Form	990
FOIIII	220

## \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.



						Open to Public			
Internal Revenue Service <b>Go to www.irs.gov/Form990 for instructions and the latest information.</b>								Inspection	
<u>A</u> F	or the	e 2021 calend	lar year, or tax year	beginning	an	d ending	1		
	heck if pplicabl	e: C Name o	f organization				D Employer	identifica	tion number
	Addre chang		ENESS PROJ	ECT, INC	•				
	Name chang		usiness as	•			41-1	59390	0
	Initial			oox if mail is not de	livered to street address)	Room/suite	E Telephone	number	
	Final return	822-7	946						
	termin ated	-	own, state or provin	ce, country, and	ZIP or foreign postal code		G Gross receipt	s \$	6,657,562.
	Amenorial	TT T T T T T T T T T T T T T T T T T T	EAPOLIS, M	IN 55409			H(a) Is this a	group retu	Im
	Applic tion	F Name a	nd address of princi	pal officer: MAT	T TOBUREN		for subo	ordinates?	Yes X No
	pendir	SAME	AS C ABOVE				H(b) Are all sub	ordinates inclu	ided? Yes No
		empt status:			(insert no.) 4947(a)(1	) or 📃 527	If "No," :	attach a lis	t. See instructions
			ALIVENESS.				H(c) Group e		
		f organization:	X Corporation	Trust As	ssociation Other ►	<b>L</b> Year	of formation: 1	985 M	State of legal domicile <b>: MN</b>
Pa	art I	Summary							
ė					significant activities: TO I			VING V	VITH HIV
anc					HEALTHY, SELF-D				
Governance					ntinued its operations or dispo				.s. 12
202			ting members of the	• • •	· · · · · · · · · · · · · · · · · · ·				12
જ					verning body (Part VI, line 1b)				0
ties					ear 2021 (Part V, line 2a)				0
Activities &		6       Total number of volunteers (estimate if necessary)       6         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a							230,733.
Ac					990-T, Part I, line 11				0.
		Net unrelated			550-1, Fait 1, III - 11	<u></u>	Prior Year		Current Year
	8	Contributions	and grants (Part VII)	l line 1h)			2,307,		2,645,910.
anc			tributions and grants (Part VIII, line 1h) gram service revenue (Part VIII, line 2g)				128,		193,985.
Revenue		•	•		and 7d)			0.	993.
Ť					, 9c, 10c, and 11e)		49,	272.	231,603.
					Part VIII, column (A), line 12)		2,485,	648.	3,072,491.
					A), lines 1-3)			0.	19,740.
			to or for members (F					0.	0.
ŝ	15	Salaries, othe	r compensation, em	ployee benefits (I	Part IX, column (A), lines 5-10)		1,524,	101.	1,802,336.
nse	16a	Professional f	undraising fees (Par	t IX, column (A), I	Part IX, column (A), lines 5-10) ine 11e) e 25)			0.	0.
Expenses	b	Total fundrais	ing expenses (Part I)	X, column (D), lin	e 25) 🕨 211,5	572.			
Ш	''		es (Part IX, column (		,		909,		1,121,931.
					X, column (A), line 25)		2,433,		2,944,007.
		Revenue less	expenses. Subtract	line 18 from line	12			660.	128,484.
Net Assets or Fund Balances							ginning of Curre	nt Year	End of Year
sset Bala	20						<u>2,923,</u> 972,		3,510,406. 1,430,733.
let A Ind I	21		s (Part X, line 26)				1,951,		2,079,673.
	122 Int II	Signature		tract line 21 from	line 20		1,951,	109.	2,019,013.
				amined this return	including accompanying schedul	ee and statem	ante and to the b	lest of my k	nowledge and belief it is
	•				er) is based on all information of v				וטאוטעט מווע טפוופו, וג וא
,	301100		IRI IC D	SCI O		V		.90.	
Sigr	า	Signatur	e of officer			1	Date		
Her		,		EXECUTIV	E DIRECTOR				
	-		print name and title						
		Print/Type pre	parer's name		Preparer's signature		Date	Check	] PTIN

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2021) ALIVENESS PROJECT, INC.	41-1593900 Page 2
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: <u>TO LINK PEOPLE LIVING WITH HIV TO RESOURCES FOR LEADING</u> <u>CELE DIRECTED LIVEC</u>	HEALTHY,
	SELF-DIRECTED LIVES.	
	Did the exception undertake only continent preason continee during the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 815,833. including grants of \$) (Rever	nue \$ )
	BASIC NEEDS: OUR NUTRITION PROGRAMS PROVIDE DAILY MEALS, AND MEDICAL NUTRITION THERAPY WHILE OUR CASE MANAGEMENT	
	PROVIDE ACCESS TO HEALTHCARE AND HOUSING. MEAL PROGRAM:	
	29,446 MEALS TO 967 MEMBERS; FOOD SHELF: WE DISTRIBUTED	-
	OF FOOD TO 847 MEMBERS.; MEDICAL NUTRITION THERAPY: OUR COUNSELED 313 MEMBERS ON DIET AND NUTRITION.; CASE MANA	GEMENT: OUR
	CASE MANAGERS ASSISTED 319 MEMBERS, INCLUDING SUCCESSFUL	
	MEMBERS.	
4	(Code:) (Expenses \$ 964,584. including grants of \$) (Rever	
4b	COMMUNITY: OUR COMMUNITY CENTER MODEL PROVIDES A SAFE AN PLACE FOR MEMBERS TO GATHER AND BUILD COMMUNITY. ANYONE	ID SUPPORTIVE
	CAN BECOME A MEMBER, AND MEMBERS CAN ACCESS ALL OF OUR S	
	FREE. IN 2020, WE SERVED 1,322 MEMBERS, INCLUDING 126 NE	W MEMBERS.
4.	(Code:) (Expenses \$ 692,101. including grants of \$19,740. ) (Rever	
4c	(Code:) (Expenses \$ 692,101. including grants of \$ 19,740.) (Rever PREVENTION: WE PROVIDE TARGETED OUTREACH TO COMMUNITIES	nue \$ )
	DISPROPORTIONATELY AFFECTED BY HIV THROUGH EDUCATION, AW	ARENESS, AND
	STRATEGIES FOR ELIMINATING STIGMA. WE ADMINISTERED 600 H	
	FOLKS IN HIGH-RISK POPULATIONS. WE IDENTIFIED 5 NEW HIV	
	INDIVIDUALS, AND LINKED 8 INDIVIDUALS WITH HIV WHO WERE CARE, INTO CARE.	OUT OF MEDICAL
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$ ) (Revenue \$         Total program service expenses ►       2,472,518.	)
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Form	990	(2021)

 Form 990 (2021)
 ALIVENESS PROJECT, INC.

