

990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2017

Department of the Treasury	
Internal Revenue Service	

artment of the Treasury	▶ Do not enter social security numbers on this t	Open to Public	
mal Revenue Service	► Go to www.irs.gov/Form990 for instruction	Inspection	
For the 2017 calend	lar year, or tax year beginning	, 2017, and ending	, 20
Check if applicable	C Name of organization MACK ALIVE		D Employer identification
Address change	Doing business as		38-3210177
Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number

_] ;	nitial retu	m	3746 FISHER STREER	<u></u>	(313) 824-3900
] F	inal retu	m/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts
] ,	mended	i return		s 135,086	
] /	pplicatio	on pending	F Name and address of principal officer	H(a) Is this a group return	for subordinates? Yes X No
			l	H(b) Are all subordina	tes included? Yes No
	ax-exem	npt status	501(c)(3)	If "No," attact	n a list (see instructions)
J V	Vebsite.	► WWW	V. MACKALIVE . ORG	H(c) Group exemption	n number 🕨
(F	orm of o	organization 🛛	Corporation ☐ Trust ☐ Association ☐ Other ▶ ☐ L Year of formation ☐	L994 M State of le	gal domicile MI
Pa	rt I	Summar	γ		
	1	Briefly descr	ribe the organization's mission or most significant activities THE MISSION OF	MACK ALIVE IS	TO ENHANCE THE
m	1	GROWTH A	ND DEVELOPMENT OF THE EASTSIDE OF DETROIT THROUGH COMP	REHENSIVE PROG	RAMS AND
ž		SERVICES	THAT EDUCATE, EMPOWER, AND ELEVATE THE ENTIRE COMMUNI	TY. THROUGH TH	E ADVANCEMENT
ī.		OF OUR M	ISSION, WE ENVISION A SAFE COMMUNITY THAT IS SOUND		
Š	2	Check this b	ox ▶ ☐ If the organization discontinued its operations or disposed of more than 25%	of its net assets	
Ö	3	Number of v	voting members of the governing body (Part VI, line 1a)		_ 8
S	4	Number of II	ndependent voting members of the governing body (Part VI, line 1b)	4	8
ij	5	Total numbe	er of individuals employed in calendar year 2017 (Part V, line 2a)	5	C
Activities & Governance	6	Total numbe	er of volunteers (estimate if necessary)	6	7
٩	7a	Total unrelat	ted business revenue from Part VIII, column (C), line 12		a C
	b	Net unrelate	ed business taxable income from Form 990-T, line 34		b
			N =	Prior Year	Current Year
	8	Contribution	s and grants (Part VIII, line 1h)	129,1	135,086
Ë	9	Program ser	rvice revenue (Part VIII, line 2g)		
Revenue	10	Investment II	ncome (Part VIII, column (A), lines 3, 4, and 7d)		
&	11	Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) GDEM, UT		
	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	129,1	135,086
	13	Grants and s	similar amounts paid (Part IX, column (A), lines 1-3)		_(
	14	Benefits paid	d to or for members (Part IX, column (A), line 4)	79,0	21 0
10	15	Salaries, oth	ner compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a	Professional	I fundraising fees (Part IX, column (A), line 11e)	7,7	95
per	b	Total fundra	ısıng expenses (Part IX, column (D), line 25) ► 15,361		
Ж	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		135,397
	18	Total expens	ses Add lines 13-17 (must equal Part IX, column (A), line 25)	86,8	16 135,397
	19	Revenue les	s expenses Subtract line 18 from line 12	42,3	31 (311
or ces				Beginning of Current Yea	r End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)	60,1	29 77,194
Assi	21	Total habilitie	es (Part X, line 26)	1	14 17,490
활	22	Net assets of	or fund balances Subtract line 21 from line 20	60,0	15 59,704
Da	4 11		re Block		

and to the best of my knowledge and belief, it is

Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements true, correct, and complete Declaration of preparer (other than officer) is beset on all information of which preparer has a ARTINA HARDMAN Sign Signature of officer

Here ARTINA HARDMAN, MANAGER Type or print name and title Date Preparer's signature Check If PTIN Print/Type preparer's name ANDIKA POWELL ANDIKA POWELL 05-15-2018 P00183538 self-employed PETTES LLC Firm's name Firm's EIN ▶

Paid Preparer Use Only Firm's address ▶ 12400 E SEVEN MILE RD 313-454-7075 Detroit MI 48205 May the IRS discuss this return with the preparer shown above? (see instructions) Yes ☑ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

