1.00X0.0.0.0.(9) Janes Bechclol1.00X0.0.0.0.(10) Gaynelle Bowden-Diaz1.00X0.0.0.0.(11) Ellen Brown1.00X0.0.0.0.(12) Marken Bryat1.00X0.0.0.0.(13) Ille Burd1.00X0.0.0.0.(13) Marki BargesentativeX0.0.0.0.(13) Marki BargesentativeX0.0.0.0.(14) Megan Cefferillo1.00X0.0.0.(13) Marki BargesentativeX0.0.0.0.(14) Megan Cefferillo1.00X0.<   | (1) Town & Ford Decomp                | ,             | - Pu     | lns               | 9ŧ       | Key    | en Hig           | For  |            |  |               |
| (2) Mary Eileen Dixon       10.00       X       X       X       0.       0.       0.         Board President       X       X       0.       0.       0.       0.         (3) Larry Thompson       1.00       X       X       0.       0.       0.       0.         Treasurer/Congregational Representat       X       X       0.       0.       0.       0.         Board Vice-President       X       X       0.       0.       0.       0.       0.         Gib Rick Glassco       1.00       X       X       0.       0.       0.       0.         Past Board President       X       X       0.       0.       0.       0.       0.         (6) Nataki MacMurray       1.000       X       X       0.       0.       0.       0.         (7) Eileen Adenan       1.000       X       X       0.       0.       0.       0.         (8) Louise Anderson       1.000       X       0.       0.       0.       0.       0.         (10) Gaynelle Bowden-Diaz       1.000       X       0.       0.       0.       0.       0.         (11) Ellen Brown       1.000       X<  | •                                     | 40.00         |          |                   | v        |        |                  |      | 110 275    | 0  | 2 5 2 3       |
| Board PresidentXXX0.0.0.(3) Larry Thompson1.00XX0.0.0.Treasurer/Congregational RepresentatXX0.0.0.Board Vice-PresidentXX0.0.0.Board PresidentXX0.0.0.(6) Nataki MacMurray1.00XX0.0.Secretary/Congregational RepresentatXX0.0.0.(7) Elieen Adenan1.00X0.0.0.Executive Board1.00X0.0.0.(8) Louise Anderson1.00X0.0.0.(9) Janese Bechtol1.00X0.0.0.Housewares ChairX0.0.0.0.(10) Gaynelle Bowden-Diaz1.000X0.0.0.Congregational RepresentativeX0.0.0.0.(11) Ellen Brown1.000X0.0.0.0.Past Board President/Executive BoardX0.0.0.0.(12) Mareen Bryant1.000X0.0.0.0.(13) Tin Burns1.000X0.0.0.0.Congregational RepresentativeX0.0.0.0.(14) Megan Cefferillo1.000X0.0.0.Congregational RepresentativeX0.0.0.0.  |                                       | 10 00         | <u> </u> |                   | <u> </u> |        |                  |      | 119,275.   | 0.   | 2,525.        |
| (3) Larry Thompson       1.00       X       X       0.       0.       0.         Treasurer/Congregational Representat       X       X       0.       0.       0.       0.         (4) Rolf Blank       1.00       X       X       0.       0.       0.       0.         (5) Rick Glasso       1.00       X       X       0.       0.       0.       0.         (6) Nataki MacMuray       1.00       X       X       0.       0.       0.       0.         Secretary/Congregational Representat       X       X       0.       0.       0.       0.         (6) Nataki MacMuray       1.00       X       X       0.       0.       0.       0.         Secretary/Congregational Representative       X       X       0.       0.       0.       0.         (6) Nataki MacMuray       X       0. <td< td=""><td>· · · <b>-</b></td><td>10.00</td><td>x</td><td></td><td>x</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>  | · · · <b>-</b>                        | 10.00         | x        |                   | x        |        |                  |      | 0.         | 0.   | 0.            |
| Treasurer/Congregational RepresentatXXX0.0.0.Board Vice-PresidentXX0.0.0.0.Board Vice-PresidentXX0.0.0.0.Past Board PresidentX0.0.0.0.0.Secretary/Congregational RepresentatXX0.0.0.0.Secretary/Congregational RepresentatXX0.0.0.0.Executive Board1.00XX0.0.0.0.Executive Board1.00X0.0.0.0.0.Congregational RepresentativeX0.0.0.0.0.(1) Elsen Aderson1.00X0.0.0.0.Housewares Chair1.00X0.0.0.0.Housewares Chair1.00X0.0.0.0.Congregational RepresentativeX0.0.0.0.Congregational RepresentativeX0.0.0.0.(11) Ellen Brown1.00X0.0.0.0.Congregational RepresentativeX0.0.0.0.(13) Tin Burns1.00X0.0.0.0.Congregational RepresentativeX0.0.0.0.(14) Megan Cefferillo1.000.0.0.0.0.Congregational Represe  |                                       | 1,00          |          |                   |          |        |                  |      |            |  |               |
| (4) Rolf Blank       1.00       X       X       0.       0.       0.         Board Vice-President       X       X       0.       0.       0.       0.         (5) Rick Glassco       1.00       X       X       0.       0.       0.       0.         (6) Nataki MacMurray       1.00       X       X       0.       0.       0.       0.         (7) Bileen Adenan       1.00       X       X       0.       0.       0.       0.         (8) Louise Anderson       1.00       X       0.       0.       0.       0.       0.         (9) Janese Bechtol       1.00       X       0.       0.       0.       0.       0.         Housewares Chair       1.00       X       0.       0.       0.       0.       0.         Congregational Representative       X       0.       0.       0.       0.       0.       0.       0.         (10) Gaynelle Bowden-Diaz       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.   |                                       |               | x        |                   | x        |        |                  |      | 0.         | 0.   | 0.            |
| Board Vice-PresidentXXX0.0.0.Past Board PresidentXX0.0.0.0.Past Board PresidentX0.0.0.0.0.Secretary/Congregational RepresentatXX0.0.0.0.Secretary/Congregational RepresentatXX0.0.0.0.Executive Board1.00X0.0.0.0.0.Congregational RepresentativeX0.0.0.0.0.(8) Louise Anderson1.00X0.0.0.0.0.(9) Janese Bechtol1.00X0.0.0.0.0.(10) Gaynelle Bowden-Diaz1.00X0.0.0.0.0.(11) Ellen Brown1.00X0.0.0.0.0.(12) Maureen Bryant1.00X0.0.0.0.0.(13) Tim Burns1.00X0.0.0.0.0.(14) Megan Cefferillo1.00X0.0.0.0.0.(15) Lisa Clausen1.00X0.0.0.0.0.(16) Janet Coldsmith1.00X0.0.0.0.0.(17) Vonda Delawie1.00X0.0.0.0.0.   |                                       | 1.00          |          |                   |          |        |                  |      | •••        |  |               |
| Past Board PresidentX0.0.0.(6) Nataki MacMurray<br>Secretary/Congregational RepresentatXX0.0.0.(7) Eileen Adenan1.00XX0.0.0.(7) Eileen Adenan1.00X0.0.0.0.(8) Louise Anderson1.00X0.0.0.0.(9) Janese Bechtol1.00X0.0.0.0.(10) Gaynelle Bowden-Diaz1.00X0.0.0.0.(11) Eilen Brown1.00X0.0.0.0.Past Board President/Executive BoardX0.0.0.0.(11) Eilen Brown1.00X0.0.0.0.Past Board President/Executive BoardX0.0.0.0.(12) Maureen Bryant1.00X0.0.0.0.(13) Tim Burns1.00X0.0.0.0.(14) Megan Cefferillo1.00X0.0.0.0.(15) Lisa Clausen1.00X0.0.0.0.(16) Janet Coldsmith1.00X0.0.0.0.(17) Vonda Delawie1.00X0.0.0.0.  | Board Vice-President                  |               | x        |                   | x        |        |                  |      | 0.         | 0.   | 0.            |
| (6)Nataki MacMurray1.00XXX0.0.0.Secretary/Congregational RepresentatXXX0.0.0.0.(7)Eleen Adenan1.00X0.0.0.0.0.Executive BoardX0.0.0.0.0.0.(8)Louise Anderson1.00X0.0.0.0.(9)Janese Bechtol1.00X0.0.0.0.Housewares ChairX0.0.0.0.0.(10)Gaynelle Bowden-Diaz1.00X0.0.0.0.(10)Gaynelle Bowden-Diaz1.00X0.0.0.0.0.Past Board President/Executive BoardX0.0.0.0.0.0.0.(11)Ellen Brown1.00X0. </td <td>(5) Rick Glassco</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   | (5) Rick Glassco                      | 1.00          |          |                   |          |        |                  |      |            |  |               |
| Secretary/Congregational RepresentatXXX0.0.0.(7) Eileen Adenan1.00X0.0.0.0.Executive BoardX0.0.0.0.0.(8) Louise Anderson1.00X0.0.0.0.(9) Janese Bechtol1.00X0.0.0.0.Housewares ChairX0.0.0.0.0.(10) Gaynelle Bowden-Diaz1.00X0.0.0.0.(11) Eilen Brown1.00X0.0.0.0.Past Board President/Executive BoardX0.0.0.0.(12) Maureen Bryant1.00X0.0.0.0.(13) Tim Burns1.00X0.0.0.0.(14) Megan Cefferillo1.00X0.0.0.0.(15) Lisa Clausen1.00X0.0.0.0.(16) Janet Coldsmith1.00X0.0.0.0.(17) Vonda Delawie1.00X0.0.0.0.  | Past Board President                  |               | X        |                   |          |        |                  |      | 0.         | 0.   | 0.            |
| (7)Eileen Adean1.00X0.0.0.Executive BoardX0.0.0.0.0.(8)Louise Anderson1.00X0.0.0.Congregational RepresentativeX0.0.0.0.Housewares ChairX0.0.0.0.(10)Gaynelle Bowden-Diaz1.00X0.0.0.Congregational RepresentativeX0.0.0.0.(11)Ellen Brown1.00X0.0.0.Past Board President/Executive BoardX0.0.0.0.(12)Maureen Bryant1.00X0.0.0.(13)Tim Burns1.00X0.0.0.(14)Megan Cefferillo1.00X0.0.0.Congregational RepresentativeX0.0.0.0.(15)Lisa Clausen1.00X0.0.0.(16)Janet Coldsmith1.00X0.0.0.(17)Vonda Delawie1.00X0.0.0.   | (6) Nataki MacMurray                  | 1.00          |          |                   |          |        |                  |      |            |  |               |