 Part IV
 Checklist of Required Schedules

as applicable.       Image: Construct of the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       Image: Construct of the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       Image: Construct of the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       Image: Construct of 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 X       Image: Construct of the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X       Image: Construct of the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X       Image: Construct of the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       Image: Construct of the Construct of the Construct of the Construct of the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       Image: Construct of the organization report an amount for other liabilities on the Construct of the tax year?       Image: Construct of the organization report on Part X.       Image: Construct of the Construct of the Construct of the Constend state of t				Yes	No
2         Is the organization engage in direct or index objectional campaign activities on balant of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I         3         X           4         Section 801(c)(x) organizations. Dut the organization engage in loobying activities, or have a section 801(i)) election in effect of infer objection (C)(x) organization as othered in Rev Co. Part I.         4         X           5         Is the organization as othered in Rev Co. Part I.         5         X           6         Did the organization or investment of amounts in such India or accounts for which denors have the right to provide advise on the distribution or investment of amounts in such India or accounts for Wes, "complete Schedule O, Part II.         6         X           7         X         Be the organization engage in Norbying activities account for Wes, "complete Schedule O, Part II.         7         X           8         Did the organization request on Norbs of at, Nietorical traceures, or other similar assocts? If "Yes," complete Schedule D, Part II.         7         X           9         Did the organization request on Norbs of at, Nietorical traceures, or other similar assocts? If "Yes," complete Schedule D, Part II.         8         X           10         Did the organization reports an amount in Part X, line 21, for account or other similar assocts? If "Yes," complete Schedule D, Part VI.         11         11         X           10         Did the organization report an amount for investments -	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
<ul> <li>3 Did the organization engage in direct or patitical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II</li> <li>4 Section 501(b) organizations. Did the organization engage in kobbying activities, or have a section 501(b) decision on effect of the organization matina and other arg similar functions and the organization material section 201(b). Sol (c)(c) or complete Schedule C, Part II</li> <li>5 Did the organization matina and y doner advest funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to amounts not lated in Part X, in c 12, for escone or custodial account liability, serve as a custodian for amounts not lated in Part X, in c 12, for escone or custodial account liability, serve as a custodian for amounts not lated organization, cheld resist, order exist, incense were as a special and the regulation report a manue for investments - order accellates in donor-reatricted endowments or in quasi endowments? If were, 'complete Schedule D, Part V</li> <li>10 Did the organization report a manue for investments - order accellates in the system or or its total assets reported in Part X, line 12, Wires, 'complete Schedule D, Part X</li> <li>11 Did the organization report a manue for investments or there. Yes, 'complete Schedule D, Part X</li> <li>10 Did the organization report amount for investments.</li></ul>					
public office? # 'Yes,' complete Schedule Q, Part I         3         X           4         Section 501(k)(6) organization. Did the organization engage in lobbying activities, or have a section 501(k) election in effect         4         X           5         Is the organization a section 501(k)(k) 501(k)(k) or 501(k)(k) or 501(k)         5         X           6         Did the organization matimia any choice advised funds or any similar funds or accounts' (I'''res,' complete Schedule C, Part I         6           7         Did the organization or investment of anomunts in such funds or accounts' (I''res,' complete Schedule P, Part I)         7           8         Did the organization matiniar collections of varies of art, historia tarasures, or other similar assets? (I''res,' complete Schedule P, Part I)         8           9         Did the organization metatory on thorugh a related organization, networks or thorugh arrelated organization, networks?         8           10         Did the organization metatory on thorugh a related organization, networks?         9           11         If the organization metators in anoth the schedule D, Part V         8           12         If the organization metators another thorugh a related organization, networks and to thorugh a related organization, networks?         9           13         If the organization metator in thorugh a related organization, networks and to the schedule D, Part V         11           14         If the organization repor	-		2	<u>X</u>	
<ul> <li>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? // Yes,' complete Schedule C, Part II.</li> <li>Is the organization a section 501(c)(k), 501(c)(k), or 501(c)(k), organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 89:197. // Yes,' complete Schedule C, Part II.</li> <li>Did the organization certain any doore advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right or provide advice on the distribution or investment of anounts in such funds or accounts? // Yes,' complete Schedule D, Part II.</li> <li>Did the organization markun any doore advised in cassment, including easements to preserve open space, the environment, historic and mount in Part X. In 21, for escrew or custodial account liability, serve as a custodian for a submitted organization, field assets in donor-restricted endowments or in quadi endowments? // Yes,' complete Schedule D, Part IV.</li> <li>Did the organization answort to rivetimets -other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // Yes,' complete Schedule D, Part IV.</li> <li>Did the organization report an amount for other isability. Even and or fits total assets reported in Part X, line 16? // Yes,' complete Schedule D, Part X.</li> <li>Did the organization report an amount for other isability. Funds 2, somplete Schedule D, Part X.</li> <li>Did the organization report an amount for other assets in Part X, line 27? // Yes,' complete Schedule D, Part X.</li> <li>Did the organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // Yes,' complete Schedule D, Part X.</li> <li>Did the organization report an amount for other isab</li></ul>	3				v
during the tax year? If Yes, * complete Schedule C, Part II         4         X           5         is the organization a section 50(16)(6), 50(16)(5) (16)(5), 50(16)(5) (16)(7), 50(16)(5)         5         X           6         Did the organization martain any domoral visual funds or accounts for which domors have the right to provide advision or investment at manuts in such tudio a accounts (17) If Yes, * complete Schedule D, Part II         6         X           7         Did the organization martain any domoral visual funds or accounts for which domors have the right to provide advision or investment at manuts in such tudio a caccunits (17) If Yes, * complete Schedule D, Part II         7         X           8         Did the organization martain collectors of works of art, historical treasures, or other similar assets? If Yres, * complete Schedule D, Part II         7         X           9         Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V         9         X           10         Did the organization report an amount for lined, buildings, and equipment in Part X, line 10? If Yes, * complete Schedule D, Part VI         10         X           11         If the organization report an amount for lined, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If Yes, * complete Schedule D, Part VI         10         X           12         Did the organization report an amount for line schedule D, Part VI         114         X     <			3		<u> </u>
5         Is the organization asciolor 5010(4), 5010(8), or 5010(8) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99197 if "res," complete Schedule C, Part II         5         X           D Dd the organization markina may down advised funds or any similar tonds or accounts? If "res," complete Schedule D, Part II         6         X           D Dd the organization markina may down advised massement includic gasements to preserve open space, the environment, historic land areas, or historic structures? If "res," complete Schedule D, Part II         7         X           B Did the organization report an amount in Part X, line 21, for secrow or custodal account lability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, delt management, credit repair, or delt neglicitation services? If "res," complete Schedule D, Part IV         10         X           D Did the organization, sincerby through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "res," complete Schedule D, Part V         10         X           D Did the organization services?         If the organization services?         11a         X           D Did the organization marker or any of the following questions is "res," then complete Schedule D, Part X (III, U, V, X, as applicable.         11a         X           D Did the organization report an amount for investments - organ related in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "res," complete Schedule D, Part VI         11a         X         11a         <	4				v
similar amounts as defined in Rev. Proc. 98-197. #**s; "complete Schedule Q, Part II         5         X           O Did the organization maintain eases.         6         X           To Did the organization maintain ease.         6         X           To Did the organization releve or hold a conservation easements, including easements to preserve open space, the environment, historical freesures, or complete Schedule D, Part II         6         X           To Did the organization maintain collections of works of art, historical freesures, or other similar assets? If 'Yes,' complete Schedule D, Part II         8         X           9         Did the organization maintain collections of works of art, historical freesures, or other animilar assets? If 'Yes,' complete Schedule D, Part IV         8         X           10         Did the organization, directly or through a nellet organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V         10         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V         11a         X           10         Ut the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V         11a         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V         11a         X	-		4		
6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II <b>X</b> 7       Did the organization readine or hold a conservation assemet, including assements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II <b>7 X</b> 8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II <b>8 X</b> 9       Did the organization maintain any donor advised funds or any similar funds or accounts for If 'Yes,' complete Schedule D, Part IV <b>8 X</b> 9       Did the organization directly of through a related organization, directly of through a related organization, neotyptic Schedule D, Part V <b>10 X</b> 10       Did the organization report an amount for law, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part X <b>11 X</b> 11       Did the organization report an amount for investments - program related in Part X, line 10? If 'Yes,' complete Schedule D, Part X <b>11 X</b>	5		_		v
provide advace 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, 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 Schedule D, Part IV.       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, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amount for listed break pression directly or through a related organization, hold assets in donor-restricted endowments       10       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       11a       X         11a       X       11a       X       11a       X         11a       X       11a       X       11a       X         11a       X       11a       X       11a       X         11a       X       11a	6		5		
7       Did the organization receive or hold a conservation easement, including easements to preserve open space, 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 asset? If "Yes," complete Schedule D, Part II       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?       9       X         10       Did the organization report an amount for Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on any of the following questions is "Yes," then complete Schedule D, Part V       10       X         10       Did the organization report an amount for investments - other securities in Part X, line 10? II "Yes," complete Schedule D, Part VI       11a       X         11       Did the organization report an amount for investments - porgram related in Part X, line 16? II "Yes," complete Schedule D, Part VI       11b       X         11       Did the organization report an amount for investments - porgram related in Part X, line 17       11a       X         11       Did the organization report an amount for other assets in Part X, line 12, It wis 15% or ormore of its total assets rep	0		6		x
the environment, historic and 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 Schedule D, Part III         8         X           9         Did the organization report an amount in Part X, line 21, for escrew 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?         9         X           10         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in guas lendowments? If "yes," complete Schedule D, Part V         10         X           11         the organization report an amount for indu, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part VI         11a         X           b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part VI         11a         X           b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part XI         11a         X           b Did the organization orport an amount for invert assets in Part X, line 15? If "yes," complete Schedule D, Part X         11d         X           11         Did the orga	7		0		
8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes,' complete       Schedule D, Part III         9       Did the organization report an amount in Part X, line 21, for escrew 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?       9         10       Did the organization is answer to any of the following questions is "Yes," than complete Schedule D, Part VI.       9         11       If the organization is answer to any of the following questions is "Yes," than complete Schedule D, Part VI.       10       X         12       Did the organization report an amount for line duildings, and equipment in Part X, line 12? If 'Yes,' complete Schedule D, Part VI.       11       X         13       Did the organization report an amount for line duildings, and equipment in Part X, line 12? If 'Yes,' complete Schedule D, Part XI.       11       X         14       X       Cid the organization report an amount for where securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part XI.       11       X         15       Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X       11       X         16       the organization schedule In 16? If 'Yes,' complete Schedule D, Part X       114       X         17       Did th	'		7		x
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?         9         X           10         Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V         10         X           11         the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V         10         X           12         Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V         11a         X           13         X         Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI         11a         X           14         X         Ite organization report an amount for investments - propare an elated in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI         11e         X           14         X         Ite organization oreport an amount for investments for the tax year' If 'Yes,' complete Schedule D, Part X         11e         X           14         Did	8				
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?       9       X         10       Uid the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? (#'res,' complete Schedule D, Part V       10       X         11       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         12       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? (#'Yes,' complete Schedule D, Part V       11       X         13       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? (#'Yes,' complete Schedule D, Part VI       11       X         14       X       Vid the organization report an amount for investments - program related in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? (#'Yes,' complete Schedule D, Part X       11       X         11       X       Vid the organization report an amount for other assets in Part X, line 25? (#'Yes,' complete Schedule D, Part X       11       X         12       Did the organization subari to Part X       114       X       X         13       Uid the organization ischould in Part X, line 120	•		8		х
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       y       X         ID often craphicable.       10       X       10       X         If the organization, directly or through a related organization, hold assets in donor-restricted endowments       y       X         If the organization report an answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, XI, or X, as applicable.       10       X         If the organization report an anomut for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11a       X         Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11e       X         Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11e       X         Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11e       X         Did the organization report an a	9	,			
# "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments       10       X         11       If the organization, directly or through a related organization, hold assets in donorrestricted endowments       10       X         11       If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V       10       X         12       Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         12       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11c       X         13       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 X       11d       X         14       X       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         14       X       Did the organization approach       11d       X       11d       X         14       X       Did the organization approach       11d       X       11d       X					
10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.       11       X       11       X         2       Did the organization report an amount for investments - other securities in Part X, line 12, "this 5% or more of its total assets reported in Part X, line 167, "these," complete Schedule D, Part VI       11       X         2       Did the organization report an amount for investments - program related in Part X, line 157, "these," complete Schedule D, Part VI       11       X         2       Did the organization report an amount for investments - program related in Part X, line 167, "these," complete Schedule D, Part X       11       X         4       Did the organization report an amount for other assets in Part X, line 156, "the reganization separate or consolidated financial statements for the tax year include a footnote that addresses the organization of subard and amount for other labilities in Part X, line 257, "these," complete Schedule D, Part X       11       X         2       Did the organization of subard an amount for other lab. the asset is reported in Part X, and XII       X       114       X         12       Did the organization included in consolidated financial statements for the tax year?       114       X         13 <td></td> <td></td> <td>9</td> <td></td> <td>х</td>			9		х
11       If the organization's narwer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.       11	10				
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII		or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI       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 assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII       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 X       11c       X         e Did the organization report an amount for other lassets in Part X, line 125? If 'Yes,' complete Schedule D, Part X       11e       X         f Did the organization separate or consolidated financial statements for the tax year?       11f       X         12a       Did the organization aschool described in section 170(b)(1)A(lii)? If 'Yes,' complete Schedule D, Part X       11t       X         13       Is the organization nachool described in section 170(b)(1)A(lii)? If 'Yes,' complete Schedule E       13a       X         14a       Did the organization aschool described in section 170(b)(1)A(lii)? If 'Yes,' complete Schedule E       13a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gares or	11				
Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         e       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization olded in oncolded the functial statements for the tax year?       11f       X         12a       Did the organization neluded in consolidated, independent audited financial statements for the tax year?       11t       X         13       Is the organization makin an office, employees, or agenets outside of the United States?       12a       X         14a       X       11d       X       11d       X         14b       It de organization nave gargeate revenues or expenses of more than \$10,000 form grantmaking, fundraising, business, investment, and program service axivities out		as applicable.			
b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       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 X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f       Did the organization report an amount for other liabilities in Part X, line 26? If "Yes," complete Schedule D, Part X       11e       X         11d       X       11d       X       11d       X         12a       Did the organization insubation answerd "No" to line 12a, then completing Schedule D, Part X and XII soptional       11d       X         13       Is the organization asknol described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       113       X         14a       Did the	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       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 X       11c       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         11d b crganization separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X       11t       X         12a Did the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X       11t       X         13 Is the organization maintain an office, employees, or agents outside of thu United States?       13a       X       13a       X         14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garge grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       14b       X         15 Did the organization report more than \$15,000 of expenses for proressional fundraising services on Part IX, col		Part VI	11a	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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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? <i>If "Yes," complete Schedule D, Part IX</i> 11c       X         e       Did the organization report an amount for other assets in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 11e       X         f       Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization oldin separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         13       Is the organization and school described in section 170(b(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> 13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign organization?       15       X         16       X       11d       X       14a       X         17       Di	b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
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 X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did 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, Part X and XII       12a       X         b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization answered "No" to line 12a, then completing Schedule E       13a       X         14b       Did the organization as school described in section 170(b)(1)(N(i)" If "Yes," complete Schedule C       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$1,0,000 forg marthaxing, fundraising, business, investment, and progent on Part IX, column (A), line 3, more than \$5,000 of ggregate grants or other assistance to or for foreign individuals? If "Yes," complete			11b		<u> </u>
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 167 if "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization sinability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part XI and XII       12a       X         b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b Did the organization have aggregate revenues or expenses of more than \$50,000 of grants or other assistance to or for any foreign organization? 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 garges grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       16       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garges profes	С				
Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11e       X         b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII       12b       X         13       St       11d       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report nore than \$15,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         18       Did the organization report more than \$15,000 ot a gregase income and contributions on Part VIII, lines 1c and			11c		<u> </u>
e       Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11e       X         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)? /f "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization biain separate, independent audited financial statements for the tax year?       /f "Yes," complete Schedule D, Part X and XII       11e       X         13       by the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional       11a       X         14a       X         14b       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         14a       Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule G, Part I and IV       16       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II       16       X	d				v
f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII</i> 12a       X       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       11f       X       12a       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$10,000 form grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate grants or other assistance to or for foreign individuals? If "yes," complete Schedule F, Parts II and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part		Part X, line 16'? If "Yes," complete Schedule D, Part IX		v	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave aggregate revenues or expenses of more than \$10000 form grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "yes," complete Schedule F, Parts II and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report nore than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			11e	<u> </u>	
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete       12a       X         13       Is the organization askered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization askered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         14       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report more than \$15,000 of e	т		4 4 4	v	
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       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 foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3 complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000	10-				
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       Image: the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       Image: the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       Image: the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       Image: the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       Image: the organization asswered "No" to line 12a, then completing Schedule E       Image: the organization asswered "No" to line 12a, then completing Schedule E       Image: the organization asswered "No" to line 12a, then completing Schedule E       Image: the organization asswered "No" to line 12a, then completing Schedule E       Image: the organization asswered "No" to line 12a, then completing Schedule E       Image: the organization asswered "No" to line 12a, then complete Schedule E       Image: the organization asswered "No" to line 12a, then completing Schedule E       Image: the organization asswered "No" to line 12a, then complete Schedule E       Image: the organization asswered "No" to line 12a, then complete Schedule E       Image: the organization part N       Image: the organization point assistance to an organization assistance to assistance to an ore or or or or or or or or or part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       Image: the organization report assistance to an or for organization report more than \$15,000 of expenses for professional fundraising services on Part VIX, column (A), lines 6 and 11e? If "Yes," complete Sche	120		122	x	
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         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14a       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 foreign individuals? If "Yes," complete Schedule F, Parts II and IV       14b       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? If "Yes,"       18	h		120		
13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? 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 or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         18       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19 <td< td=""><td></td><td></td><td>12h</td><td></td><td>х</td></td<>			12h		х
<ul> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and IX</li> <li>19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> <li>20a X</li> <li>20b</li> <li>20a X</li> <li>20b</li> <li>20b</li> </ul>	13				
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<ul> <li>investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000</li> <li>or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>.</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>.</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>.</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>. See instructions</li> <li>17 X</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? <i>If</i> "Yes,"</li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>.</li> <li>20a X</li> <li>b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>21 X</li> </ul>					
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column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"       18       X         20a       Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H       19       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20a       X         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? /f "Yes," complete Schedule I, Parts I and II       21       X		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines         1       1c and 8a? If "Yes," complete Schedule G, Part II         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H         20a       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	17				
1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X			17		<u>X</u>
19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	18				
complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X			18	X	
20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X	19			Ţ	
b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II       21       X	00			~	v
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					
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II			200		<u> </u>
	<b>~</b> I		21	x	
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 Form 990 (2021)
 ALIVENESS PROJECT, INC.
 41-1593900
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2.14	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
<b>h</b>	"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		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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 X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	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?	20	х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	77	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	Λ			

