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Form **990**

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

<u>A</u> _	For the	2018 cale	ndar year, or tax year beginning	JANUARY 1	, 2018,	, and endi	19 DEC	EMBER_	, 20 18	
В	Check if a	applicable.	C Name of organization MACK ALIVE					D Emplo	yer identification n	umber
	Address of	change	Doing business as					1	38-321077	
	Name cha	ange	Number and street (or P O box if mail is	not delivered to street	address)	Room/si	ırte	E Telepho	one number	
	Initial retu	m	3746 FISCHER					l	(313) 824-3900,	_
	Final return	n/terminated	City or town, state or province, country,	and ZIP or foreign pos	tal code	_ 				
	Amended		DETROIT, MI 48214				7	G Gross	eceipts \$	102,627
			F Name and address of principal officer.	FDNA BELL, PRE	SIDENT		H(a) Is this a	4	r subordinates? Yes	
			3746 FISCHER DETROIT MI 48214						es included? Yes	
$\overline{}$	Tax-exem	not status	▼ 501(c)(3)		4947(a)(1) of	527/	 ` '		a list (see instructio	
j	Website:		W.MACK ALIVE. ORG	/ (msertio)	4347 (4)(1) 01	7 7			number 🕨	
ĸ			✓ Corporation ☐ Trust ☐ Association	☐ Other ►		ear of forma			of legal domicile	MI
_	art I	Summ		- Outloin	<u></u>	Cas Of Torrito	1334	. I III Otali	or logal definions	IVII
			scribe the organization's mission	or most significan	nt activities	s. The m	ission of Ma	ck Alive is	s to enhance the	growth
Ф	ı	-		- 1						
Activities & Governance			opment of the eastside of Detroit the						inpower, and ele	svate trie
Ž			nmunity. Through the advancements box ▶☐ if the organization dis-			,			ite not accete	
Š	1		of voting members of the governing			uisposeu ·	or more than	3		
<u>ග</u> ජ	1		of independent voting members o			 / line 1h\			 	<u>6</u>
es	1		nber of individuals employed in ca	-		-		5		
Σ	1		nber of volunteers (estimate if nec		(i cart v, iii	16 Za) .	• • •	6	 -	6
Ç			elated business revenue from Par		no 12			7a	 	7
			ated business taxable income fro					7b	 	0
		vet dille	ated business taxable income no	111 1 Jan 33 Jan 1, 10	- 188	` 	Prior Y		Current Ye	0
Revenue	8 (Contribut	ions and grants (Part VIII, line 1h)	(1501	ŀ				
			service revenue (Part VIII, line 2g)			: · · · · · · · · · · · · · · · · · · ·		135,086		102,627
	10	-rogram pysotmo	nt income (Part VIII, column (A), li	noo Wand 7dl		//				
æ	10 1	Tivesine The angle	anus (Dert VIII, column (A), iines 5	ries state and ruje		<i>```</i>				
	11 (Jiher rev	enue (Part VIII, column (A), lines 5	0, 60, 60, 80, 100,	and Hell					
			nue—add lines 8 through 11 (mus			ryle 12)		135,086		102627
	13 (orants ar	nd similar amounts paid (Part IX, o	column (A), tines t	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	3 / ·			<u> </u>	
			paid to or for members (Part IX, contraction amplication ben			5 10				
ses			other compensation, employee ben		in (Al Aines	S 5-10)				
ë			nal fundraising fees (Part IX, colu		.	4.520	E 181 5 17 18 1	- 1 Care	21.5	-7 I - 11
Expenses			draising expenses (Part IX, column	-		4,530	18. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ACTION OF THE PARTY	J	ا ایاد میر برش ی
			penses (Part IX, column (A), lines			;_,	 	135,397	<u> </u>	98,699
		•	enses. Add lines 13-17 (must equ			:5) .		135,397		98,699
		revenue	less expenses. Subtract line 18 fr	om line 12	<u>· · · · · · · · · · · · · · · · · · · </u>	· · · ·	Beginning of Co	(311)T	End of Yes	3,928
ets or	۰, ۱	Fotal aga	ets (Dort V. line 16)			-	Degitining of O			
Asse Bafa	20 7		ets (Part X, line 16)					77,194		75,344
Net Asse Fund Ball	21 7		lities (Part X, line 26)			• • •		17,490		11,712
	22 N		s or fund balances. Subtract line	21 from line 20	• • •	·		59,704	<u> </u>	63,632
			ure Block							
tru	der penaiti e. correct.	es of perjuit and comple	y, I declare that I have examined this reture ete. Declaration of preparer (other than office	n, including accompan cer) is based on all info	ying scheduli rmation of wh	es and state hich prepare	ments, and to t r has anv know	ne best of t ledae.	ту кложіецца ала	beller, it is
		<u> </u>	(1) to -11 1			· · · · ·				
Sig	ın	Signs	ature of officer					ate	/	
He) Olgina	Act					57	11/19	
		Type	or print name and title	dinon						
			`	parer's signature		T n:	ate		PTIN	
Pa		1 "	- Page Commo	paron o organicado		"	-	Check self-em	[] If]	
	eparer						1_		2.03.00	
Us	e Only							n's EIN ▶		
NA	the ID		this return with the proparer sho	wn abovo? (see in	etruotiono	<u> </u>	<u> Pho</u>	one no	Tyes	No
			this return with the preparer sho		ou uctions					90 (2018)
ror	raperwo	ork Heau	ction Act Notice, see the separate in	istructions.		Cat N	lo 11282Y		Form 9	~~ (2018)