Form	990 (2017) MACK ALIVE 38-3210177 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	THE MISSION OF MACK ALIVE IS TO ENHANCE THE GROWTH AND DEVELOPMENT OF THE EASTSIDE OF DETROIT
	THROUGH COMPREHENSIVE PROGRAMS AND SERVICES THAT EDUCATE, EMPOWER, AND ELEVATE THE ENTIRE
	COMMUNITY. THROUGH THE ADVANCEMENT OF OUR MISSION, WE ENVISION A SAFE COMMUNITY THAT IS SOUND
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
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
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
	and the state of t
4a	(Code) (Expenses \$ 96,396 including grants of \$ 96,396) (Revenue \$ 96,396)
	PARTNERSHIP FOR A DRUG FREE DETROIT IS NOW HOUSED AT MACK ALIE COMMUNITY RESOURCE CENTER.
	THIS PROGRAM OFFERS SEVERAL COMMITTEES INCLUDING FAITH BASED, ADVOCACY, RECOVERY, SPEAKERS
	BUREAU AND VOLUNTEER COMMITTEES. THE YOUTH PROGRAMS PROVIDE TEENAGERS WITH MENTORS AND
	PROFESSIONAL DEVELOPMENT. MACK ALIVE ALSO ORGANIZES COMMUNITY CLEAN UP AND NEIGHBORHOOD
	BEAUTIFICATION PROJECTS IN AN EFFORT TO PROVIDE THE COMMUNITY WITH A SOURCE OF PRIDE, WHILE
	ELIMINATING CITY BLIGHT.
45	(Out)
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 96,396

Form	990 (2017) MACK ALIVE 38-32101	.77	$\mathcal{L}_{\mathbf{F}}$	age
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
5				Ì
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
,	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		١.,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	X
3	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 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		ŀ	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	l
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		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110	 	
Ŭ	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	110		
u	· · · · · · · · · · · · · · · · · · ·	444		l ,
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		-	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			۱,,
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
р	Was the organization included in consolidated, independent audited financial statements for the tax year? If	})	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_ 13		Х
la	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ĺ	X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		l x
3	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
,	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		├ᢚ
				l v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
3	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		١
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III.	19		X

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Χ Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Χ 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? 25h Χ 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 35a 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 Χ 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 Х

Paı	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	· · · ·	• • •	\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	. 1	.,	
_	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return		٠,,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
3a _	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	X
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-	۱ ۱	v
b	account)?	4a		X
J	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)		1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Ì	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- 50		
	gifts were not tax deductible?	6ь		
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 services 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 was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed duning the year]	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_X_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		-	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u>X</u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u>X</u>
10	Section 501(c)(7) organizations. Enter		-	
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ì	
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	į	-	
a b	Gross income from members or shareholders			
U	against amounts due or received from them)		Ì	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		Ì	
	the organization is licensed to issue qualified health plans		ļ	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ... 11a 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Χ Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Χ If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed

Michigan 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website ☐ Upon request ☐ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records RICHARD T SMITH (313)824-3900, 3746 FISHER STREER, Detroit, MI 48214

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MACK ALIVE

38-3210177

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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 and/or Box 7 of Form 1099-MISC) 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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

23 Check this box if fictive the organization for any relate	- Gradinzado					Sunci	01	noci, director, or tr	doice	
					(C)					
(A)	(B)	(do n	not che		sition nore th	nan one		(D)	(E)	(F)
Name and Title	Average	box,	unles	s per	son is	s both ar		Reportable	Reportable	Estimated
	hours per week (list any	office	er and	d a dır	rector	/trustee)	1	compensation from	compensation from related	amount of other
	hours for				7			the	organizations	compensation
	related organizations	divi	nstit	Officer	ey e	in gr	orme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	ec a	ition	٦	Key employee	st co	er	(** 2 .02020)		and related
	line)	Individual trustee or director	Institutional trustee		yee	ğ				organizations
		8	stee			Highest compensated employee				
						ē				
(1) EDNA BELL	12.00									
PRESIDENT		X		_X					0	0
(2) OREESE COLLINS	12.00									
VICE PRESIDENT	-	X		Χ				0	0	0
(3) GARY BRADFIELD	12.00	l								
TREASURER		X		_X					0	0_
(4) CARLA SMITH	4.00	i						_		_
SECRETARY		Х		X				0	0	0
(5) JELANI KARAMOKO, ESQ	4.00	١ ا			1					
BOARD MEMBER	+	X		X	_		-		0	
(6) HAROLD COLLINS, ESQ	4.00	١ ١				-		İ		
BOARD MEMBER	 	X		Χ				0	0	0
(7) CHIEF TALABI	4.00	l l								
BOARD MEMBER		X		X				0	0	
(8) ALBERTA TINSLEY TALABI		,,			ĺ					
EX OFFICIO	 	X		_X	_			0	0	0
(9) RICHARD T SMITH	40.00									_
EXECUTIVE DIRECTOR			_		X	_		4,900	0	0
(10)KIMBERLY ALI	40.00									
ASSISTANT DIRECTOR				_	Χ			11,650	0	0
(11)MARILYN WHITE	20.00									
DEVELOPMENT SPECIALIST	-				X			5,165	0	0_
(12)SANDRA CLIETT	20.00									
RECEPTIONIST	<u> </u>				_X			5,459	0	0
(13)TAMMIE PERKINS	25.00									
YOUTH DIRECTOR	ļ			_	_X			11,690	0	0
<u>(14)</u>					}					
	1	ı I					ı i		1	