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	ALIVENESS PROJECT, INC.	41-1593	900	Р	age <b>5</b>
<b>a</b>	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			<u> </u>	
				Yes	No
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 0			
h	filed for the calendar year ending with or within the year covered by this return		2b		
U	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e^{-file}$ . See instructions		20		
3a			3a	x	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		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 Ac	counts (FBAR).			
Бa	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
Зa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	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 contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	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 wa	is required			
	to file Form 8282?	1 1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fol		7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
_			8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a ⊾			9a 9b		
b			90		
0	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
1	Section 501(c)(12) organizations. Enter:				
' a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
Ď	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	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.				
	Enter the amount of reserves the organization is required to maintain by the states in which the				
b		13b			
b	organization is licensed to issue qualified health plans	100			
	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c			
с	Enter the amount of reserves on hand		14a		X
c 4a	Enter the amount of reserves on hand	13c	14a 14b		X
c 1a b	Enter the amount of reserves on hand	<b>13c</b>			X
c 4a b	Enter the amount of reserves on hand	lation or			x x
c 4a b	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	lation or	14b		x
c 4a b 5	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?	<b>13c</b> le O ation or	14b		
c 4a	Enter the amount of reserves on hand	<b>13c</b> le O ation or	14b 15		x
c 4a b 5	Enter the amount of reserves on hand	13c           le O           ration or           income?           any	14b 15		x
с 4а 5 6	Enter the amount of reserves on hand	13c           le O           ration or           income?           any	14b 15		x

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Form 990	(2021)
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Section A. Governing Body and Management

#### ALIVENESS PROJECT, INC.

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X

No Yes

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.

Check if Schedule O contains a response or note to any line in this Part VI	
Check if Schedule O contains a response of hote to any line in this Part VI	

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	-							
-				2		Х			
3	Did the organization delegate control over management duties customarily performed by or under th	ne direct	supervision						
U	of officers, directors, trustees, or key employees to a management company or other person?		Supervision	3		х			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was	filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X			
				6	х				
6 7-	Did the organization have members or stockholders?			0	-11				
78	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?			7a	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					х			
-	persons other than the governing body?			7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	-	-	-	37				
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea								
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue (	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 c	hapters,	affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before	e filing the form?	11a	X				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				х				
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to confl	icts?	12b	Х				
С									
	on Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approv	al by ind	ependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	Х				
b	Other officers or key employees of the organization			15b	Х				
	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 arrange	ment wi	th a						
	taxable entity during the year?			16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its pa	rticipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization'	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 $\blacktriangleright$ MN								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-	T (section 501(c)(3)s	only)	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explai	n on Scl	nedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	ial				
	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 bo	oks and	records						
	THE ORGANIZATION - 612-822-7946		· · ·						
	3808 NICOLLET AVENUE, MINNEAPOLIS, MN 55409								
132006	2006 12-09-21 Form <b>990</b> (2021)								

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2021.05000 ALIVENESS PROJECT, INC.

Form 990 (20	D21) ALIVENESS PROJECT, INC.	41-1593900	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complet	e this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization's	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, 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.