| Executive BoardX0.0.0.(8) Louise Anderson1.00Congregational RepresentativeX0.0.0.(9) Janese Bechtol1.00X0.0.0.Housewares ChairX0.0.0.0.(10) Gaynelle Bowden-Diaz1.000.0.0.0.(11) Ellen Brown1.000.0.0.0.Past Board President/Executive BoardX0.0.0.0.(12) Maureen Bryant1.000.0.0.0.(13) Tim Burns1.000.0.0.0.(14) Megan Cefferillo1.000.0.0.0.(15) Lisa Clausen1.000.0.0.0.(16) Janet Coldsmith1.000.0.0.0.(17) Vonda Delawie1.000.0.0.0.  | Secretary/Congregational Representat  |               | Х        |                   | Х        |        |                  |      | 0.         | 0.   | 0.            |
| (8) Louise Anderson1.00X0.0.Congregational RepresentativeX0.0.0.(9) Janese Bechtol1.00X0.0.Housewares ChairX0.0.0.(10) Gaynelle Bowden-Diaz1.00X0.0.Congregational RepresentativeX0.0.0.(11) Ellen Brown1.00X0.0.0.Past Board President/Executive BoardX0.0.0.(12) Maureen Bryant1.00X0.0.0.(13) Tim Burns1.00X0.0.0.(14) Megan Cefferillo1.00X0.0.0.(15) Lisa Clausen1.00X0.0.0.(16) Janet Coldsmith1.00X0.0.0.(17) Vonda Delawie1.00X0.0.0.   | (7) Eileen Adenan                     | 1.00          |          |                   |          |        |                  |      |            |  |               |
| Congregational RepresentativeX0.0.0.(9) Janese Bechtol1.00X0.0.0.Housewares ChairX0.0.0.0.(10) Gaynelle Bowden-Diaz1.00X0.0.0.(11) Ellen Brown1.00X0.0.0.Past Board President/Executive BoardX0.0.0.(12) Maureen Bryant1.00X0.0.0.(13) Tim Burns1.00X0.0.0.Congregational RepresentativeX0.0.0.(14) Megan Cefferillo1.00X0.0.0.(15) Lisa Clausen1.000.0.0.0.(16) Janet Coldsmith1.00X0.0.0.(17) Vonda Delawie1.00X0.0.0.  | Executive Board                       |               | Х        |                   |          |        |                  |      | 0.         | 0.   | 0.            |
| (9) Janese Bechtol1.00X0.0.0.Housewares ChairX0.0.0.0.0.(10) Gaynelle Bowden-Diaz1.00X0.0.0.0.(11) Ellen Brown1.00X0.0.0.0.Past Board President/Executive BoardX0.0.0.0.(12) Maureen Bryant1.00X0.0.0.(13) Tim Burns1.00X0.0.0.Congregational RepresentativeX0.0.0.(14) Megan Cefferillo1.00X0.0.0.Congregational RepresentativeX0.0.0.(15) Lisa Clausen1.00X0.0.0.(16) Janet Coldsmith1.00X0.0.0.(17) Vonda Delawie1.00X0.0.0.   |                                       | 1.00          |          |                   |          |        |                  |      |            | _  |               |
| Housewares ChairX0.0.0.(10) Gaynelle Bowden-Diaz1.00X0.0.0.Congregational RepresentativeX0.0.0.0.(11) Ellen Brown1.00X0.0.0.Past Board President/Executive BoardX0.0.0.0.(12) Maureen Bryant1.000.0.0.(13) Tim Burns1.000.0.0.(14) Megan Cefferillo1.000.0.0.(15) Lisa Clausen1.000.0.0.(16) Janet Coldsmith1.00X0.0.0.0.(17) Vonda Delawie1.00.0.0.0.0.  |                                       |               | X        |                   |          |        |                  |      | 0.         | 0.   | 0.            |
| (10) Gaynelle Bowden-Diaz1.00X0.0.0.Congregational RepresentativeX0.0.0.0.(11) Ellen Brown1.00X0.0.0.Past Board President/Executive BoardX0.0.0.0.(12) Maureen Bryant1.000.0.0.0.(13) Tim Burns1.000.0.0.0.(14) Megan Cefferillo1.000.0.0.0.(15) Lisa Clausen1.000.0.0.0.(16) Janet Coldsmith1.00X0.0.0.(17) Yonda Delawie1.00X0.0.0.   |                                       | 1.00          |          |                   |          |        |                  |      |            |  |               |
| Congregational RepresentativeX0.0.0.(11) Ellen Brown1.00Past Board President/Executive BoardX0.0.0.(12) Maureen Bryant1.00X0.0.0.Congregational RepresentativeX0.0.0.0.(13) Tim Burns1.00X0.0.0.0.Congregational RepresentativeX0.0.0.0.(14) Megan Cefferillo1.00X0.0.0.Congregational RepresentativeX0.0.0.0.(15) Lisa Clausen1.00X0.0.0.(16) Janet Coldsmith1.00X0.0.0.(17) Vonda Delawie1.00X0.0.0.  |                                       | 1 00          | X        |                   |          |        |                  |      | 0.         | 0.   | 0.            |
| (11) Ellen Brown1.00Past Board President/Executive BoardX0.0.(12) Maureen Bryant1.00X0.0.Congregational RepresentativeX0.0.0.(13) Tim Burns1.00X0.0.0.Congregational RepresentativeX0.0.0.(14) Megan Cefferillo1.00X0.0.0.Congregational RepresentativeX0.0.0.(15) Lisa Clausen1.000.0.0.(16) Janet Coldsmith1.000.0.0.(17) Vonda Delawie1.00X0.0.  | -                                     | 1.00          |          |                   |          |        |                  |      |            | 0  | 0             |
| Past Board President/Executive BoardX0.0.0.(12) Maureen Bryant1.00X0.0.0.Congregational RepresentativeX0.0.0.(13) Tim Burns1.00X0.0.0.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.(17) Vonda Delawie1.000.0.0.  |                                       | 1 00          | X        |                   |          |        |                  |      | 0.         | 0.   | 0.            |
| (12) Maureen Bryant1.00X0.0.0.Congregational RepresentativeX0.0.0.0.(13) Tim Burns1.00X0.0.0.Congregational RepresentativeX0.0.0.0.(14) Megan Cefferillo1.000.0.0.0.Congregational RepresentativeX0.0.0.0.(15) Lisa Clausen1.000.0.0.0.Congregational RepresentativeX0.0.0.0.(16) Janet Coldsmith1.00X0.0.0.(17) Vonda Delawie1.00X0.0.0.   | · · · · · · · · · · · · · · · · · · · | 1.00          |          |                   |          |        |                  |      | 0          | 0  | 0             |
| Congregational RepresentativeX0.0.0.(13) Tim Burns1.00X0.0.0.Congregational RepresentativeX0.0.0.(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          | Å        |                   |          |        |                  |      | 0.         | 0.   | 0.            |
| (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 <b>8</b>  |
|--|------------------|--------------------------------|----------------------|---------|--------------|---------------------------------|--------|-------------------------|---------------------|--------|----------|---------------|
| 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<br>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<br>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            |
| <b>3</b> Did the organization list any <b>former</b> 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<br>Section B. Independent Contractors                              | ipiete Scheaui   | eJi                            | or s                 | ucn     | pers         | son .                           |        |                         |                     | 5      |          | X             |
| •  |                  | -l                             |                      |         |              |                                 |        |                         | ¢100.000 of compare | +:     |          |               |
| <ol> <li>Complete this table for your five highest co<br/>the organization. Report compensation for</li> </ol> | -                |                                |                      |         |              |                                 |        |                         |                     | sation | Irom     |               |
| (A)  | the calendar y   | cai                            | enu                  | ng v    | WILLI        |                                 |        | (B)                     |                     |        | C)       |               |
| רא)<br>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<br>hours for | lirecto                        |                       |         |              | l em p                       |        | organization       | (W-2/1099-MISC) | from the                    |
|  | related                | e or d                         | stee                  |         |              | Isated                       |        | (W-2/1099-MISC)    |                 | organization<br>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                   |                                |                       |         |              |                              |        |                    |                 | <b>u</b>                    |
| 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<br>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<br>(list any | Ŀ                     |                       |         |              | ploye                        |            | the<br>organization | organizations<br>(W-2/1099-MISC) | compensation<br>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) <b>1e 1</b> | ,509,004.            |                      |                   |                  | i                |