Part	
	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 SOUND COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	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.
4a	(Code:) (Expenses \$ 94,169 including grants of \$ 94,169) (Revenue \$ 94,169)
	PARTNERSHIP FOR A DRUG FREE DETROIT IS NOW HOUSED AT MACK ALIVE COMMUNITY RESOURCE CENTER. THIS
	PROGRAM OFFERS SERVERAL COMMITTEES INCLUDING FAITH BASED, ADVOCACY, RECOVERY, SPEKERS 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.
	AND LITTORY TO THE COMMISSION OF THE CONTROL OF THE
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
e	
	,
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4.1	Otherway and in a (Departity in Calcabilla C.)
4d	Other program services (Describe in Schedule O.)
-1-	(Expenses \$ including grants of \$) (Revenue \$) Total program convex expenses \$ 14.450
4e	Total program service expenses ▶ 94,169



Part IV Checklist of Required Schedules

			res	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	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Ť	1
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		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		✓
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
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 I	6		√
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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? If "Yes," complete Schedule D, Part IV.	9		√
10	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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	√	
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		>
С	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 VIII	11c		>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		>
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		√
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	√	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		>
	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		~
			000	

Part	Checklist of Required Schedules (continued)			rage
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
ь.	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
c	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	24b		√
d	to defease any tax-exempt bonds?	24c		✓
25a	· · · · · · · · · · · · · · · · · · ·	24d		✓
	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		1
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		✓
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 disqualified persons? If "Yes," complete Schedule L, Part II	26		>
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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		>
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):		•	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	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	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		√
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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? <i>If "Yes," complete Schedule R, Part I </i>	33		√
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		√
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		√
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	√	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		· ·	
	Enterthe number reserved in Day 2 of Ferry 4000 Feter 2. A seat and subtraction in the seat of the sea	أخصور	Yes	No
1a b c	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			e. Ge
	reportable gaming (gambling) winnings to prize winners?	1c	√	
		Form	990	(2018)

	0 (2018)			ſ	Page \$					
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)									
•	Enter the number of employees reported as Form W.C. Transmitted of Warrant T.	1	Through afre	Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax references.			##353	2430					
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct		2b		√					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	ions)	3a	***						
b										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		3b		<u> </u>					
	a financial account in a foreign country (such as a bank account, securities account, or other financial		4a		1					
b	If "Yes," enter the name of the foreign country:	accounty:		March 1981						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According to the control of	ounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea		5a	2205	1					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra		5b		1					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000,	and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions? .		6a		✓					
b	If "Yes," did the organization include with every solicitation an express statement that such con	tributions or								
	gifts were not tax deductible?	[6b							
7	Organizations that may receive deductible contributions under section 170(c).		溢		jir.					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and part		12336		117.0					
	and services provided to the payor?	,	7a		-					
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 v	vhich it was	,		,					
4	required to file Form 8282?	· · · ·	7c	14.40 £ 40 80	✓					
d e	If "Yes," indicate the number of Forms 8282 filed during the year	_	7e	3 40 (4)	<u>-</u> ≥					
f	Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit of		7f	\dashv	7					
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		7g	\dashv	1					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a f		7h	\neg	7					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining	t		733	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
•	sponsoring organization have excess business holdings at any time during the year?		8	Nachalania I	✓					
9	Sponsoring organizations maintaining donor advised funds.			KA	in the s					
а	Did the sponsoring organization make any taxable distributions under section 4966?	[9a		✓					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	'	9b		✓					
10	Section 501(c)(7) organizations. Enter:	.]		2001	ALL AC					
а	Initiation fees and capital contributions included on Part VIII, line 12	 		2	7. 3					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10kg)								
11	Section 501(c)(12) organizations. Enter:	_	*****							
a	Gross income from members or shareholders	1		#11-7 #11-7						
, b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)									
12a	against amounts due or received from them)		12a	MIT COL	1					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		张沙	## J	175					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 1								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	202 11						
_	Note. See the instructions for additional information the organization must report on Schedule O.		in a	建建工						
b	Enter the amount of reserves the organization is required to maintain by the states in which									
-	the organization is licensed to issue qualified health plans	o								
С	Enter the amount of reserves on hand	;								
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		✓					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem	uneration or	ĺ							
	excess parachute payment(s) during the year?		15	363/ PC 652	√					
	if "Yes," see instructions and file Form 4720, Schedule N			3457 M						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in the section 4968 excise tax on the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on the section 4968 excise tax of 4968 excise tax on the section 4968 excise tax of 4968 excise t	ent income?	16	25-4-5-233	√ 525-27-24					
	If "Yes," complete Form 4720, Schedule O				Mire!					