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl , unles cer an	ss per	more rson i	than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) AUSTIN BLY	1.00	v						0	0	0
DIRECTOR (2) CAREY BOYUM	1.00	Х						0.	0.	0.
PRESIDENT	1.00	x		х				0.	0.	0.
(3) DAVID ANDERSON	1.00	^		Δ				0.	0.	0.
2ND VICE PRESIDENT	1.00	x						0.	0.	0.
(4) JENN SCHAAL	1.00									
DIRECTOR		х						0.	0.	0.
(5) LUCIANO PATINO	1.00									
TREASURER		х						0.	0.	0.
(6) MARY JO KASTEN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) MATTHEW TOBUREN	40.00									
EXECUTIVE DIRECTOR		Х		Х				0.	0.	0.
(8) MICHELLE BAHR	1.00									
DIRECTOR		Х						0.	0.	0.
(9) MICHELLE TANNER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MONCIES FRANCO	1.00									
DIRECTOR		Х						0.	0.	0.
(11) RACHEL PROSSER DIRECTOR	1.00	x						0.	0.	0.
(12) RAQUELLE PAULSEN	1.00	^						0.	0.	0.
DIRECTOR	1.00	x		х				0.	0.	0.
(13) SHANASHA WHITSON	1.00								<b>.</b>	J.
DIRECTOR		х		х				0.	0.	0.
(14) TOM STRALEY	1.00	1								
VICE PRESIDENT		x						0.	0.	0.
										Form 990 (2021

132007 12-09-21

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	990 (2021) ALIVENESS		-							41-15	<u>5939</u>	00	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C		· ,			
(A) (B) Name and title Average hours per week					Average hours per         Position (do not check more than one box, unless person is both an         Reportable compensation					<b>(E)</b> Reportable compensatio from related	n	<b>(F</b> Estim amou oth	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		comper from organiz and re organiz	the zation lated
											-+		
	Subtotal								0.		0.		0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.		0.		0.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable	ł		0
								<b>1</b> -1-1				Ye	s No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual								•		3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4	X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." com</i>											5	X
	tion B. Independent Contractors Complete this table for your five highest cor											n from	
1	the organization. Report compensation for t	•	•						the organization's tax y				
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	<b>(C)</b> mpensa	tion
2	Total number of independent contractors (ir	0	ot lin	nited	d to f			ted	above) who received mo	ore than			
	\$100,000 of compensation from the organiz					C	,				F	orm <b>99</b>	<b>0</b> (2021)

132008 12-09-21

Pa	rt VIII	Statement of Rev	venue					
		Check if Schedule O c	ontains a respor	nse or note to any lin		(P)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	Fundraising events Related organizations Government grants (contri All other contributions, gifts, g similar amounts not included	1b       1c       1d       butions)       1e       grants, and       above       1f	143,367. 1,963,292. 539,251. 177,381.				
ont nd	g	Noncash contributions included in I Total. Add lines 1a-1f			2,645,910.			
Oe		TOTAL AUD INES TATI		Business Code	2,010,010.			
Program Service Revenue	2a b c	PROGRAM FEES		_	193,985.	193,985.		
Jran Rev	d							
roç	e							
	•	All other program service r Total. Add lines 2a-2f			193,985.			
	3	Investment income (includ other similar amounts)	ing dividends, in	terest, and	993.			993.
	4	Income from investment o	f tax-exempt bor	nd proceeds				
	5	Royalties	(i) Real	(ii) Personal				
	b	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c					
	d	Net rental income or (loss)		aa (ii) Othar				
	7 a	Gross amount from sales of assets other than inventory	(i) Securiti 7a	es (ii) Other				
an	b	Less: cost or other basis and sales expenses	7b					
Revenue	с	Gain or (loss)	7c					
Re		Net gain or (loss)		····· •				
Other	8 a	Gross income from fundraisin including \$1 contributions reported on Part IV, line 18	L <u>43 , 367 .</u> of line 1c). See	8a <sup>0</sup> .				
	b	Less: direct expenses		<b>8b</b> 0.				
		Net income or (loss) from f	-	ts 🕨	0.			
	9 a	Gross income from gaming Part IV, line 19		<b>9a</b> 3,815,804.				
		Less: direct expenses		<b>9b</b> 3,585,071.				
		Net income or (loss) from g	0	· · · · · · · · · · · · · · · · · · ·	230,733.		230,733.	
	10 a	Gross sales of inventory, le		10-				
	h	and allowances		10a 10b				
		Less: cost of goods sold Net income or (loss) from s						
	U			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS			870.	870.		
scellaneo Revenue	b							
eve:	с							
Alisc B	d	All other revenue						
2	е	Total. Add lines 11a-11d		►	870.			
	12	Total revenue. See instructio	ns	►	3,072,491.	194,855.	230,733.	993.
13200	9 12-09-	-21						Form <b>990</b> (2021)

Form 990 (2021)

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Form 990	(2021)	)
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ALIVENESS PROJECT, 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)

#### Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 19,740. 19,740. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,556,859. 1,278,197. 111,136. 167,526. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 91,634. 111,611. 7,967. 12,010. Other employee benefits 9 133,866. 109,905. 9,556. 14,405. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 8,835. 8,835. b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 343,779. 308,517. 17,631. 17,631. column (A), amount, list line 11g expenses on Sch 0.) 95,587. 95,587. Advertising and promotion 12 95,366. 57,220. 38,146. Office expenses 13 11,812. 7,914. 3,898. Information technology 14 15 Royalties 42,872. 10,718. 53,590. 16 Occupancy 11,953. 8,965. 2,988. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,230. 16,920. 12,690. Conferences, conventions, and meetings 19 6,002. 30,010. 24,008. 20 Interest Payments to affiliates 21 82,321. 102,901. 20,580. Depreciation, depletion, and amortization 22 45,804. 41,224. 4,580. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 219,667. 219,667. FOOD SERVICES а 41,830. PROPERTY RENTAL AND MAI 33,464. 8,366. h 15,732. 3,933. 11,799. MISCELLANEOUS С 14,480. 8,688. 5,792. d PRINTING AND COPYING 4,394. 13,665. 9,271. e All other expenses 2,944,007. 2,472,518. 259,917. 211,572. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

132010 12-09-21

11421114 310390 001145

if following SOP 98-2 (ASC 958-720)

Check here

10 2021.05000 ALIVENESS PROJECT, INC. 001145\_1

Form 990 (2021)

Form 990 (2021)

Assets

Liabilities

Net Assets or Fund Balances

Total liabilities and net assets/fund balances

## 2021.05000 ALIVENESS PROJECT, INC. 001145\_1

2,923,516. 33

3,510,406.

Form 990 (2021)

ALIVENESS PROJECT, INC. Part X Balance Sheet

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

	Check in Schedule O contains a response of hote to any line in this Part A	<u></u>	<u></u>	<u></u>
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	378,748.	1	421,793.
2	Savings and temporary cash investments		2	575,171.
3	Pledges and grants receivable, net		3	560,107.
4	Accounts receivable, net		4	, · · ·
5	Loans and other receivables from 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		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9			9	10,558.
	Prepaid expenses and deterred charges      Land, buildings, and equipment: cost or other			20,0001
	basis. Complete Part VI of Schedule D 10a 2,826,260.			
	Dasis. Complete Fait Wordschedule D     Dess: accumulated depreciation	1,969,407.	10c	1,942,777.
11			11	1,512,777
	Investments - publicly traded securities		12	
12	Investments - other securities. See Part IV, line 11			
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	0.
15	Other assets. See Part IV, line 11		15	3,510,406.
16	Total assets. Add lines 1 through 15 (must equal line 33)		16 17	369,900.
17	Accounts payable and accrued expenses	121,700.	17	505,500.
18	Grants payable		19	
19	Deferred revenue			
20	Tax-exempt bond liabilities		20 21	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other 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	E01 960	22	543,626.
23	Secured mortgages and notes payable to unrelated third parties		23	516,857.
24	Unsecured notes and loans payable to unrelated third parties	230,400.	24	510,057.
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	350.	05	350.
	of Schedule D	972,327.	25	1,430,733.
26	Total liabilities. Add lines 17 through 25	912,321.	26	I,430,733.
	Organizations that follow FASB ASC 958, check here 🕨 🗴			
07	and complete lines 27, 28, 32, and 33.	1,891,934.	07	2 064 263
27	Net assets without donor restrictions	59,255.	27	2,064,263.
28	Net assets with donor restrictions	59,255.	28	15,410.
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	<u> </u>
30	Paid-in or capital surplus, or land, building, or equipment fund		30	<u> </u>
31	Retained earnings, endowment, accumulated income, or other funds		31	2 070 672
32	Total net assets or fund balances	1,951,189.	32	2,079,673.