| Ś                         | f                  | All other contributions, gifts, grant   | ts and            |                      |                      |                   |                  | i                |
| ē                         |                    |   |                   | 000 474              |                      |                   |                  | i                |
| 휟                         |                    | similar amounts not included abov       | ve <b>1f 2</b>    | ,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 <b>τη φ</b>  |                      |                      |                   |                  | 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 <b>7a</b>   |                   |                      |                      |                   |                  |                  |
|                           | 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<br>b          | Other revenue                           |                   |                      |                      |                   |                  |                  |
| +                         | l1a<br>b<br>c      |   |                   |                      |                      |                   |                  |                  |
|                           | l1a<br>b<br>c      | All other revenue                       |                   |                      |                      |                   |                  |                  |
|                           | l1a<br>b<br>c<br>d |   |                   |                      | 3,352.               |                   |                  |                  |

232009 12-13-22

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<br>expenses | Management and general expenses | Fundraising<br>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.<br>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.<br>5,209.            | 60,689.                         | 5,824.<br>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.<br>22,479.        | 58,933.<br>16,211.          | 12,330.<br>3,843.               | 7,781.<br>2,425.        |
| 23    | Insurance  | 44,419.                   | 10,211.                     | 5,045.                          | 4,443.                  |
| 24    | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>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 <b>990</b> (2022)  |

| 54-0914017 Page 11 |
|--------------------|
|--------------------|

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 |                                 |          |                           |
|-----------------------------|----------|--|------------|---------------------|---------------------------------|----------|---------------------------|
|                             |          | · · · · · ·  |            |                     | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>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<br>Secured mortgages and notes payable to unrel           |            |                     |                                 | 22       |                           |
|                             | 23       |  |            |                     |                                 | 23<br>24 |                           |
|                             | 24<br>25 | Unsecured notes and loans payable to unrelate  |            |                     |                                 | 24       |                           |
|                             | 25       | Other liabilities (including federal income tax, pa<br>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<br>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 <b>990</b> (2022)    |

Form **990** (2022)

| Form | 1990 (2022) ALIVE!, Inc.  | 54-      | 0914017 | Pa  | ge <b>12</b> |  |  |
|------|---|----------|---------|-----|--------------|--|--|
| 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 |
|------------|---|
|------------|---|

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<br>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 <b>section 170(b)(1)(A)(ii).</b> (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 <b>sectio</b> | n 170(b)(1)(A    | <b>)(iii).</b> 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 <b>section 170(b)(1)(A)(v).</b>                                   |                        |   |                                     |                    |                  |                      |                            |  |  |  |
| 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    |           | <b>Type I.</b> 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    |           | <b>Type II.</b> 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<br>in your governi | nization listed    | (v) Amount o     | f monetary           | (vi) Amount of other       |  |  |  |
|      |           | organization  |                        | (described on lines 1-10<br>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)      | <b>(a)</b> 2018             | <b>(b)</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>(b)</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, <sup>-</sup> | 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 %     |
| <b>1</b> 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 - <b>2022.</b> 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 <b>stop he</b> r | r <b>e.</b> 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 - <b>2021.</b> If the org | anization did not c              | heck a box on line       | e 13, 16a, 16b, or <sup>-</sup> | 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 <b></b>         | ,                  |                     |                     |           |      |           |
|-----------|--|-------------------|--------------------|---------------------|---------------------|-----------|------|-----------|
| 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)  | <b>(a)</b> 2018   | <b>(b)</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<br>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<br>ction D. Computation of Invest                |                   |                    |                     |                     | 16        |      | %         |
|           | •  |                   | •                  | 10 1 (0)            |                     |           |      |           |
| 17        |  |                   |                    |                     |                     | 17        |      | %         |
| 18        | Investment income percentage from  |                   |                    |                     |                     | 18        |      | %         |
| 19a       | <b>33 1/3% support tests - 2022.</b> 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.)

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|     |   | _   | 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<br>more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,<br>directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)<br>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported<br>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> <b>Part VI</b> 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<br>(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<br>(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 <b>Part VI</b> ):                                      |           |                |                                |
| 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 <sub>(continu</sub>        | 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)<br>Excess Distributions   | (ii)<br>Underdistribution<br>Pre-2022 | S   | (iii)<br>Distributable<br>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. |
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# 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 <b>not</b> 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)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 1           | City of Alexandria, VA DHCD / US<br>Department Treasury<br>2525 Mt. Vernon Avenue<br>Alexandria, VA 22301   | \$839,254.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)       |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 2           | Act for Alexandria<br>201 N Union Street, Suite 110<br>Alexandria, VA 22314                                 | \$124,198.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)    |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 3           | Virginia Department of Housing and<br>Community Development<br>600 E Main Street #300<br>Richmond, VA 23219 | \$541,743.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)    |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 4           | Estate Elizabeth Cassidy<br>1655 N Fort Myer Drive, Suite 700<br>Arlington, VA 22209                        | \$352,802.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)    |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 5           | Winkler Botanical Preserve Foundation<br>5400 Ox Road<br>Fairfax Station, VA 22039                          | \$100,000.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)    |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>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)<br>ganization                              | Er  | Pag<br>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)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                |