	90 (2017) MACK ALIVE				_					38-3210	177	P	age 8
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and			st Con	npen	sated Employee	s (continued)			
			1			c) ition					1		
	(A)	(B)	do n	ot che			nan one	ı	(D)	(E)		(F)	
	Name and title	Average hours per					both an		Reportable compensation	Reportable compensation from	_	stimated nount of	
		week (list any	office	er and	l a dir	ector/	(trustee)	,	from	related	"	other	
		hours for	er ind	nst	Officer	§	an and	Former	the	organizations		npensatio	חנ
		related	rect	Ē	Ĕ	<u> </u>	loye	티	organization	(W-2/1099-MISC)	1	from the ganization	_
		organizations below dotted	약	na		vey employee	e 6		(W-2/1099-MISC)			nd related	
		line)	Individual trustee or director	nstitutional trustee		ď	pen				org	anızatıon	ıs
				8			employee						
		1]		1			
						ļ							
(15)												_	
			ł		ĺ	1	Ì	1 1			1		
(16)													
]					
(17)								Π					
							Ĺ						
(18)								Π			T		
							}						
(19)		-											
	· • - · - · • · - · • • · - · • · · · ·		ĺ					1 1					
(20)													
±'	·])						
(21)													
·											1		
(22)		,			l								
7-=							1						
(23)				-							 		
7-51-		-	Ì		1		ľ	1 1		İ	1		
(24)				_	Γ_		<u> </u>						
Σ/			İ										
(25)				-									
7-2/					ļ								
1b	Sub-total												
c	Total from continuation sheets to Part VII, Section												
d	Total (add lines 1b and 1c)								38,864	1 0			0
2	Total number of individuals (including but not limited												_ <u> </u>
_	reportable compensation from the organization	a to those her	Ju U.D.	,,					, ,	0			
		-		-				_				Yes	No
3	Did the organization list any former officer, director	or trustee	kev ei	mnlo	vee	ОГ	highei	st coi	mpensated				
•	employee on line 1a? If "Yes," complete Schedule		•	•	-		-		•		3		Х
4	For any individual listed on line 1a, is the sum of rep										<u> </u>		
•	organization and related organizations greater that											1	ĺ
	individual										4		X
5	Did any person listed on line 1a receive or accrue co										 	-	<u> </u>
ŭ	for services rendered to the organization? If "Yes,"	•		-			-				5		Х
Secti	on B. Independent Contractors	oompioto o	<u> </u>				<i>po.</i> 00				 •		
1	Complete this table for your five highest compensate	d independer	nt cont	ract	ors t	hat i	receive	ed m	ore than \$100,000	of			
•	compensation from the organization. Report compe	•											
	vear	iloution to	o outo	iaai	,		ung v		with the organia				
	(A)			_					(B)			(C)	
	Name and business address								Description of	1		pensation	n
	rigino and positioso addition										56/1		•
			_		-								
									 				
									 				
	Total number of independent contractors (including	hut not limite	d to th		heto	d at	י ושטעם	who					
-	received more than \$100,000 of compensation from			.U3C	11310	u al	JUVE)	***10					
	reserved more than \$ 100,000 or compensation from	i die Olyaniza	ia OH	_									

Part VIII 'Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Revenue excluded from tax under sections 512-514 Total revenue Related or Unrelated exempt function revenue revenue Federated campaigns Contributions, Giffs, Grants and Other Similar Amounts Membership dues 1b c Fundraising events 10 1,940 d Related organizations 1d Government grants (contributions) . . 1e 113,040 All other contributions, gifts, grants, and similar amounts not included above 20,106 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f _ 135,086 **Business Code** 2a Service Program f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest. and other similar amounts) Income from investment of tax-exempt bond proceeds 6a Gross rents **b** Less rental expenses c Rental income or (loss) . . . (i) Secunties 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a **b** Less direct expenses b c Net income or (loss) from fundraising events . . 9a Gross income from garning activities See Part IV, line 19 a ${f b}$ Less direct expenses ${f b}$ c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances a **b** Less cost of goods sold b c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue 11a b C e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 135,086