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI         1       Total revenue (must equal Part VIII, column (A), line 12)         2       7 Total expenses (must equal Part X, column (A), line 25)         3       1.22 A 484.         4       1.951, 1.89.         5       6         6       7         8       7         8       7         8       7         9       Other changes in net assets or fund balances (explain on Schedule O)         9       0.         9       Other changes in net assets or fund balances (explain on Schedule O)         9       Other changes in net assets or fund balances (explain on Schedule O)         9       0.         9       Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         9       Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))         Check if Schedule O contains a response or note to any line in this Part XII         9       Check if Schedule O contains a response or note to	Form	ALIVENESS PROJECT, INC.	41-3	1593900	Pag	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       3,072,491.         2       Total expenses (must equal Part IX, column (A), line 25)       2       2,944,007.         3       128,484.       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1,951,189.         5       6       6       7       1       7       6         7       7       8       Prior period adjustments       6       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.       10       2,079,673.         Part XII       Financial Statements and Reporting       7       8       10       2,079,673.         Check if Schedule O contains a response or note to any line in this Part XII       0       10       2,079,673.         Part XIII       Financial Statements and Reporting       7       2       2       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2       2       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2       X       2       X         1       Accounting method used to prepare t	Pa	rt XI Reconciliation of Net Assets				-
2       Total expenses (must equal Part IX, column (A), line 25)       2       2, 944, 007.         3       Revenue less expenses. Subtract line 2 from line 1       3       128, 484.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1, 951, 189.         5       Met unrealized gains (losses) on investments       6       6         6       7       7       7         7       8       6       7         7       7       7       7         8       9       0.       9       0.         9       0.       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)       9       0.          0       10       2,079,673.       10       2,079,673.          Check if Schedule O contains a response or note to any line in this Part XII		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       2, 944, 007.         3       Revenue less expenses. Subtract line 2 from line 1       3       128, 484.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1, 951, 189.         5       Met unrealized gains (losses) on investments       6       6         6       7       7       7         7       8       6       7         7       7       7       7         8       9       0.       9       0.         9       0.       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)       9       0.          0       10       2,079,673.       10       2,079,673.          Check if Schedule O contains a response or note to any line in this Part XII						
3       Revenue less expenses. Subtract line 2 from line 1       3       128,484.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1,951,189.         5       6       6       7         6       7       8       7         7       8       9       0.         9       Other changes in net assets or fund balances (explain on Schedule 0)       9       0.         10       2,079,673.       9       0.         Part XII       Financial Statements and Reporting       10       2,079,673.         Check if Schedule O contains a response or note to any line in this Part XII       10       2,079,673.         7       16       10       2,079,673.         9       Check if Schedule O contains a response or note to any line in this Part XII       10       2,079,673.         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         16       Trees, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         17       Yees, "check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
3       Revenue less expenses. Subtract line 2 from line 1       3       128,484.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1,951,189.         5       6       6       7         6       7       8       7         7       8       9       0.         9       Other changes in net assets or fund balances (explain on Schedule 0)       9       0.         10       2,079,673.       9       0.         Part XII       Financial Statements and Reporting       10       2,079,673.         Check if Schedule O contains a response or note to any line in this Part XII       10       2,079,673.         7       16       10       2,079,673.         9       Check if Schedule O contains a response or note to any line in this Part XII       10       2,079,673.         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         16       Trees, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         17       Yees, "check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b	2	Total expenses (must equal Part IX, column (A), line 25)	2	2,944	1,0	07.
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1,951,189.         5       Net unrealized gains (losses) on investments       5         6       6       7         7       8       7         8       9       0.         9       0ther 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       2,079,673.         Part XII       Financial Statements and Reporting       10       2,079,673.         Check if Schedule O contains a response or note to any line in this Part XII       1       2         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       ft erganization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Yees koo       1       Separate basis       Consolidated basis       Both consolidated and separate basis       2a       X         1       Yees, " check a box below to indicate whether the financi	3		3	128	3,48	84.
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       9         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       2,079,673.         Part XII       Financial Statements and Reporting       10       2,079,673.         Check if Schedule O contains a response or note to any line in this Part XII       10       2,079,673.         1       Accounting method used to prepare the Form 990:       Cash       X       Accounting reprivation's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         No       In "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2b       X         If "Yes," to line 2a or 2b, does the organization have	4		4	1,951	.,18	89.
7       Investment expenses       7         8       Prior period adjustments       9         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       2,079,673.         Part XII       Financial Statements and Reporting       10       2,079,673.         Check if Schedule O contains a response or note to any line in this Part XII       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.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or com	5	Net unrealized gains (losses) on investments	5			
7       Investment expenses       7         8       Prior period adjustments       9         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       2,079,673.         Part XII       Financial Statements and Reporting       10       2,079,673.         Check if Schedule O contains a response or note to any line in this Part XII       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.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or com	6	Donated services and use of facilities	6			
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       2,079,673.         Part XII       Financial Statements and Reporting       10       2,079,673.         Check if Schedule O contains a response or note to any line in this Part XII       10       2,079,673.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         2a       X       If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X       Image: Consolidated basis, or both:       2b       X       Image: Consolidated basis, or both:<	7		7			
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 2,079,673.   Part XII Financial Statements and Reporting	8		8			
column (B)       10       2,079,673.         Part XII       Financial Statements and Reporting	9		9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Image: Check if Schedule O       Image: Check if Sche	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII   1   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.   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 on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   D   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis <th></th> <th>column (B))</th> <th>10</th> <th>2,079</th> <th>9,6</th> <th>73.</th>		column (B))	10	2,079	9,6	73.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construction of the previous of the pre		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   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 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?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   b If "Yes," did the organization undergo the required audit or audits? If the organ					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         Separate basis       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       3a       X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
separate basis, consolidated basis, or both:   Separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   c   If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   b   If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consoli</li></ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       T		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       Image: Consolidated basis       Image:	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Consolidated basis       Consolidated and separate basis       Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2a       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		consolidated basis, or both:				
review, or compilation of its financial statements and selection of an independent accountant?          If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparised organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparised organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparised organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparised organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparised organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparised organization changed either its oversight process or selection process during the tax year, explain on Schedule O.         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       Image: Comparised organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		Act and OMB Circular A-133?		3a	Х	
	b		ed audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nar	ne of t	the organization					I		identification number
_			ENESS PROJI						1-1593900
Pa	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	•	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization						iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	overnmental uni	t describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					general p	oublic described in
		section 170(b)(1)(A)(vi). (C			•			•	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	$\square$	An agricultural research org				ed in coniu	unction with a la	and-grant	college
		or university or a non-land-g							
		university:	, , ,			, <b>,</b>	,	5	
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membership	fees, and	d aross receipts from
		activities related to its exem							
		income and unrelated busir							
		See section 509(a)(2). (Cor		· · · ·		•	, ,		
11		An organization organized a		vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to carr	y out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 50	<b>)9(a)(3).</b> ◯	heck the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and 1	2g.	
a	n 🗌	<b>Type I.</b> A supporting orga	anization operated, si	upervised, or controlled	by its supp	ported org	anization(s), typ	oically by g	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees	s of the su	pporting
		organization. You must c	omplete Part IV, Se	ections A and B.					
k	<b>)</b>	<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organization	s), by hav	ing
		control or management o	-				-		-
		organization(s). You mus	t complete Part IV,	Sections A and C.	-		-		
c	;	Type III functionally inte	-		in connect	ion with, a	and functionally	integrate	d with,
		its supported organization					-	0	,
c	1 🗌 E	Type III non-functionally	integrated. A supp	oorting organization oper	ated in cor	nnection v	vith its supporte	ed organiz	ation(s)
		that is not functionally int						-	
		requirement (see instructi			•				
e	•	Check this box if the orga	-					Type III	
		functionally integrated, or							
f	Ente	er the number of supported c							
ç	Prov	vide the following informatior							
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of r	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)
Tot	al								

Schedule	A (Form 990) 202 <sup>-</sup>
Part II	Support Sc

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1370504.	1518455.	1855925.	2307839.	2645910.	9698633.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1370504.	1518455.	1855925.	2307839.	2645910.	9698633.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						9698633.
	ction B. Total Support	•			•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1370504.	1518455.	1855925.	2307839.	2645910.	9698633.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					993.	993.
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						
	assets (Explain in Part VI.)	5,480.	6,222.	5,576.	4,275.	870.	22,423.
11	Total support. Add lines 7 through 10						9722049.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>99.76 %</u>
	Public support percentage from 2020					15	<u>99.66 %</u>
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is <sup>-</sup>	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2021

Schedule A			ALIVENESS			
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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 are not an unrelated trade or bus-						
	iness under section 513						
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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	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						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						1
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second. third.	fourth, or fifth tax	year as a section !	501(c)(3) oraanizati	on,
Sec	tion C. Computation of Publi						
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	e Percentage			<u>.                                    </u>	
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	lifies as a publicly	supported organiza	ation	▶□
b	33 1/3% support tests - 2020. 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	9a, or 19b, check t	his box and see in		
13202	23 01-04-22		15	5		Schedule /	A (Form 990) 2021

2021.05000 ALIVENESS PROJECT, INC. 001145\_1

1

2

3a

3b

3c

4a

4b

Yes No

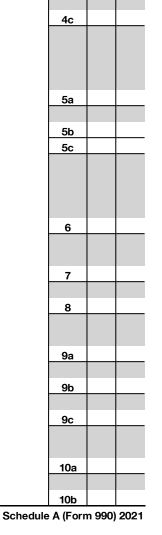
## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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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Part IV	Supporti	g Organizations	(continued)
Schedule A	(Form 990) 20	ALI	VENESS

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
		4		

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

	superv	vised. or	controlled	the supp	ortina or	anization	1.
Sect	ion C	). Type	II Supp	orting	Organi	zations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Yes
 No

 1
 Were a majority of the organization's supported organization(s)? If "No," describe in Part VI how control or managed
 1
 1

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	k the box next to the met	thod that the organization	nused to satisfy the Inte	aral Part Test during the ve	ar (see instructions).
---------	---------------------------	----------------------------	---------------------------	------------------------------	------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see 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.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

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	All other Type III non-functionally integrated supporting organizations must	t complete S	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2		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		
Sec	tion 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		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
6				

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

ALIVENESS PROJECT, INC.

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	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 ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		10		
Secti	on E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2021	5	(iii) Distributable Amount for 2021	
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

. . . . . . . . . . . .

Schedule A (Form 990) 2021

<u>Schedule A</u>	(Form 990) 2021	ALIVENESS PI	ROJECT,	INC.		41-1593900 Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section I Section D, lines 5, 6, ar (See instructions.)	<b>Drmation.</b> Provide the ex 1, 2, 3b, 3c, 4b, 4c, 5a, 6, D, lines 2 and 3; Part IV, Se d 8; and Part V, Section E,	xplanations rec 9a, 9b, 9c, 11 ction E, lines - lines 2, 5, and	quired by P a, 11b, and 1c, 2a, 2b, 3 d 6. Also co	art II, line 10; Part II, line 17 I 11c; Part IV, Section B, lin 3a, and 3b; Part V, line 1; P mplete this part for any add	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V, ditional information.
132028 01-04-2	2		2	0		Schedule A (Form 990) 202

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

\*\* PUBLIC DISCLOSURE COPY \*\*

# 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

2021

Employer identification number

41-15939	00
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ALIVENESS	PROJECT

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

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.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**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).