|                              |  | \$  |                                     |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                |
|                              |  | \$  |                                     |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                |
|                              |  | \$  |                                     |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                |
|                              |  | \$  | _                                   |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                |
|                              |  | \$  | _                                   |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>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<br>aritable, etc., contributions of \$1,000 or | ntry For organizations | ) that total more than \$1,000 for the yea |
| (a) No.                   |                                | •  |                        |  |
| from<br>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.<br>from<br>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.<br>from<br>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.<br>from<br>Part I | (b) Purpose of gift            | (c) Use of gift  | (d) Des                | scription of how gift is held              |
|                           |                                | (e) Transfer of g  | <br>ift                |  |
| -                         | Transferee's name, address, an | d ZIP + 4  | Relationship of tr     | ansferor to transferee                     |
|                           |                                |  |                        |  |

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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<br>organization answered "Yes" on Form 990, Part IV, lir |  | as or Accol         | Ints. Complete if the   |
|---|----|---|--|---------------------|-------------------------|
| Total number at end of year     Aggregate value of contributions to (during year)     Aggregate value of grants from (during year)     Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization inform all denores and donor advisors in writing that grant funds can be used only     for charitable purposes and not for the banefit of the donor or donor advisor, or for any other purpose conferring     impermissible invites benefit?     Parpose(s) of conservation Easements held by the organization inswered "Yes" on Form 900, Part IV, line 7.     Perservation of and for public use (for example, recreation or education)     Preservation of a historically important land area     Protection of natural habitat     Protection of natural habitat     Preservation of a conservation easements     Held at the Ead of the Tax Year     Total number of conservation easements     a cath number of conservation easements     in a cath of the Tax Year     Total number of conservation easements     in totic structure listed in the National Register     Number of conservation easements     instorie structure listed in the National Register     Number of conservation easements included in (c) acquired after July 25.2006, and not on a     iter of structure listed in the National Register     Number of conservation easements included in the last of violations, and enforcing conservation easements during the year     Number of conservation easements and the structure included in (d) violations, and enforcing conservation easements during the year     Number of conservation easements included in (e) acquired after July 25.2006, and not on a     iter of violations, and enforcing conservation easements included in (violations, and enforcing conservation easements during the year     Number of conservation easements in   |    |   |  | (b) Fun             | de and other accounts   |
| 2 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, for any other purposes conferring memoritable private bonefit?  Parcl II Conservation Easements. Complete if the organization (acket all that apply). Preservation of and for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2a through 25 (if the organization line) a qualified conservation contribution in the form of a conservation easement helds the for advisor of conservation easements 2 a a a a conservation easements 3 b Total acreager estricted by conservation easements 3 conservation easements included in (a) aqualified conservation contribution in the form of a conservation easement in culted in (b) acquired after July 25,2006, and not on a link tor structure listed in the National Preservation or agenization advisor, or terminated by the organization during the tax year 4 Anount of expensions included in (a) caquied after July 25,2006, and not on a link or of structure listed in monotoring, inspecting, in   |    | Tabal sounds as at an disformant  | (a) Donor advised funds                    |                     |                         |
| Aggregate value of grants from (during year)     Aggregate value at end of year     Aggregate value at end of year     Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization inform all donors and donor advisors in writing that grant funds can be used only     for charitable purposes and not for the benefit of the donor or donor advisor in writing that grant funds can be used only     for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring     impermissible private benefit?     Persevation of an dor public use (for example, recreation or education)     Preservation of a historically important tand area     Preservation of and for public use (for example, recreation or education)     Preservation of a historically important tand area     Preservation of an historically important tand area     Preservation of an terrely 2d if the organization held a qualified conservation contribution in the form of a conservation assement in the Uset     day of the tax year.     Tetal number of conservation easements     day     Number of conservation easements     day     Number of conservation easements     day     Number of conservation easements included in (a)     Number of conservation easements modified, transferred, released, exitinguished, or terminated by the organization during the tax     year     year     Number of states where property subject to conservation easements is located     Number of states where property subject to conservation easements and using the persons     Nore Staff and volunteer how a write the organization have a write molecy ending the person     violations, and enforcing conservation easements     houting the tax     year     Annoter of states where property subject to conservation easements     houting  | -  |   |  | +                   |                         |
| Aggregate value at end of year     De the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization is property, subject to the organization's exclusive legal control?     De the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only     for charitable purposes and not for the bannel of the donor advisors in or any ofter purpose conterning     mopermissible private benefit?     Partini Conservation Easements. Complete if the organization answered "Yes" on FOM 990, Part IV, life 7.     Purpose(s) of conservation easements held by the organization (check all that apply).     Protection of natural habitat     Protection of open space     Complete limes 2 althrough 2014 (the organization held a qualified conservation contribution in the form of a conservation easement to a leasements     a class and or open space     Complete intex year.     Total number of conservation easements     class and the set as through 2014 (the organization held a qualified conservation contribution in the form of a conservation easements     total acreage restricted by conservation easements     Total anches 2 althrough 2014 (the organization held a qualified conservation contribution in the form of a conservation easements     total acreage restricted by conservation easements     Total anches 2 althrough 2014 (the segmentation contribution in the form of a conservation easements     total acreage restricted by conservation easements     total acreage restricted by conservation easements     total included in (a) aquired after July 25 2006, and not on a     total acreage restricted by conservation easements     total acreage restricted by conservation easements in block?     Number of conservation easements in block?     Number of states where property subject to conservation easements in block?     Number of states where property subject to conservation easements in block?     To Amount of expenses incurred i   |    |   |  |                     |                         |