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	structi	ions.
Secti	on A. Governing Body and Management			· <u>U</u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			5.5
	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 . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
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? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	√
6	Did the organization have members or stockholders?	6		-
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		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		١,
_	stockholders, or persons other than the governing body?	7b	thruisi	***********
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	—	✓
Ь	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		
11a		11a	√	P2=0,45,2004
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	a		1000 AC-100
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	√	222
b	Other officers or key employees of the organization	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		7	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		-
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			574
J	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	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 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	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 integral statements available to the public during the tax year.	erest (policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and recommendation of the person who possesses the organization of the person of the per	cords	•	
	ARTINA HARDMAN 3746 FISCHER DETROIT MI 48214 (313) 824-3900			

	(2018)	

age 7

	·	
Part VII	Compensation of Officers, Directors,	Trustees, Key Employees, Highest Compensated Employees, and
•	Independent Contractors	a .

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.

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

Check this box if neither the organization n	or any relate	d org	aniz	atio	n c	ompe	nsa	ated any currer	t officer, director	, or trustee.
	<u> </u>				C)					
(A)	(B)	/44			ition	e than e		(D)	(E)	(F)
Name and Title	Average					ıs boti		Reportable	Reportable	Estimated
	hours per week (list any	office	er an			or/trus	~	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	Key employee	Highest compensated employee	Former	the	organizations	compensation
	related organizations	rect	Institutional trustee	ěř	emp	est o	줱	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	우声	nal		οχ	ğ		1		and related
	line)	Istee	rust		ď) ens				organizations
			e e			ated				
(1) 5000 050	10									
(1) EDNA BELL PRESIDENT	12	1		1	l	l	l	1	ŀ	
(2) OREESE COLLINS	12	 	-	•			 -	 		
 VICE PRESIDNT 		1		1						
(3) GARY BRADFIELD	12						1			
TREASURER		✓		1						
(4) CARLA SMITH	4									·
SECREATARY		✓		✓				<u> </u>		·
(5) JELANI KLARAMOKO, ESQ	4	j								
BOARD MEMBER		✓		✓			_			
(6) HAROLD COLLINS, ESQ	4	,]]		
BOARD MEMBER	<u> </u>	✓	ļ	✓	_		ļ			
(7) ALBERTA TINSLY TALABI		,				1	ĺ			
EX OFFICIO		√	-	✓			├—			
(8) ARTINA HARDMAN		}			/			45.000	i	
EXECUTIVE DIRECTOR	40	-	 	 	•		├	15,973		
(9) KIM ALI COODINATOR					1			0.470		
(10) MARILYN WHITE	20				•		╁	8,470		
DEVELOPMENT SPECIALIST	20	1			1			5,200		
(11) JAN LOSSING					Ť	 	 	3,200		
SOCIAL WORKER	20	,			1		ļ	8,200		
(12) DEJUAN REED	20			-			1	5,200		
YOUTH INSTRUCTOR	20				1			5,670		
(13) RICHARD SMITH	T									
ART DIRECTOR	20				✓			1,200		
(14) TYAMMIE PERKINS										
YOUTH DIRECTOR	20				✓			960		