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

Schedule B (Form 990) (2021)

Name of organization

Page 2 Employer identification number

41-1593900

## ALIVENESS PROJECT, INC.

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$1,044,241.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$62,912.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$513,111. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$159,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$ <u>161,080.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)			
123452 11-11	-21		Schedule B (Form 990) (2021)			

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Name of organization

Page **3** 

Employer identification number

41-1593900

## ALIVENESS PROJECT, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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Name of or	rganization			Employer identification number
ALIVEN	NESS PROJECT, INC.			41-1593900
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line entricharitable, etc., contributions of <b>\$1,000 or l</b>	v. For organizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
-		(e) Transfer of gift		
-	Transferee's name, address, ar			Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No.		[		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, an	nd ZIP + 4	Relationship of tra	Insferor to transferee
123454 11-11-	-21	24		Schedule B (Form 990) (2021

## 11421114 310390 001145

2021.05000 ALIVENESS PROJECT, INC. 001145\_1

		, <u> </u>				0047
SC	HEDULE D		al Financial Statements		OMB No. 1545	-0047
(Forn	Form 990) 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.				202	
Depart	ment of the Treasury		Attach to Form 990. 90 for instructions and the latest information.		Open to P	
	Revenue Service		Inspection			
Nam	e of the organizati		TNO		dentification r -159390	
Par	t I Organiza	ALIVENESS PROJECT, ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac			0
1 41		n answered "Yes" on Form 990, Part IV, lin				
		······································		b) Funds and	other accounts	s
1	Total number at er	nd of year		-,		
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5			writing that the assets held in donor advised fund	ls		
	are the organizatio	on's property, subject to the organization's	exclusive legal control?	[	Yes	No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used or	nly		
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferri	ng		
_					Yes	No
Par	t II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	line 7.		
1		servation easements held by the organizati				
		n of land for public use (for example, recrea		• •		
		of natural habitat	Preservation of a certin	fied historic st	ructure	
-		n of open space				
2			fied conservation contribution in the form of a cor		ement on the	
	day of the tax year					ax icai
a h				2a 2b		
b	-		ucture included in (a)	20 2c		
c d			after 7/25/06, and not on a historic structure	20		
u				2d		
3			eased, extinguished, or terminated by the organiz	· · · ·	he tax	
-	year ►			g :		
4		where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per				
		forcement of the conservation easements it		[	Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easements c	luring the year	r
	▶					
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	sements during	g the year	
	▶\$					
8			re satisfy the requirements of section 170(h)(4)(B)	·/ -	r	
-					Yes	No
9		•	on easements in its revenue and expense statem			
			note to the organization's financial statements that	at describes th	e	
Par	t III Organization s acc	ounting for conservation easements.	f Art, Historical Treasures, or Other S	imilar Asse	ts	
		f the organization answered "Yes" on Form				
19			8, not to report in its revenue statement and bala	ince sheet wor	ke	
Ĩ	•	· •	blic exhibition, education, or research in furtheran			
			ncial statements that describes these items.			
b	· •		8, to report in its revenue statement and balance	sheet works o	of	
	-		exhibition, education, or research in furtherance			
		ing amounts relating to these items:				
	-			▶ \$		
				▶ \$		
2	If the organization		asures, or other similar assets for financial gain, p	provide		
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:			
а	Revenue included	on Form 990, Part VIII, line 1		▶ \$		
b						

LHA For Paperwork Reduction	Act Notice, see the Instructions for Form 990.
132051 10-28-21	

	25				
20	21.05000	ALIVENESS	PROJECT,	INC.	001145_1

Schedule D (Form 990) 2021

Sche		SS PROJECT				4	1-15	9390(	) Ра	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tı	easures, or	Other \$	Similar	Assets	(contir	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	e following that	make sigr	nificant us	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 📃 Loan or e	change progra	m					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further	the organizatio	n's exemp	ot purpose	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	asures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizat	ion answered "	Yes" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributio	ns or other ass	ets not ind	cluded		_		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amoun	:	
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on F					/?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	t V Endowment Funds. Complete i						ara baak		VOORO	haak
		(a) Current year	(b) Prior year	(c) Two year	S DAUK (C	<b>d)</b> Three ye	ais Dauk	(e) Four	years	Dauk
1a	Beginning of year balance									
D	Contributions									
C	Net investment earnings, gains, and losses									
a	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance		line 1 a column							
2	Provide the estimated percentage of the curr			a)) neiù as.						
a h	Board designated or quasi-endowment  Permanent endowment		_%							
b		% %								
С	The percentages on lines 2a, 2b, and 2c sho	· -								
39	Are there endowment funds not in the posse		tion that are held	and administer	ad for the	organizat	ion			
ou	by:	ssion of the organiza				organizat		ſ	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the			• • • • • • • • • • • • • • • • • • • •						
Par										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or o basis (investn		st or other s (other)	. ,	cumulated reciation	k	( <b>d)</b> Boo	< value	Э
10	Land			_ (00)						
	Land Buildings		2 4	00,458.	6	53,45	8.	1,74	7.00	00.
	Leasehold improvements			56,109.		<u>42,77</u>			3,31	
	Equipment			69,693.		<u>12,,,</u> 87,25			2,43	
	Other					.,10			_ ,	•
	. Add lines 1a through 1e. (Column (d) must e		Y column (P) line	100)				1,942	2.7	77.
rold	n da milos ra tinougir re. (Column (a) must e	guai ronn 990, Part	<u>, column (B), line</u>	100.)					- / / .	

Schedule D (Form 990) 2021

<b>(b)</b> Book value	(c) Method of valuation: Cost or end	d-of-year market value
on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	11d. See Form 990, Part X, line 15.	(b) Book value
,,,,		(b) Book value
		(,,
		350
		350
		350
		350
		350
		350
		350
		350
	on Form 990, Part IV, line (b) Book value on Form 990, Part IV, line Description	on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: Cost or end (b) Book value (c) Method of valuation: Cost or end (c) Method of valuation: Cost

11421114 310390 001145

Schedule D	) (Form 990	) 2021	ALIVENESS	PROJECT,	INC.
Part VII	Investr	nents - (	Other Securities.		

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

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 ALIVENESS PROJECT, INC.		41-1	L593900 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	le per Return.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,072,491.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,072,491.
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			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12)	<u>)</u>		3,072,491.
Pa	rt XII Reconciliation of Expenses per Audited Financial St		ses per Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total expenses and losses per audited financial statements		1	2,944,007.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			•
е	Add lines <b>2a</b> through <b>2d</b>			0.
3	Subtract line <b>2e</b> from line <b>1</b>			2,944,007.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		2,944,007.
Pa	rt XIII Supplemental Information.			

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

## PART X, LINE 2:

THE	POLICY	OF	THE	ORGANIZATION	IS	то	EVALUATE	UNCERTAIN	TAX	POSITIONS,	AT
-----	--------	----	-----	--------------	----	----	----------	-----------	-----	------------	----

LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE FROM UNRELATED

INCOME OR FROM LOSS OF NONPROFIT STATUS.

132054 10-28-21

SCHEDULE G Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047				
	ne organization answered "Yes" on organization entered more than \$15				or 19,	or if the	2021				
Department of the Treasury	Attach to Form 990 or Form 990-EZ.										
	► Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organization ALIVENE	41-1593	entification number									
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.											
	e Solicita s f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p	tion of tion of fundra (includ	non-g gover lising d ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes					
b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the	· / ·	ant to	agreer	ments under which th	ne fur	ndraiser is to b	6				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c or con	draiser custody protol of from activity		tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization				
		Yes	No	-							
	•	1									
Total           3 List all states in which the organizati or licensing.	on is registered or licensed to solicit c	contrib	utions	or has been notified	it is (	exempt from re	gistration				
LHA For Paperwork Reduction Act No	tice, see the Instructions for Form S	990 or	990-E	Z.		Schedul	e G (Form 990) 2021				

132081 10-21-21

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

		of fundraising event contributions and gro	oss income on Form 990		vents with gross receipt	ts greater than \$5,000.
			(a) Event #1 DINING OUT	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			FOR LIFE (event type)	(event type)	(total number)	col. <b>(c)</b> )
anue					, ,	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses				
	10	1				
De	<u>11</u>   <b>rt  </b>	1				
Га	u t I	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
				(b) Pull tabs/instant		(d) Total gaming (add
JUe			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
щ	1	Gross revenue				
ses	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		· · · · · · · · · · · · · · · · · · ·	<b>Yes</b> %	<b>Yes</b> %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	í from line 1. column (d)		▶	
					r	
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a				Yes X No
b	) If "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes X No
b	) If "	Yes," explain:				
1320	82 10	)-21-21			Sche	dule G (Form 990) 2021

Schedule G (Form 990) 2021 ALIVENESS PROJECT, INC.	41-1593900 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	X Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
<b>b</b> An outside facility	<u> 13b</u> 100.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:
Name  MN GAMING SERVICES	
Address <b>b</b> 1970 OAKCREST AVENUE - ROSEVILLE, MN 55113	
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes 🔀 No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the am	ount
of gaming revenue retained by the third party $\blacktriangleright$ \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 💲	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes X No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	
organization's own exempt activities during the tax year <b>&gt;</b> \$	
<b>Part IV</b> Supplemental Information. Provide 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.	
132083 10-21-21	Schedule G (Form 990) 2021
31	. ,