| 5       Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's requestive blega control?       Image: State of the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the buenefit of the donor or donor advisor, or for any other purpose conterring impermissible pivate benefit?       Image: State of the organization assemerefits the organization assemeref Yes' on Form 990, Part M, line 7.         1       Purpose(s) or conservation Easements. Complete if the organization answered YYes' on Form 990, Part M, line 7.       Image: State of the organization does all that apply.         1       Preservation of and for public use (for example, recreation or education)       Preservation of a conservation easements held the organization held a qualified conservation or a conservation easements         2       Complete lines 2a through 2d if the organization held a qualified conservation conservation easements       Za         3       Number of conservation easements       Za       Za         4       Number of conservation easements included in (a) acquired after July 2S 2000, and not on a historic structure listed in the National Register       Za         3       Number of states where property subject to conservation easements in bools?       Yes       No         6       Staff and volunteer hours devided to monitoring, inspection, handling of violations, and enforcing conservation easements in the serverue and expense statement and balance sheet works of art, historical treasures, or   |    |   |  | +                   |                         |
| are the organization's property, subject to the organization's exclusive legal control?          [Ves] No          6 Did the organization inform all grantees, donors, and donor advisor, or for any other purpose conferring         mpermissible prute benefit?           [Ves] No          7 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 980, Part IV, line 7.           [Ves] No          9 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 980, Part IV, line 7.           Purposel(s) of conservation easements held by the organization (check all that apply).           Preservation of an for public use (for example, recreation or education)           Preservation of an for public use (for example, recreation or education)           Preservation of a conservation easement to a cortification of a conservation easement on a cortification of a conservation easement on a cortification of a conservation easement on a cortification of a conservation easements          9 Total annother of conservation easements           Za          10 Number of conservation easements         mounther if (b) tison structure included in (c)   |    |   |  |                     |                         |
| Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit?     Part II Conservation Easements. Complete if the organization answered "Ves" on Form 980, Part IV, line 7.     Part O, Sing of conservation easements halb by the organization answered "Ves" on Form 980, Part IV, line 7.     Preservation of land for public use (for example, recreation or education) Preservation of a horitorially important land area     Preservation of and for public use (for example, recreation or education) Preservation of a certified historic structure     Preservation of open space     Complete lines 28 through 20 if the organization held a qualified conservation contribution in the form of a conservation easements in the Tay Year     Total number of conservation easements     the Tay area (Tay Tay Tay Tay Tay Tay Tay Tay Tay Tay  | 5  | -   | -  |                     |                         |
| for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?       No.         Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 980, Part IV, line 7.         Purpose(8) of conservation assements held by the organization (check all that apply).       Preservation of and for public use (for example, recreation or education)         Preservation of and of op public use (for example, recreation or education)       Preservation of a conservation easement on the last day of the tax year.         a       Total number of conservation easements       2a         b       Total archage restricted by conservation easements       2a         c       Number of conservation easements included in (a) conservation easements included in (a) conservation easements included in (a) conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year         9       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year         4       Number of states where property subject to conservation easements during in years         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 line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0)         9       Doese each conservation easements held of public e   | ~  |   |  |                     |                         |
| Impermissible prise benefit?       Yes       No.         Part II       Conservation Easements. Complete if the organization answered Yes' on Form 990, Part IV, Ine 7.       Impervation of land for public use (for example, recreation or education)       Preservation of a land for public use (for example, recreation or education)       Preservation of a conservation easement hand area         Protection of natural habitat       Preservation of open space       Preservation of open space       Preservation of a conservation easement on the last day of the tax year.         2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last acreage restricted by conservation easements       2a       2a         3 Number of conservation easements included in (a) acquired after July 25.2006, and not on a historic structure liston the National Register       2d       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.       2d       No.         4 Number of states where property subject to conservation easements is located       2d       No.       No.         5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year       Roount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         6 Does each conservation easement teouts the footonate to the granization sfuncc  | 0  |   | •••  |                     |                         |
| Part III Conservation Easements. complete it the organization arsweed Yes' on Form 990, Part IV, line 7.         Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of and for public use (for example, recreation or education)         Preservation of and for public use (for example, recreation or education)         Preservation of a natural habitat         Preservation of a conservation easements held by the organization contribution in the form of a conservation easement on the last day of the tax year.         2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.         3 Total number of conservation easements       2a         • Total acreage restricted by conservation easements       2a         • Number of conservation easements included in (a) caquired after July 25,2006, and not on a historic structure included in (a) conservation easements molitic, transferred, released, extinguished, or terminated by the organization during the tax year         9 Number of states where property subject to conservation easements is holds?       2d         9 Does the organization have a written policy regarding the periodic monitoring, inspection, 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(  |    |   |  | •                   |                         |
| 1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of land for public use (for example, recreation or education)       Preservation of a lasticrically important land area         Preservation of land for public use (for example, recreation or education)       Preservation of a lasticrically important land area         Preservation of open space       Preservation of a certified historic structure         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last         4       Total number of conservation easements       2a         2       Complete lines 2a through 2d if the organization held a full distoric structure included in (a)       2a         3       Number of conservation easements included in (c) acquired after July 25,2006, and not on a       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax         4       Number of states where property subject to conservation easement is located       2d         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.       Yes       No         9       In Part XIII, describe  | Pa |   |  |                     |                         |