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees	(contin	ued)
					•	C) iition						
	(A)	(B)			neck	more	e than		(D)	(E)		(F)
	Name and title	Average hours per					is both or/trus		Reportable compensation	Reportation Compensation		Estimated amount of
		week (list any			_			· '	from	related	i	other
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizati (W-2/1099-i		compensation from the
		organizations	ecto	 	1	βğ	st c	역	(W-2/1099-MISC)	(** = * * * * * * * * *		organization
		below dotted	1 2	<u>a</u>		oye	~ 월	1				and related organizations
		"	stee	rust		"	ens					Organizations
				ĕ			ated					
(15)									***************************************			
(16)								ļ				
(17)												
								<u> </u>				
(18)												
(19)										-		
(20)												
								<u> </u>				
(21)											۰	
(22)									-			
(23)								<u> </u>				
(24)												
(44)												
(25)												<u>-</u>
1b	Sub-total		•		•		•	>	45,673			
C	Total from continuation sheets to Part			•				•				
d	Total (add lines 1b and 1c)							<u> </u>	45,673			
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received me	ore than \$1	00,00	0 of
												Yes No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> 3							emp	oloyee, or high	est compe	ensate	d 3
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation fr	om th	n (n d no de debuse abi skilmus
•	organization and related organizations	greater that										h Lie E
-	Individual											
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc	JIVIQUE	5 1
Section	on B. Independent Contractors	,										<u> </u>
1	Complete this table for your five highest											
	compensation from the organization. Repyear.	ort compe	nsatic	n to	or tr	ne c	aiend	ıar y	ear ending wit	n or within	tne or	ganization's tax
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensation
NONE												
			-						•			
								L_			Typeone	
2	Total number of independent contractor received more than \$100,000 of compens	rs (includir ation from t	ng bu the or	t no gani	ot I izat	ımit ion l	ed to ►	o th	iose listed abo	ove) who		
												Form 990 (2018)

Par	CVIII	Check if Schedule C		a rec	nonse or note t	o any line in this	- Port VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ons, Gifts, Grants Similar Amounts	1a	Federated campaigns		1a	· · · · · · · · · · · · · · · · · · ·				
Gra o	b	Membership dues .		1b			75 70 20		
Grfts, ilar An	C	Fundraising events .		1c	3,508			Part Const.	
عَ قِ	d	Related organizations		1d					
Sin	e f	Government grants (cor All other contributions, g		1e	94,169				
tributi Other		and similar amounts not inc		1f	4,950				
Contributions, and Other Sim	g	Noncash contributions includ			1 4,930	TOTAL STREET		Light of the second	Sarati a marada da
Cont	h	Total. Add lines 1a-1			. ▶	102,627			
an e					Business Code	THE THINKS		CTOMESTICAL	
ven	2a								
e E	b								
<u>S</u>	С								
n Se	d								
Program Service Revenue	f	All other program ser							
Po	g	Total. Add lines 2a-2			•	ŧ			
	3	Investment income and other similar amo	(including				Party character of processing and a series	LECTED BEST CONTROL	
	4	Income from investmen			ond proceeds ▶				
	5	Royalties			>				
		•	(i) Real		(II) Personal	4214313411			
	6a	Gross rents							
	b	Less: rental expenses			<u> </u>		international distance of the contract of the	T. TERRIT I PORT SERVICE	and the second s
	С	Rental income or (loss)					174. 1766. 764. 186. P.	Tisos Tibe Bathada	
	_ d	Net rental income or	(IOSS) (i) Securiti		. ► (II) Other	Similar organization of the organization of the	massile confined acoust times	B Coke was propagation that can	
	7a	Gross amount from sales of assets other than inventory	(i) Securit		(ii) Other				
•	b	Less: cost or other basis					dianialampharadiahidiahisi	o crossopranifilmational management	Military Parameter Transparent Community
	"	and sales expenses .					We down Street		Transmitted to the William
	С	Gain or (loss)							
	d	Net gain or (loss) .			>				
Φ	_								
enn	8a	Gross income from fu events (not including \$	indraising						
		of contributions reporte	nd on line 1	-7			The second		
<u> </u>		See Part IV, line 18 .							ii blaste -3715-11-11-11-11-11-11-11-11-11-11-11-11-1
Oțher Rev	ь	Less: direct expenses				J. Williams			
0	c	Net income or (loss) f			events . ►	22- 42-90 GU Calif School Inches - Monder			Total American
	9a	Gross income from ga				remarkation of the second			Atra Decembration and the second street
		See Part IV, line 19 .		_					
	b	Less: direct expenses							
	100	Net income or (loss) f			vities ▶	Kiranasan Milandijin Milandiran in malandi	այների հուն է հունին հանդագայան ՀՀՀ ՀՀ Հ	PV (Extraganinaaranininininininin	ការប៉ុន្តែការក្រសួតពេលប្រជាពលរដ្ឋក្នុង <u>។ ។ ។ ។ ។ ។ ។ ។ ។ ។ ។ ។ ។ ។ ។ ។ ។ ។ ។</u>
	, iua	Gross sales of In returns and allowance							
	b	Less: cost of goods s		. a				4514032434454	
	C	Net income or (loss) f			entory	Land - County to the state of t	P-3440-3410-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1	2012 - Company of the	
		Miscellaneous R			Business Code		Wedger in mar times	diministration of the state of	1 Borg (2011-1011) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11a								
	b								
	С								
	d.	All other revenue .		•			ent of Margarithman	Labitate Xelia Menaliosat	Lilan volliga valenda j
	12	Total. Add lines 11a- Total revenue. See in		•		400.007			
	1	i otal i evellue. See II	1311 00110115			102,627	l	l	l