Schedule G	(Form	99

Schedule G (Form 990) ALIVENESS PROJECT, INC. Part IV Supplemental Information (continued)

Supplemental informatio	(continued)
132084 11-18-21	Schedule G (Form 990

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, an ete if the organization	d Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		-	Attach to For	m 990.			Open to Public Inspection
Name of the organization		-	s.gov/Form990 fo	r the latest inform	iation.		Employer identification number 41-1593900
Part I General Information on Grants a	PROJECT,	INC.					41-1593900
Does the organization maintain records criteria used to award the grants or assis     Describe in Part IV the organization's pro Part II Grants and Other Assistance to recipient that received more than a	to substantiate the stance? ocedures for monito <b>Domestic Organiz</b>	oring the use of grant t ations and Domestic	funds in the United Governments.	l States. Complete if the orga		· · · · · · · · · · · · · · · · · · ·	Yes 🔀 No
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RURAL AIDS ACTION NETWORK 300 E SAINT GERMAIN ST STE 220 ST CLOUD, MN 56304	41-1784355		9,870.	0.			AIDS EDUCATION
ONE HEARTLAND 26001 HEINZ RD WILLOW RIVER, MN 55795	39-1763115		9,870.	0.			AIDS EDUCATION
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>							<u>2.</u>

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

Schedule	I (Form 990)	2021	ALIVENESS	PROJECT,	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.
 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

41-1593900

Page **2** 

SCI	HEDULE J	Compensation Information	I	OMB No. 1	545-004	17		
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	71			
		Compensated Employees		20		l		
Dener	here and a fither Transactions	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to Public				
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Nam	e of the organizatio	1		er identification numbe				
		ALIVENESS PROJECT, INC.	41-1	159390	0			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or o	harter travel Housing allowance or residence for perso	nal use					
	Travel for com	panions Payments for business use of personal re-	sidence					
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S					
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)					
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
-								
3		ny, of the following the organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
		compensation consultant						
	X Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee					
		Lange and the lange from 200. De tail to a line of a with some of the the filler						
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re	-		10		x		
		e payment or change-of-control payment?				X		
b		eive payment from a supplemental nonqualified retirement plan?				X		
С		eive payment from an equity-based compensation arrangement?		40				
	IT TES to any of in	les 4a°c, list the persons and provide the applicable amounts for each item in Fart III.						
	Only section 501/	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
0	contingent on the r							
а	-			5a		x		
		ation?				X		
~		or 5b, describe in Part III.				_		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
•	contingent on the r							
а	-			6a		x		
		ation?				X		
		or 6b, describe in Part III.						
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;					
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th						
				8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
	Regulations section		<u></u>	9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2021		

132111 11-02-21

41-1593900

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of V	W-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(	)						
(i							
(	)						
(i							
(	)						
(i							
(	)						
(i							
(	)						
(i	i)						
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(i	i)						
(	)						
(i	i)						

Schedule J (Form 990) 2021

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

ΖU **Open to Public** Inspection

	e	
Name	of the	organization
1 autilo		organization

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

Name	e of the organization					Employer identi			nber
	ALIVENESS PRO	)JECT,	INC.			41-1	5939	900	
Par	rt I Types of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributior amounts reported or Form 990, Part VIII, line		(d) Method of det noncash contribut		•	6
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property				_				
9	Securities - Publicly traded	Х	2	2,60	5.FM	V			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution - Historic structures								
14	Augulified conservation contribution - Other								
1 <del>4</del> 15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	797	174,77	6 . FM	V			
20	Drugs and medical supplies			,		•			
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ( )								
26	Other  ( )								
27	Other ( )								
28	Other ( )								
29	Number of Forms 8283 received by the organization	ation durinc	the tax year for co	ontributions					
	for which the organization completed Form 828								
	5	, ,	5					Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 th	rough 28	, that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard cont	ributions	?	31		Х
	Does the organization hire or use third parties o	•	-	•					
	contributions?		•				32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	r for which column (a) is	checked,				
	describe in Part II.			. /					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

41-1593900 Page 2 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.

132142 11-17-21		Schedule M (Form 990) 2021
	3.0	

39 2021.05000 ALIVENESS PROJECT, INC. 001145\_1 SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number 41-1593900

OMB No. 1545-0047

ALIVENESS PROJECT, INC.

FORM 990, PART VI, SECTION A, LINE 6:

LINE 6 EXPLANATION - HIV-POSITIVE RESIDENTS OF MINNESOTA.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ARE HIV+INDIVIDUALS WHO USE OUR SERVICES. THE MEMBERSHIP ADVISORY

COUNCIL INCLUDES ELECTED REPRESENTATIVES.

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11B EXPLANATION - THE 990 WILL BE REVIEWED AND APPROVED BY THE BOARD

AND SIGNED BY AN OFFICER OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A DESIGNATED HIPPAA COMPLIANCE OFFICER. THE BOARD OF

DIRECTORS FINANCE COMMITTEE IS IN CHARGE OF INTERNAL FINANCIAL CONTROLS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION LEVELS ARE DETERMINED IN NOVEMBER AND DECEMBER AS PART OF THE

ANNUAL BUDGETING PROCESS. COMPENSATION LEVELS ARE BASED OFF MARKET ANALYSIS

AND PERFORMANCE REVIEWS.

FORM 990, PART VI, SECTION C, LINE 19:

OFFICIAL POLICY DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES

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

308,517.

Schedule O (Form 990) 2021

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2021.05000 ALIVENESS PROJECT, INC. 001145\_1

Schedule O (Form 990) 2021 Name of the organization ALIVENESS PROJECT, INC.	Page 2 Employer identification number 41-1593900
MANAGEMENT AND GENERAL EXPENSES	17,631.
FUNDRAISING EXPENSES	17,631.
TOTAL EXPENSES	343,779.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	343,779.
	Schedule O (Form 990) 2021

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2021.05000 ALIVENESS PROJECT, INC. 001145\_1

#### UNRELATED BUSINESS INCOME

## **CARRYOVER DATA TO 2022**

Based on the information provided with this return, the following are possible carryover amounts to next year. FEDERAL POST-2017 NET OPERATING LOSS - CHARITABLE GAMING 67,559.  MN NET OPERATING LOSS	Name ALIVENESS PROJECT, INC.	Employer Identification Number 41–1593900
NN NET OPERATING LOSS       174,848.	FEDERAL POST-2017 NET OPERATING LOSS - CHARITABLE GAMI	NG 67,559.
	MN NET OPERATING LOSS	174,848.

Name	: ALIVENESS PRO	JECT, INC.								FEIN:	41-1593900	
	Type and Entity:       CHARITABLE       GAMING       POST-2017       NOL       FED       DETAIL CARRYOVER SCHEDULE         Section 382 Annual Limitation       Section 382 Carryover       Section 382 Carryover											
Year Origi nateo	Original - Carryover d Amount	Total Amount Used	Amount Used for <u>12/31/19</u>	Amount Used for								
A 201	8 13,383. 0 40,956.	10,551.	10,551.									
B 202	0 40,956.											
C 202	1 23,771.											
E												
A 201 B 202 C 202 D E F G H												
G ц												
1												
J												
K												
M												
K L M N O P Q R S T												
0												
Q												
R												
S												
Ů												
V												
w		August	Americant	A	A	Average	A	Arran	Arrest	A	American	
Deta	E Amount	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	
Туре	I S Used for B C											
	C											
A B C D E F G H												
c												
D												
E F												
G												
l J												
K												
L												
M N												
0												
Р												
Q R												
S												
Т												
U												
V W												
· · ·	1 1	1	1							1	1	

Nan	e: ALIVENESS	PROJECT, INC.								FEIN:	41-1593900	
	Type and Entity:       NOL       MN       DETAIL CARRYOVER SCHEDULE         Section 382 Annual Limitation       Section 382 Carryover											
Yea Orig	r Original i- Carryover	Total Amount	Section 382 Carryover Amount Used for	Amount Used for								
	18 13,3 19 4,9	383. 942.										
A 20 B 20 C 20 D 20 E F	20 45,8	998. 525.										
E F G												
G H I												
J K L												
M N												
O P Q R S T												
R S	-											
U												
V W	E Amour	t Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	
Det Typ	ail S Used fo		Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	
A B												
A B C D E F G												
F G												
H I J												
K L												
M N O												
P Q												
R S T												
U V												
W												

112571 04-01-21

			PUBLIC DISCLOSURE COPY		
Form	990-T	E	Exempt Organization Business Income Tax Retur	mr ∣	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		0004
		For cal	endar year 2021 or other tax year beginning, and ending		2021
	ment of the Treasury Revenue Service	►	► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(:	3).	Open to Public Inspection for 501(c)(3) Organizations Only
A 🗌	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	DEmplo	over identification number
B Ex	empt under section	Print	ALIVENESS PROJECT, INC.	4	1-1593900
X	501( <b>c</b> )( <b>3</b> ) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3808 NICOLLET AVENUE</b>		exemption number nstructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code <b>MINNEAPOLIS , MN 55409</b>	F	Check box if
			ok value of all assets at end of year > 3,510,406.		an amended return.
<b>G</b> C	heck organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust		
H C	heck if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
I C	heck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation.	<u> </u>	000 7046
			THE ORGANIZATION Telephone number	61Z-	822-7946
1			ss taxable income computed from all unrelated trades or businesses (see	1	0.
2					
2	Add lines 1 and 2				
3 4			see instructions for limitation rules)		0.
+ 5			taxable income before net operating losses. Subtract line 4 from line 3		
6			ng loss. See instructions		
7		•	s taxable income before specific deduction and section 199A deduction.		
•	Subtract line 6 from			7	
8			ally \$1,000, but see instructions for exceptions)		1,000.
9			duction. See instructions		
10	Total deductions.				1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero		-	11	0.
Par	t II   Tax Com	putati	on		
1	Organizations tax	able a	s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	0.
2	Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	: [	Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins	structio	ns	► <u>3</u>	
4	Other tax amounts			4	
5	Alternative minimu				
6	•		cility income. See instructions		
7			n 6 to line 1 or 2, whichever applies	. 7	<u> </u>
LHA	For Paperwork F	Reduct	on Act Notice, see instructions.		Form <b>990-T</b> (2021)