| Protection of land for public use (for example, recreation or education)     Preservation of a cardified historic structure     Total inumber of conservation easements     Total increage restricted by the regulated (transferred, released, extinguished, or terminated by the ciganization during the tax     Year     Year     Number of states where property subject to conservation easement is located     Does the organization have a written policy regarding the periodic monitoring, inspection, handling of     violations, and enforcement of the conservation easements it holds?     Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements and section 170(h)(4)(B)(f)     and section 170(h)(4)(B)(f)     To and section 170(h)(4)(B)   |    |   | -  | , Fart IV, line /   | •                       |
| Preservation of a certified historic structure     Preservation of a certified historic structure     Preservation of a certified historic structure     Complete lines 2a through 2 if the organization held a qualified conservation contribution in the form of a conservation easement on the last     day of the tax year.     Total number of conservation easements         Total arceage restricted by conservation easements         Total arceage restricted by conservation easements         Total arceage restricted in (a) acquired after July 25,2006, and not on a         historic structure listed in the National Register     Number of conservation easements included in (a) conservation easements         Total conservation easements         Total arceage restricted by the organization have a written policy regarding the periodic monitoring, inspection, handling of         violations, and enforcement of the conservation easements is holds?         Does the organization have a written policy regarding the periodic monitoring conservation easements during the year         Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements.         Term III Organization Station reports conservation easements in its revenue and expense statement and balance sheet works of art, historical treasures, or other Similar Assets.         Complete if the organization negative of the Ass ASC 958, or toport in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following  |    |   |  | of a biotorically   | important land area     |
| Preservation of open space         2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.         a Total number of conservation easements       2a         b Total acreage restricted by conservation easements       2b         c Number of conservation easements on a certified historic structure included in (a)       2c         d Number of conservation easements on a certified historic structure included in (a)       2d         3 Number of conservation easements on a certified historic structure included in (a)       2d         4 Number of conservation easements molided, it (a) caquired after July 25,2006, and not on a historic structure listed in the National Register       2d         3 Number of conservation easements molided, transfered, released, extinguished, or terminated by the organization during the tax year       4d         4 Number of states where property subject to conservation easements is located       wear         5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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.       Yes       No         9 In Part XIII, describe how the organization reports conservation easements.       Part III       Organization elected, as permited under FASB ASC SSB, not to report in its revenue statement and balance sheet works o   |    |   |  | -                   | -                       |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   a Total number of conservation easements   b Total acreage restricted by conservation easements   c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register   3 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register   4 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register   3 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure instead or servation easement is located   4 Number of conservation easements in tholds?   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 and balance sheet, and include, if applicable, the text of the footnote to the organization's fancial statement and balance sheet, and include, if applicable, the text of the footnote to the organization's fancial statements that describes the organization is accounting for conservation easements.   7 If the organization monothing inspecting of applicable, the text of the footnote to the   |    |   |  | of a certified his  | Storic structure        |
| day of the tax year.       Held at the End of the Tax Year         a Total number of conservation easements       La         b Total accage restricted by conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register       La         c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register       La         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       La         4 Number of states where property subject to conservation easement is located  | •  |   |  |                     |                         |
| a Total number of conservation easements   b Total acreage restricted by conservation easements   c Number of conservation easements on a certified historic structure included in (a)   a Number of conservation easements included in (b) acquired after July 25,2006, and not on a historic structure listed in the National Register   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   4 Number of states where property subject to conservation easement is located   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)(i)   9 In Part XIII, describe how the organization reports conservation easements in Its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.   Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.   Complete 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 research in furtherance of public service, provide in Part XIII the score of the footnot to its financial statements and   | Z  |   | fried conservation contribution in the for | m of a conservation |                         |
| b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements included in (i) 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 easements is located  | _  |   |  | 0.                  |                         |
| 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   |    |   |  |                     |                         |
| 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       Number of states where property subject to conservation easement is located         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?         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)(i)         and section 170(h)(4)(B)(ii)?       Yes         9       In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.         Part III       Organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization sepermitted under FASE ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other simi   |    |   |  | <u>2</u> C          |                         |
| <ul> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</li></ul>  | a  |   |  |                     |                         |
| year  | ~  |   |  |                     |                         |
| <ul> <li>Number of states where property subject to conservation easement is located</li></ul>  | 3  |   | eleased, extinguished, or terminated by    | the organization    | n during the tax        |
| <ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization is accounting for conservation easements.</li> <li>Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a 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 research in furtherance of public service, provide in Part XIII the text of the footnote to tis financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part XIII, line 1</li> <li>(ii) Assets included in Form 990, Part XIII, line 1</li> <li>(iii) Assets included on Form 990, Part XIII, line 1</li></ul></li></ul>  |    |   |  |                     |                         |