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) Management and general expenses (D) Fundraising expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic

2 (Frants and other assistance to domestic	1			
	ndrviduals See Part IV, line 22				
3 (Grants and other assistance to foreign				
c	organizations, foreign governments, and foreign	1			
11	ndividuals See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
tı	rustees, and key employees				
6 (Compensation not included above, to disqualified				
p	persons (as defined under section 4958(f)(1)) and				
p	persons described in section 4958(c)(3)(B)				
7 (Other salaries and wages				
8 F	Pension plan accruals and contributions (include				
s	ection 401(k) and 403(b) employer contributions)			ì	
	Other employee benefits				
	Payroll taxes				
11 F	ees for services (non-employees)				
	Management	13,103	11,136	1,967	
	egal				
	Accounting	2,600	2,600		
	obbying				
	Professional fundraising services See Part IV, line 17.				
	nvestment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
-	A) amount, list line 11g expenses on Schedule O)	74,942	60,503	11,144	3,295
	Advertising and promotion	74,542	00,303	11/144	3,233
	Office expenses	18,968	12,036	2,307	4,625
	nformation technology	4,103	12,030	4,103	4,025
	Royalties	4,103		4,103	
	Occupancy	2,035	1,730	305	
		940	940		
	Powments of travel or entertainment expenses	940	940		
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	2,129		2,129	
	nsurance	2,092	2,092		
	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	ne 24e amount exceeds 10% of line 25, column	}			
•	A) amount, list line 24e expenses on Schedule O)				<u>-</u>
a <u>E</u>	BANK CHARGES	739		739	
ρĒ	RENTS	13,746	5,359	946	7,441
С_					
d _					
e A	All other expenses				
25 1	Total functional expenses. Add lines 1 through 24e .	135,397	96,396	23,640	15,361
	oint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	rom a combined educational campaign and undraising solicitation. Check here				
	ollowing SOP 98-2 (ASC 958-720)				
EEA					Form 990 (2017)

		Balance Sneet			
	•	Check if Schedule O contains a response or note to any line in this Part X	<u></u>		<u></u>
			(A)		(B)
			Beginning of year		End of year
İ	1	Cash - non-interest-bearing	532	1	461
İ	2	Savings and temporary cash investments		2	
- 1	3	Pledges and grants receivable, net		3	
İ	4	Accounts receivable, net	14,674	4	14,67
	5	Loans and other receivables from current and former officers, directors,			
- 1		trustees, key employees, and highest compensated employees			
İ		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		i l	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1 1	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
,	7	Notes and loans receivable, net		7	
Hesens	8	Inventories for sale or use		8	
€	9	Prepaid expenses and deferred charges	309	9	_55
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 118,878			
	b	Less accumulated depreciation 10b 57,369	44,614	10c	61,50
	11	Investments - publicly traded secunties		11	-
	12	Investments - other secunties See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
-	15	Other assets See Part IV, line 11		15	
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	60,129	16	77,19
	17	Accounts payable and accrued expenses	114	17	3,21
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ر ا	22	Loans and other payables to current and former officers, directors,	· · · · · · · · · · · · · · · · · · ·		
Liabilities		trustees, key employees, highest compensated employees, and			
ap		disqualified persons Complete Part II of Schedule L		22	
ا و	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	14,27
ļ	25	Other liabilities (including federal income tax, payables to related third			· · · · · · · · · · · · · · · · · · ·
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	114	26	17,49
\neg		Organizations that follow SFAS 117 (ASC 958), check here			
		complete lines 27 through 29, and lines 33 and 34.			
ق	27	Unrestricted net assets	60,015	27	59,70
5	28	Temporarily restricted net assets		28	
Š	29	Permanently restricted net assets	·······	29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and	·	 	
<u> </u>		complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
200	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
		The state of the s		32	
	32				
Net Assets of Fund balances	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	60,015	33	59,70

Form	990 (2017) MACK ALIVE	<u> 38-32</u>	1017	<u> </u>	Pe	ige 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>		<u>. 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1_		1	.35,0	086
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		1	.35,3	397
3	Revenue less expenses Subtract line 2 from line 1	. 3			(:	311)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			60,0	015
5	Net unrealized gains (losses) on investments	. 5		_		
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10			59,	704_
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>		<u></u>	$\cdot \square$
					Yes	No
1	Accounting method used to prepare the Form 990					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O		,			
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					Ì
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	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					
С	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 in					
	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 or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> </u>	3b		
EEA				Form	990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable 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