	90-T (2021)		F	2 age
Part	III Tax and Payments			
<b>1</b> a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021 6a			
b	2021 estimated tax payments. Check if section 643(g) election applies			
с	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Sorm 2439			
	□ Form 4136 Other Total ▶ 6g			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
	Enter the amount of line 10 you want: Credited to 2022 estimated tax	11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year			
4	Enter available pre-2018 NOL carryovers here 🕨 \$ Do not include any post-2017 NOL ca	rryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Par	t I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions			
	Business Activity Code Available post-2017 NOL			
	713200 \$	43,788.	_	
	\$			
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V			
Part	V Supplemental Information			

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<sup>Sign</sup> Here P		der penalties of perjury, I declare that I have examined t PLIC DISCLOSU Signature of officer	taxpayer) is based on all information of which pre	parer has any knowledg	je.	May t the pr	e and belief, it is true, the IRS discuss this return with reparer shown below (see uctions)? X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check	if	PTIN
Paid					self- employ		
Preparer	r	NEAL EVERT	NEAL EVERT	11/14/22		P00046853	
Use Only		Firm's name CARPENTER, EV	Firm's EIN		41-1534805		
	<b>,</b>	7760 FRANCI					
		Firm's address <b>BLOOMINGTON</b>	Phone no.	(9	52) 831-0085		
123711 01-31-	-22						Form <b>990-T</b> (2021)
			10				

SCH (For	Ļ	OMB No. 1545-0047					
•			2021				
	ment of the Treasury I Revenue Service	1(3)	Open to Public Inspection for 501(c)(3) Organizations Only				
AN	lame of the organization	eridentifica 59390	ition number 0				
<b>c</b> ι	Inrelated business a	activity code (see instructions)  71320	0		D Sequen	ce: 1	of 1
		ed trade or business CHARITABLE G	AMTN	IG			
Pa		Trade or Business Income		(A) Income	(B) Expens	ses	(C) Net
1a	Gross receipts or s	sales 3,608,811.					
b	Less returns and allo	wances c Balance ►	1c	3,608,811			
2	Cost of goods sole	d (Part III, line 8)	2	2,930,446			
3	Gross profit. Subt	ract line 2 from line 1c	3	678,365	•		678,365.
4 a	Capital gain net in	come (attach Sch D (Form 1041 or Form					
	1120)). See instruc	tions	4a				
b	Net gain (loss) (Fo	rm 4797) (attach Form 4797). See instructions)	4b				
с	Capital loss deduc	tion for trusts	4c				
5		a partnership or an S corporation (attach	5				
6	Rent income (Part	IV)	6				
7	Unrelated debt-fination	anced income (Part V)	7				
8		royalties, and rents from a controlled VI)	8				
9		e of section 501(c)(7), (9), or (17)					
	organizations (Par	t VII)	9				
10		activity income (Part VIII)	10				
11	Advertising incom	e (Part IX)	11				
12		instructions; attach statement)	12				
13	Total. Combine lir	es 3 through 12	13	678,365	•		678,365.
	directly co	nnected with the unrelated business in	ncome	•			must be
1 2		officers, directors, and trustees (Part X)				1	120,013.
2 3		senance				3	
3 4						4	
5		atement). See instructions				5	
6	``	s				6	228,250.
7	Depreciation (atta	ch Form 4562). See instructions		7			
8		claimed in Part III and elsewhere on return				8b	
9						9	
10		eferred compensation plans				10	
11		programs				11	
12	Excess exempt ex	penses (Part VIII)				12	
13		costs (Part IX)				13	
14	Other deductions			SEE STA	ATEMENT 1	14	353,873.
15		Add lines 1 through 14				15	702,136.
16		s income before net operating loss deduction. S					
						16	-23,771.
17		operating loss. See instructions				17	0.
18		ss taxable income. Subtract line 17 from line 10				18	-23,771.
LHA		Reduction Act Notice, see instructions.				Schedule	e A (Form 990-T) 2021

123741 01-28-22

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					1
Sched Part	ule A (Form 990-T) 2021 III Cost of Goods Sold Enter met			OF GAMES H	Page 2
1	Inventory at beginning of year	hod of inventory valua			
2	Purchases				56,123.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)				0.
5	Other costs (attach statement)				2,874,323.
6	Total. Add lines 1 through 5				2,930,446.
7	Inventory at end of year			_	0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter				2,930,446.
9	Do the rules of section 263A (with respect to property				Yes X No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Checł	if a dual-use. See instr	uctions.	
	A 🗌				
	в 🔲				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 <u>5</u> <b>Part</b> 1	Description of debt-financed property (street address, of A	ee instructions)			0.
	D	•	<b>D</b>		<b>D</b>
•	Gross income from or allocable to debt-financed	Α	В	С	D
2					
3	property Deductions directly connected with or allocable				
Ū	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
Ŭ	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	ő %		%
7	Gross income reportable. Multiply line 2 by line 6 $\dots$				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	art I, line 7, column (A)		0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	rough D. Enter here an	d on Part I, line 7, colur	mn (B) 🕨	0.
11	Total dividends-received deductions included in line	10			0.
123721 (	01-28-22				lule A (Form 990-T) 2021
		50			

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												1
	ule A (Form 990-T) 2021 VI Interest, Annu		waltice and B	onto fron	n Control		aonization		·			Page <b>3</b>
Part	VI Interest, Annu		byanties, and h				Exempt Control	,	e instruct	,		
	1. Name of controlle	ed	2. Employer	3. Net	unrelated	1	al of specified	1	art of colur		6. Dec	ductions directly
	organization		identification	incon	ne (loss)		nents made		included			nnected with
			number	(see ins	structions)				olling orga s gross inc		incor	me in column 5
(1)												
(2)												
(3)												
<u>(4)</u>												
	· <del>·</del> · · ·				Controlled O	-	1					
7	7. Taxable Income	in	Net unrelated come (loss)	<b>9.</b> Total of specified payments made		<b>10.</b> Part of column 9 that is included in the controlling organization's		in the	11. Deductions directly connected with			
		(See	e instructions)				gross	incom	е	m	comei	in column 10
<u>(1)</u>												
<u>(2)</u>												
<u>(3)</u>												
<u>(4)</u>							Add colum	ne 5 a	nd 10	۸d	d colur	mns 6 and 11.
							Enter here					and on Part I,
							line 8, c	column	(A)		line 8,	column (B)
Totals						►			0.			0.
Part	VII Investment I	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization <sub>(s</sub>	ee inst	ructions)			
	<b>1.</b> Desc	cription of i	ncome		2. Amou		3. Deductio		4. Set-			Total deductions
					incon	ne	directly conne (attach stater		(attach st	ateme		and set-asides dd cols 3 and 4)
(1)												
(2)												
(3)												
(4)					Add amou	inte in						Add amounts in
					column 2							column 5. Enter
					here and o	,						ere and on Part I,
Totals				•	line 9, colu						<sup>    </sup>	ne 9, column (B) 0 •
Part		xempt A	ctivity Income	. Other T	han Adve	•••	a Income	see ins	structions)			
1	Description of exploite		,	,								
2	Gross unrelated busin		e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con											
	line 10, column (B)		•							3		
4	Net income (loss) from	n unrelated	trade or business.	Subtract lir	ne 3 from line	e 2. If a g	gain, complete	1				
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expension											
	4. Enter here and on P	Part II, line <sup>-</sup>	12							7		

Schedule A (Form 990-T) 2021

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11421114 310390 001145

	ule A (Form 990-T) 2021				Page 4
Part					
1	Name(s) of periodical(s). Check box if reportin	ng two or more periodicals	on a consolidated basi	S.	
	A [				
	в				
	c 🔄				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		A	В	с	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)		►	0.
а		[			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	n Part I, line 11, column (B)		►	0.
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i				
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
•	than line 6, enter zero				
8	Excess readership costs allowed as a	an l			
	deduction. For each column showing a gain of line 4, enter the lesser of line 4 or line 7				
	Add line 8, columns A through D. Enter the g		l na tatal ar zara bara ar		
а					0.
Part	Part II, line 13           X         Compensation of Officers, Di	rectors. and Trustee	S (see instructions)		
		· · · · · · · · · · · · · · · · · · ·		3. Percentage	4. Compensation
	1. Name	<b>2.</b> Tit	le	of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
<u></u>					
Total	Enter here and on Part II, line 1			▶	0.
Part		ee instructions)			

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#### 41-1593900

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
RENT GAMBLING EQUIPMENT AND SUPPLIES ACCOUNTING AND LEGAL SERVICES OTHER LAWFUL PURPOSE EXPENDITURES		58,335. 62,119. 25,284. 1,135. 207,000.
TOTAL TO SCHEDULE A, PART II, LIN	NE 14	353,873.

990-T SCH	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18 12/31/20	13,383. 40,956.	10,551.	2,832. 40,956.	2,832. 40,956.
NOL CARRYO	VER AVAILABLE THIS	YEAR	43,788.	43,788.

FORM 990-T (A)	COST OF GOODS SOLD - OTHER	COSTS STATEMENT 3
DESCRIPTION		AMOUNT
PRIZES PAID		2,874,323.
TOTAL TO FORM 990-T,	SCHEDULE A, LINE 5	2,874,323.