| <ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of these items: <ul> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts relating to these items: </li> <li>If evenue included on Form 990, Part X</li> <li>Assets included in Form 990, Part X IIII, line 1</li> <li>Assets inc</li></ul></li></ul>  |    |   |  | _                   |                         |
| <ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii) Yes No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answerd "Yes" on Form 990, Part IV, line 8.</li> <li>1a 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 research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included in Form 990, Part X</li> <li>§</li> <li>(ii) Assets included in Form 990, Part X</li> <li>§</li> <li>(ii) Assets included on Form 990, Part X</li> <li>§</li> <li>(iii) Assets included on Form 990, Part X</li> <li>§</li> <li>(iii) Assets included on Form 990, Part X</li> <li>§</li> <li>(iii) Assets included on Form 990, Part X</li> <li>§</li> <li>(iii) Assets included on Form 9</li></ul></li></ul>  | 5  |   |  |                     |                         |
| <ul> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)<br/>and section 170(h)(4)(B)(ii)?</li></ul>   | 6  |   |  |                     |                         |
| <ul> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(i)?</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a 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 research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other Similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X UIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>c If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included</li></ul></li></ul>   | 0  | Stan and volunteer hours devoted to monitoring, inspecting,                                     | , nandling of violations, and emorcing co  | Sinservation eas    | sements during the year |
| <ul> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(i)?</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a 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 research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other Similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X UIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>c If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included</li></ul></li></ul>   | 7  | Amount of expenses incurred in monitoring inspecting han  | dling of violations, and enforcing conser  | vation easeme       | ats during the year     |
| <ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a 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 research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X<th>'</th><th>Amount of expenses incurred in monitoring, inspecting, hand</th><th>aling of violations, and enforcing conser</th><th>vation easement</th><th>its during the year</th></li></ul></li></ul> | '  | Amount of expenses incurred in monitoring, inspecting, hand                                     | aling of violations, and enforcing conser  | vation easement     | its during the year     |
| <ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a 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 research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X<th>8</th><th>Does each conservation easement reported on line 2(d) abo</th><th>ve satisfy the requirements of section 1</th><th>70(h)(4)(B)(i)</th><th></th></li></ul></li></ul>                        | 8  | Does each conservation easement reported on line 2(d) abo                                       | ve satisfy the requirements of section 1   | 70(h)(4)(B)(i)      |                         |
| <ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a 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 research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part XIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>5</li> </ul> </li> <li>LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.</li> <li>Schedule D (Form 990) 2022</li> </ul>  | Ū  |   | • •  |                     |                         |
| balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.         Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       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 research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:       <ul> <li>a Revenue in</li></ul></li></ul>  | ٩  |   |  |                     |                         |
| organization's accounting for conservation easements.         Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       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 research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>c Assets included in Form 990, Part</li></ul>   | 5  |   | •  |                     |                         |
| Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       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 research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:                    Enclose the following amounts relating to these items:  |    |   | note to the organization s infancial state | entents that dea    |                         |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       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 research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:         (i)       Revenue included on Form 990, Part VIII, line 1         (ii)       Assets included in Form 990, Part X         2       If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:         a       Revenue included on Form 990, Part X         4       He organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:         a       Revenue included on Form 990, Part X         b       Assets included in Form 990, Part X         b       Assets included in Form 990, Part X         c       \$         d   | Pa |   | of Art. Historical Treasures. or           | Other Simil         | ar Assets.              |
| <ul> <li>1a 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 research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>c Assets included in Form 990, Part X</li> </ul></li></ul>   |    |   |  |                     |                         |
| <ul> <li>of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>c Assets included in Form 990, Part X</li> </ul> </li> <li>b Assets included in Form 990, Part X</li> <li>c C C C C C C C C C C C C C C C C C C C</li></ul>  | 1a |   |  | t and balance       | sheet works             |
| <ul> <li>service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>c Schedule D (Form 990) 2022</li> </ul> </li> </ul>  |    |   |  |                     |                         |
| <ul> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>c Schedule D (Form 990) 2022</li> </ul> </li> </ul>   |    | · · · · · ·   |  |                     |                         |
| art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  | b  |   |  |                     | at works of             |
| provide the following amounts relating to these items:         (i) Revenue included on Form 990, Part VIII, line 1         (ii) Assets included in Form 990, Part X         2       If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:         a       Revenue included on Form 990, Part VIII, line 1         b       Assets included in Form 990, Part X         LHA       For Paperwork Reduction Act Notice, see the Instructions for Form 990.   |    |   |  |                     |                         |
| <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.</li> </ul> </li> </ul>   |    | · · · · · · · · · · · · · · · · · · ·   |  |                     |                         |
| (ii) Assets included in Form 990, Part X       \$         2       If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:       a         a       Revenue included on Form 990, Part VIII, line 1       \$         b       Assets included in Form 990, Part X       \$         LHA       For Paperwork Reduction Act Notice, see the Instructions for Form 990.       Schedule D (Form 990) 2022  |    |   |  |                     | \$                      |
| 2       If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:         a       Revenue included on Form 990, Part VIII, line 1         b       Assets included in Form 990, Part X         LHA       For Paperwork Reduction Act Notice, see the Instructions for Form 990.   |    |   |  |                     | Υ<br>\$                 |
| the following amounts required to be reported under FASB ASC 958 relating to these items:       a         a       Revenue included on Form 990, Part VIII, line 1       \$         b       Assets included in Form 990, Part X       \$         LHA       For Paperwork Reduction Act Notice, see the Instructions for Form 990.       Schedule D (Form 990) 2022   | 2  |   |  |                     | *<br>le                 |