2017

Open to Public Inspection

Employer identification number

MAC	ACK ALIVE 38-3210177							
Pa	rt I	Reason for Public Charity	/ Status (All or	ganizations must co	omplete	this part) See instruction	S
The	orga	nization is not a private foundation bec	ause it is (For lines	1 through 12, check only	y one box))		_
1		A church, convention of churches, or	association of chu	rches described in secti	on 170(b)	(1)(A)(i).		\sim 7
2		A school described in section 170(b))(1)(A)(ii). (Attach:	Schedule E (Form 990 o	r 990-EZ))		() /
3		A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A)(iii).		
4		A medical research organization ope	rated in conjunction	n with a hospital describ	ed ın sect i	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's name, city, and state						
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ited by a g	overnment	al unit described in	
		section 170(b)(1)(A)(iv). (Complete Part II)						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	Χ	An organization that normally receive	s a substantial part	of its support from a gov	ernmental	unit or fror	n the general public	
		described in section 170(b)(1)(A)(vi). (Complete Part II	I)				
8		A community trust described in secti	on 170(b)(1)(A)(vi). (Complete Part II)				
9		An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction v	with a land-grant colle	ege
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions) Enter the	e name, cit	y, and state	e of the college or	
		university						
10		An organization that normally receive	s (1) more than 33	1/3% of its support from	contributi	ons, memb	ership fees, and gros	s
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons, and (2) no more	than 33 1/3% of its	
		support from gross investment income	e and unrelated bus	siness taxable income (le	ess section	1511 tax) fi	rom businesses	
		acquired by the organization after Ju	ne 30, 1975 See s	section 509(a)(2). (Com	plete Part	III)		
11		An organization organized and opera	ited exclusively to t	test for public safety Se	e section	509(a)(4).		
12		An organization organized and operate	•	· · · · · · · · · · · · · · · · · · ·				
		of one or more publicly supported org						
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anızatıon a	nd complet	e lines 12e, 12f, and	12g
	а		n operated, supervi	ised, or controlled by its	supported	organızatı	on(s), typically by giv	/ing
		the supported organization(s) the	power to regularly	appoint or elect a major	ity of the d	rectors or	trustees of the	
		supporting organization You mu	•	•				
	b	☐ Type II. A supporting organization	•			_		
		control or management of the sup			rsons that o	control or n	nanage the supported	d
		organization(s) You must comp						
	¢	☐ Type III functionally integrated						with,
		its supported organization(s) (se-	•					
	đ	☐ Type III non-functionally integr	_	-				
		that is not functionally integrated		•			it and an attentivenes	S
		requirement (see instructions) Y	•				F W =	
	е	Check this box if the organization				a Type I,	Type II, Type III	
		functionally integrated, or Type III	-					
	f	Enter the number of supported organ						• • • • •
	<u>g</u>	Provide the following information abo	1		(lu) la tha a		(1) 4	(all) Amount of
	U) Name of supported organization	(ii) EiN	(III) Type of organization (described on lines 1-10	(iv) is the o		(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
-					163	INO		
(A)								
	_			·				
(B)								
(C)								
								
(D)								
(E)								
Tota	a .				I			

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 193,394 213,269 145,016 129,147 135,086 815,912 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 193,394 213,269 145,016 129,147 135,086 815,912 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . . 815,912 Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2013 (b) 2014 (d) 2016 (e) 2017 (f) Total (c) 2015 Amounts from line 4 213,269 145,016 129,147 135,086 815,912 193,394 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from 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)....... 11 Total support. Add lines 7 through 10 . 815,912 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) % 14 100.00 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this X box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

		ALIVE				38-32101	77 Page 3
Pa	rt III Support Schedule for Org						
	' (Complete only if you check						er Part II
	If the organization fails to q	uality under tr	ne tests listed b	<u>eiow, piease c</u>	omplete Part II)	
	ction A. Public Support		T2	r		T	
Cal	endar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 performed, 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 business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
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				<i>A</i>		
8	Public support (Subtract line 7c from line 6)			_ //_			
Se	ction B. Total Support		<u> </u>	1			
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 20 ["] 15	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the o organization, check this box and stop here	rganızatıon's first	, second, third, foui	th, or fifth tax yea	r as a section 501	(c)(3)	<u> ▶ □</u>
Se	ction C. Computation of Public Su	pport Percer	ntage				
15	Public support percentage for 2017 (line 8, co	pľumn (f) divided t	y line 13, column (7))		15	%
16_	Public support percentage from 2016 Schedu	ıle A, Part III, line	<u> 15 </u>	<u> </u>	<u></u>	. 16	%
Se	ction D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2017 (line	e 10c, column (f)	divided by line 13,	column (f))		17	%
18	Investment income percentage from 2016 S	chedule A, Part I	II, line 17			18	%
19a	33 1/3% support tests - 2017. If the organiz						▶ □
b	33 1/3% support tests - 2016. If the organization 18 is not more than 33 1/3%, check this	box and stop he	ere. The organization	n qualifies as a pu	ublicly supported o	organization	
20	Private foundation. If the organization did i	not check a box o	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	<u> ▶ □</u>

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section .	Α.,	ΔΠ	Sup	norting	Organ	izations
Occion i	, , , ,	~	O u p	PO1 11119	V 1 9 U	Lations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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?
- 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 (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 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 in 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 in 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 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)

	Yes	No
1		
<u> </u>		
2		
_3a		
2		
3b	ļ	
3c		
_4a		
4b		
ļ		
4c		
5a		
5b		
5c		
6		
_		
7	-	
8		
9a		
9b		
9c		
30	-	
10a		
10b		

$\overline{}$	ule A (Form 990 or 990-EZ) 2017 MACK ALIVE 38~32101	77	_ F	age
Pai	rt IV Supporting Organizations (continued)		\ <u>\</u>	<u> </u>
а	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	Yes	No
	A family member of a person described in (a) above?	11b	 	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c	l	
000	tion B. Type I supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
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 the supported organization(s)	1	Yes	No
Sec	tion 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 in (2), 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 organization placed in the regard.	3		
Sec	supported organizations played in this regard			L
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity. Activities Test. Answer (a) and (b) below.			tions
	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. Did the activities described in (a) 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	2a		
3 a	activities but for the organization's involvement Parent of Supported Organizations Answer (a) and (b) below. 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? Provide details in Part VI.	2b		

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

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			um um Dant VIII. Car
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organi	zations	s must complete Section	
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	_		
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% 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 035	6	·· -	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	-integr	ated Type III supportin	g organization (see
instructions)			

Sched	ule A (Form 990 or 990-EZ) 2017 MACK ALIVE		38-321	0177 Page 7
Par	rt V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is respons	ive	
	(provide details in Part VI) See instructions			_
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			

i Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f

8_	Breakdown of line 7	
а	Excess from 2013	

Part VI See instructions

4 Distributions for 2017 from

b Excess from 2014

c Excess from 2015 d Excess from 2016

e Excess from 2017

SCHEDULE D (Form 990) ·

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization		Employer identification number
MAC	CK ALIVE		38-3210177
Pa	t I Organizations Maintaining Donor Advised Fund	ds or Other Similar Funds or Acc	counts.
	Complete if the organization answered "Yes" on Fe	orm 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor advised	
	funds are the organization's property, subject to the organization'	~	
6	Did the organization inform all grantees, donors, and donor advise		
	only for charitable purposes and not for the benefit of the donor o		
	conferring impermissible private benefit?		7
Pa	t II Conservation Easements.		
	Complete if the organization answered "Yes" on F	Form 990. Part IV. line 7	
1	Purpose(s) of conservation easements held by the organization (
•	Preservation of land for public use (e.g., recreation or education)		ically important land area
	Protection of natural habitat	Preservation of a certifi	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form of a	a conservation
-	easement on the last day of the tax year	or contraction and the form of	Held at the End of the Tax Year
а	•		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure		
Ç	Number of conservation easements included in (c) acquired after	` '	20
d	* * *		2d
,	<u> </u>	ad extragraphed or terminated by the	
3	Number of conservation easements modified, transferred, releas	ed, extinguished, or terminated by the d	nganization duling the
4	tax year Number of states where preparty subject to core protein core	ent is located.	
4	Number of states where property subject to conservation easem Does the organization have a written policy regarding the periodic		
5			
	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	ing of violations, and enforcing conserv	attorreasements during the year
7	Amount of expanses incurred in monitoring increating handling	of unlations, and optoroung companyation	n conomonte during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	or violations, and emorcing conservation	rreasements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above s	ation the requirements of contion 170/b	\\\\A\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8		alisiy the requirements of section 170(1)	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation of		
	balance sheet, and include, if applicable, the text of the footnote to organization's accounting for conservation easements	o the organization's infancial statements	s that describes the
Da	rt III Organizations Maintaining Collections of	Art Historical Treasures or	Other Similar Assets
Га	Complete if the organization answered "Yes" on		Other Ohimar Assets.
40	If the organization elected, as permitted under SFAS 116 (ASC 9		ant and halance shoot
1a	works of art, historical treasures, or other similar assets held for p	· ·	
	public service, provide, in Part XIII, the text of the footnote to its f		
b	If the organization elected, as permitted under SFAS 116 (ASC 9	**	
	works of art, historical treasures, or other similar assets held for p		in turnerance of
	public service, provide the following amounts relating to these ite		- 4
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasur		gain, provide the
	following amounts required to be reported under SFAS 116 (AS	•	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	<u> </u>	⊳ \$