| a Revenue included on Form 990, Part VIII, line 1       \$         b Assets included in Form 990, Part X       \$         LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.       \$   | -  |   |  |                     |                         |
| b       Assets included in Form 990, Part X       \$         LHA       For Paperwork Reduction Act Notice, see the Instructions for Form 990.       \$  | 2  |   | -  |                     | \$                      |
| 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 <b>2</b> |
|----------|--|-----------------------|---------------------------------------|----------------|---------------|------------|---------------|------------|-------------------|---------|--------------|
| Par      | t III Organizations Maintaining C  | Collections of A      | rt, Hist                              | orical Tr      | easures, o    | or Othe    | er Simila     | r Asse     | <b>ts</b> (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<br>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<br>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>(b)</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>b</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!    |              |

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| 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)<br>(4)   |                            |  |                       |
|  |                            |  |                       |
| <u>(5)</u>   |                            |  |                       |
| <u>(6)</u>   |                            |  |                       |
| <u>(7)</u>   |                            |  |                       |
| <u>(8)</u>   |                            |  |                       |
| (9)<br>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) |  |  |
|---------|--------------------------|-------------|--|--|
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| 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<br>organization entered more than \$  |  |  |   | or 19, d     | or if the   | 2022  |
| Department of the Treasury<br>Internal Revenue Service  | Go t  | Attach to Form 990<br>www.irs.gov/Form990 for instru   |  |  |   | n.           |   | Open to Public<br>Inspection                            |
| Name of the organization  | ALIVE!,   | Inc.   |  |  |   |              | Employer id<br>54-091   | lentification number<br>4017                            |
|   | <b>sing Activities</b><br>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                                       |
| <ol> <li>Indicate whether the a Mail solicitate</li> <li>Mail solicitate</li> <li>Internet and</li> <li>Phone solicitate</li> <li>Phone solicitate</li> <li>In-person social</li> <li>In-person social</li> <li>Did the organization</li> <li>key employees list</li> </ol> | e organization rais<br>tions<br>email solicitations<br>tations<br>blicitations<br>on have a written o<br>ted in Form 990, P<br>0 highest paid indiv | sed funds through any of the follow<br>e Solicita<br>f Solicita<br>g Specia<br>or oral agreement with any individua<br>art VII) or entity in connection with<br>viduals or entities (fundraisers) purs | ation of<br>ation of<br>I fundra<br>al (inclu<br>profess | non-g<br>gover<br>aising<br>ding o<br>ional f  | overnment grants<br>nment grants<br>events<br>fficers, directors, tru:<br>jundraising services? | stees,       | 🗌 Ye  |   |
| (i) Name and addres<br>or entity (fund  |   | (ii) Activity  | fund<br>have c<br>or cor                                 | Did<br>raiser<br>ustody<br>ntrol of<br>utions? | (iv) Gross receipts from activity   | tò (or<br>fl | mount paid<br>retained by<br>indraiser<br>ed in col. <b>(i)</b> | (vi) Amount paid<br>to (or retained by)<br>organization |
|   |   |  | Yes  | No   |   |              |   |   |
|   |   |  |  |  |   |              |   |   |
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|   |   |  |  |  |   |              |   |   |
| 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  |
|   |   |  |  |  |   |              |   |   |
|   |   |  |  |  |   |              |   |   |
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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   | <b>,</b>                  |
|--------------------|----------|--|--------------------------|-----------------------------|--------------------|---------------------------|
|                    |          |  |                          |                             |                    | (d) Total events          |
|                    |          |  | Step Alive!              | Empty Bowls                 | 2                  | (add col. (a) through     |
| D                  |          |  | (event type)             | (event type)                | (total number)     | col. <b>(c)</b> )         |
| 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     | <b>II Gaming.</b> 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 |                    |   |  |
|     |                                   |                    |   | <b>13</b> 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.       |  |
|     |                                   |                    |   |  |
|     |                                   |                    |   |  |
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|                                       | CHEDULE I Grants and Other Assistance to Organizations,<br>Form 990) Governments, and Individuals in the United States<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. |                   |   |                          |  |   | омв No. 1545-00<br><b>2022</b>        |  |     |
|---------------------------------------|--|-------------------|---|--------------------------|--|---|---------------------------------------|--|-----|
|                                       | 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<br>Employer identification nu |     |
| Name of the organization Employer ide |  |                   |   |                          |  |   |                                       |  |     |
| Part I                                | General Information on Grants a  | and Assistance    |   |                          |  |   |                                       |  |     |
| crite                                 | es the organization maintain records<br>eria used to award the grants or assi  | stance?           |   |                          |  | ty for the grants or ass  |                                       | tion                                     | No  |
| 2 Des<br>Part II                      | cribe in Part IV the organization's pro<br>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<br>or government  | <b>(b)</b> EIN    | <b>(c)</b> IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance    |     |
|                                       |  |                   |   |                          |  |   |                                       |  |     |
|                                       |  |                   |   |                          |  |   |                                       |  |     |
|                                       |  |                   |   |                          |  |   |                                       |  |     |
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|                                       |  |                   |   |                          |  |   |                                       |  |     |
|                                       |  |                   |   |                          |  |   |                                       |  |     |
| 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<br>cash grant | (d) Amount of non-<br>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<br>quired in Part I, Iir | e 2; Part III, column       | (b); and any other a                  | I<br>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.   |                   |
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### 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                               |                        |                      |                                  |                     |         |     |    |
|-----|-------|---|------------------------|----------------------|----------------------------------|---------------------|---------|-----|----|
|     |       |   | <b>(a)</b><br>Check if | (b)<br>Number of     | (c)<br>Noncash contribution      | (d)<br>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. |
|-----|--|
|-----|--|

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.

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| (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.