	ule D (Form 990) 2017 MACK ALIVE				38-3210		Page 2
Par	rt III Organizations Maintaining C	collections of A	rt, Historical T	reasures, or Ot	her Similar Asse	ts (continue	ed)
3	Using the organization's acquisition, accession,	and other records, ch	eck any of the follo	wing that are a signif	icant use of its		
	collection items (check all that apply)						
а	Public exhibition	d 🗌 Loa	n or exchange prog	rams			
b	Scholarly research	e 🗌 Oth	er				
С	Preservation for future generations						
4	Provide a description of the organization's collection	ctions and explain ho	w they further the o	rganization's exempt	purpose in Part		
	XIII						
5	During the year, did the organization solicit or re	ceive donations of ar	t, historical treasure	es, or other similar			
	assets to be sold to raise funds rather than to be	e maintained as part	of the organization	s collection?		. 🗌 Yes	□ No
Pai	rt IV Escrow and Custodial Arrang						
	Complete if the organization ar	swered "Yes" or	n Form 990, Pa	rt IV, line 9, or re	eported an amour	nt on Form	
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian of	or other intermediary	for contributions or	other assets not			
	included on Form 990, Part X?					. 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and	d complete the follow	ing table				
				Γ	Amo	ount	
С	Beginning balance				1c		
d	Additions during the year				1d		
e	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Form	990, Part X, line 21,	for escrow or custo	odial account liability?		🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII CI	heck here if the expla	nation has been pro	ovided on Part XIII			
Pai	rt V Endowment Funds.						
	Complete if the organization ar	nswered "Yes" or	n Form 990, Pa	rt IV, line 10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses	ľ		1		1	
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs					1	
f	Administrative expenses						
g	End of year balance					T	
2	Provide the estimated percentage of the current	year end balance (lii	ne 1g, column (a)) h	neld as	- -		
а	Board designated or quasi-endowment	%	-				
b	Permanent endowment ▶ %						
С	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c should	equal 100%					
3a	Are there endowment funds not in the possessi	on of the organization	n that are held and	administered for the			
	organization by	_				Yes	No
	(i) unrelated organizations					. 3a(i)	1
						. 3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations I	isted as required on	Schedule R? .			3b	T
4	Describe in Part XIII the intended uses of the or						
Par	rt VI Land, Buildings, and Equipm						
	Complete if the organization ar		n Form 990, Pa	<u>irt IV, line</u> 11a S	ee Form 990, Pa	<u>rt X,</u> line 10	<u> </u>
	Description of property	(a) Cost or oth			c) Accumulated	(d) Book value	
		(investme	ent)	(other)	depreciation		
1a	Land		2,150				,150
b	Buildings	[8	32,780		28,663	54,	,117
С	Leasehold improvements		3,500		1,680	1,	,820
d	Equipment		30,448		27,026	3	,422
e	Other						
Tota	I. Add lines 1a through 1e (Column (d) must eq	qual Form 990, Part	K, column (B), line	10c)		61,	,509

	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
) Financial	derivatives		
Closely-h	eld equity interests		
Other			
A)			
B)			
C)			
D)			
E)			
<u>F)</u>			
G) H)			
) must equal Form 990, Part X, col (B) line 12)	-	
art VIII	Investments - Program Related		t IV, line 11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1)			
2)			
3)			
4)			
5)			
6) 7)			
7) 9)			
8)			
aı.			
	must equal Form 990, Part Y, col. (R) line 13.)	_	
al (Column (b)) must equal Form 990, Part X, col (B) line 13) Other Assets.	•	
al (Column (b)	Other Assets.	,	t IV. line 11d See Form 990, Part X, line 15
al (Column (b)	Other Assets.	wered "Yes" on Form 990, Par	t IV, line 11d See Form 990, Part X, line 15
al (Column (b)	Other Assets.	,	To the second se
al (Column (b)	Other Assets.	wered "Yes" on Form 990, Par	
(9) Part IX (1) (2) (3)	Other Assets.	wered "Yes" on Form 990, Par	
al (Column (b) Part IX (1) (2) (3)	Other Assets.	wered "Yes" on Form 990, Par	
al (Column (b) Part IX (1) (2) (3)	Other Assets.	wered "Yes" on Form 990, Par	
al (Column (b) art IX 1) (2) (3) (4)	Other Assets.	wered "Yes" on Form 990, Par	
1) 2) 3) 4) 5) 6)	Other Assets.	wered "Yes" on Form 990, Par	
al (Column (b) art IX 1) 2) 3) 4) 5) 6) 7)	Other Assets.	wered "Yes" on Form 990, Par	To the second se
at (Column (b) art IX 1) 2) 3) 44) 55) 66) 77) 88)	Other Assets. Complete if the organization answers	wered "Yes" on Form 990, Par (a) Description	To the second se
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answers on (b) must equal Form 990, Part X, col (B)	wered "Yes" on Form 990, Par (a) Description	
at (Column (b) art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) ttal. (Column	Other Assets. Complete if the organization answers on (b) must equal Form 990, Part X, col (B) Other Liabilities.	wered "Yes" on Form 990, Par (a) Description	(b) Book value
al (Column (b) art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column	Other Assets. Complete if the organization answers on (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answers	wered "Yes" on Form 990, Par (a) Description	(b) Book value
al (Column (b) art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column	Other Assets. Complete if the organization ansi on (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ansi line 25	wered "Yes" on Form 990, Par (a) Description line 15)	(b) Book value
1) (Column (b) art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column art X 1) Federal	Other Assets. Complete if the organization ansi on (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ansi line 25 (a) Description of liability	wered "Yes" on Form 990, Par (a) Description line 15)	(b) Book value
art IX 11) 11) 12) 13) 14) 15) 16) 17) 18) 19) 11) Federal 12) 13)	Other Assets. Complete if the organization ansi on (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ansi line 25 (a) Description of liability	wered "Yes" on Form 990, Par (a) Description line 15)	(b) Book value
al (Column (b) art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column art X 1) Federal 2) 3) 4)	Other Assets. Complete if the organization ansi on (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ansi line 25 (a) Description of liability	wered "Yes" on Form 990, Par (a) Description line 15)	(b) Book value
1) (Column (b) art IX 1) 2) 3) 4) 5) 66) 77) 88) 9) tal. (Column art X 1) Federal 2) 3) 4) 5)	Other Assets. Complete if the organization ansi on (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ansi line 25 (a) Description of liability	wered "Yes" on Form 990, Par (a) Description line 15)	(b) Book value
1) (Column (b) art IX 1) 2) 3) 4) 5) 6) 77 8) 9) tal. (Column art X 1) Federal 2) 3) 4) 5) 6)	Other Assets. Complete if the organization ansi on (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ansi line 25 (a) Description of liability	wered "Yes" on Form 990, Par (a) Description line 15)	(b) Book value
1) (Column (b) art IX 1) 2) 3) 4) 5) 6) 7) 88) 9) tal. (Column art X 1) Federal 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization ansi on (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ansi line 25 (a) Description of liability	wered "Yes" on Form 990, Par (a) Description line 15)	(b) Book value
al (Column (b) art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column art X (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization ansi on (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ansi line 25 (a) Description of liability	wered "Yes" on Form 990, Par (a) Description line 15)	(b) Book value
1) (Column (b) art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column x 1) Federal 2) 3) 4) 5) 6) 7) 8 9) 10 10 10 10 10 10 10 10 10 10 10 10 10	Other Assets. Complete if the organization ansi on (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ansi line 25 (a) Description of liability	wered "Yes" on Form 990, Par (a) Description line 15)	(b) Book value

Sched	ule D (Form 990) 2017 MACK ALIVE	38-3210177	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	. 1	135,086
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)	-	
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1		135,086
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	.	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)	- -	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		135,086
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense		133,000
Га		s per Neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	· 1	135,397
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
þ	Prior year adjustments		
С	Other losses	_	
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	. <u>2e</u>	
3	Subtract line 2e from line 1	. 3	135,397
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	. 4c	
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	135,397
Pa	rt XIII Supplemental Information.		
Prov	ride 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, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
			
		 	
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Schedule D (Form 990) 2017

EEA

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

Name of the organization	Employer identification number
MACK ALIVE	38-3210177
01. Form 990 governing body review (Part VI, line 11)	
gordining Dodg Leview (Fait VI, Line II)	
FORM 990 IS REVIEWED BY KEY EMPLOYEES AND BOARD	
02. CEO, executive director, top management comp (Part VI, line 15a)	- · · · · · · · · · · · · · · · · · · ·
COMPENSATION IS DETERMINED AND APPROVED BY THE BOARD	
03. Other officer or key employee compensation (Part VI, line 15b	
COMPENSATION IS DETERMINED AND APPROVED BY THE BOARD	
OA Coverning deguments etc. available to mublic (Part VI line 10)	
04. Governing documents, etc, available to public (Part VI, line 19)	
AVAILABLE UPON REQUEST	
05. List of other fees for services expenses (Part IX, line 11g)	
INDEPENDENT CONTRACTORS \$60,503	
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