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complet	e all columns. All other org	ganizations must complet	e column (A).

	Check if Schedule O contains a respon	ise or note to any li	ne in this Part IX		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21 .		_		
2.	Grants and other assistance to domestic individuals. See Part IV, line 22		,		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign	,	-		
	individuals. See Part IV, lines 15 and 16.	<u>'</u>			
. 4 5	Benefits paid to or for members : Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		• .•		
7	Other salaries and wages				,
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	* ~	1	,	(*
9	Other employee benefits	•			•
10	Payroll taxes . `				
11	Fees for services (non-employees):				
а	Management	- 68,203	22,530	45,673	
b	Legal	•			
C	Accounting	550		550	
d	Lobbying	,			
е	Professional fundraising services. See Part IV, line 17	4,530			4,530
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		•	,	• • •
12	Advertising and promotion	100		´ • 100	
13	Office expenses	[†] 9,503	- 614	8,889	
14	Information technology	3,137		3,137	
15	Royalties		•		*
16	Occupancy	850		850	
17	Travel	1,376	· · · · · · · · · · · · · · · · · · ·	1,376	t
18 .	Payments of travel or entertainment expenses for any federal, state, or local public officials		` v	,	
19	Conferences, conventions, and meetings				· ·
20	Interest				
21	Payments to affiliates		<u></u>		
22	Depreciation, depletion, and amortization	1			<u> </u>
23	Insurance	1,051		1,051	
. 24	Other expenses, Itomize expenses not covered			Market Tallington II Law London	
	above (List miscellarieous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule (A)				
а	SERVICE CHARGE	165	d Crancheler Mind CMs seems 444	165	**************************************
a b		9,234		9,234	
•	MISCELLANEOUS	9,234		9,234	
c d					• _
e	All other expenses .		-		<u> </u>
25	Total functional expenses. Add lines 1 through 24e	98,699	23,144	71,025	4,530
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here in following SOP 98-2 (ASC 958-720)	90,099	23,144		4,550

Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing	Form	n 990 (21	01.8)	: '		Page, 1 1
Cash—non-interest-bearing	_			<u> </u>		- Fage, I
Cash—non-interest-bearing Find of year End of year End of year End of year Savings and temporary cash investments 461 1				ert X	_	 _
Cash—non-interest-bearing 461 1 16	4			· ·(A)	Ė,	
2 Savings and temporary cash investments 2 3 3 3 3 3 3 3 3 3		1	Cash—non-interest-bearing		1	
Accounts receivable, net Accounts receivable, net Accounts receivable, net Carns and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Lanis and other receivables from other disqualified persons (as defined under section 4858(II)), person described in section 4858(II) (II), person described in section 4858(II) (II), person described in section 4858(II)), person described in section 4858(II) (II), person described in section 4858(III), person described in section 4858(IIII), person described in section 4858(IIII), person described in section 4858(IIIII), person described in section 4858(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		2		- 401	<u> </u>	. 40
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from their disciplatified persons (as defined under section 4558(ii)(III), persons described in section 4558(ii)(III), and contribiting employers and sponsoring organizations of section, 551((III)) and contribiting employers and sponsoring organizations of section, 551((III)) and contribiting employers and sponsoring organizations of section, 551((III)) and contribiting employers and sponsoring organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10b 59,959 101 Investments—publicity traded securities 1 Investments—public				, , .,		•
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualitied persons (as defined under section 4956(f)(I), persons described in section 4958(c)(3IR), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D 10b S9,959 11 Investments—publicly traded securities 11 Investments—program-related. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 3 216 177 18 Grants payable and accrued expenses 19 Escrow or custodial account liability. Complete Part IV of Schedule D 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disputable and control account liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Total liabilities. Add lines 17 through 25 23 Found interest follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. 24 Unrestricted net assets 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Pad-in or capital surplus, or land, building, or equipment fund 32 Total relabilities for fund balances 33 Total relabilities. Score fund balances 50 Tot	•	' '		14 674		14.67/
trusteses, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualited persons (as defined under section 4956(I)(II), persons described in section 4956(I)(II), and contributing employers and sponsoning organizations of section, 501(C)(II) voluntary employees, beneficiary organizations (see instructions). 501(C)(II) voluntary employees, beneficiary organizations (see instructions). 501(C)(III) voluntary employees, beneficiary organizations that follow 15 chedule L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a 118,878 11 Investments—publicly traded securities 11 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Exerce or custodial account liability. Complete Part IV of Schedule D 22 Loans and other-payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 14,274 24 Total liabilities. Add lines 17 through 25 70 Total liabilities. Add lines 17 through 25 70 Total liabilities. Add lines 33 and 34. 17 Total liabilities in that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted het assets 29 Permanently restricted net assets 29 Permanently restricted net	•	1	•	74-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	CHSA	
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4958(f)(1), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section, 501(c)(9) voluntary employees', beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D b Less, accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 21 Secured mortgages and notes payable to urrelated third parties 22 Unsecured notes and loans payable to urrelated third parties 23 Secured mortgages and notes payable to urrelated third parties 24 Unsecured notes and loans payable to urrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporanty restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 20 through 34. 30 Capital stock or trust principal, or current funds 31 Pad-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated nicome, or other funds 33 Total net assets or fund balances 59 704 33 63,632		6.	Loans and other receivables from other disqualified persons (as defined under section		i in	27.29
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	det	1	•	59,704	33	63,632
	_		•			75.344

				Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10	02,627
2	Total expenses (must equal Part IX, column (A), line 25)	2			98,699
3	Revenue less expenses. Subtract line 2 from line 1	3			3,928
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			59,704
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			-
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		(53,632
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
			-	Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ır	1 1		
_	Schedule O.		#T04.54.120	No.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			т пенериципа	V4-100B-0 0994
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r 📜		
	reviewed on a separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			KK	
D	Were the organization's financial statements audited by an independent accountant?		2b	elikki zaliti	Tenensina.
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	3		
	separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	•			- T
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o			١,	
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the appropriate of the audit and a selection of an independent accounts the appropriate of the audit and a selection of an independent accounts the audit and a selection of an independent accounts the audit and a selection of an independent accounts the audit and a selection of an independent accounts the audit and a selection of an independent accounts the audit and a selection of an independent accounts the audit and a selection of an independent accounts the audit and a selection of an independent accounts the audit and a selection of an independent accounts the audit and a selection of an independent accounts the audit and a selection of an independent accounts the audit and a selection of a selec			7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> Million et</u>
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	cpiain ir	1		
ο-		£ . 41	ART ACTOR		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	tortn ir	ີ 3a		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	· · ·			-
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	· · · · · · · · · · · · · · · · · · ·	adito.	4	<u>,, ggn</u>	(2018)
			1 0/1	550	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2018

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

Department of the Treasury Internal Revenue Service Name of the organization MACK ALIVE

Employer identification number 38-3210177

Pa	tl Reaso	n for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ins.
The				s. (For lines 1 through				1
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))							
3	A hospital	or a cooperative ho	spital service org	ganization described i	n sectior	170(b)(1	1)(A)(iii). (
4	A medical i	esearch organizati	on operated in co	onjunction with a hos	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and state							
5		ation operated for 0(b)(1)(A)(iv). (Com		college or university	owned c	r operate	ed by a government	al unit described in
6	A federal, s	tate, or local gover	rnment or govern	imental unit described	ın sectio	on 170(b))(1)(A)(v).	
7		ation that normally n section 170(b)(1		stantial part of its sup te Part II)	port from	a gover	nmental unit or fron	the general public
8	☐ A commun	ty trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9				d in section 170(b)(1)		erated in	conjunction with a l	and-grant college
	or university	y or a non-land-gra	ant college of agr	riculture (see instructio	ons). Ente	er the nan	ne, city, and state of	the college or
10	☐ An organiza	ation that normally	receives: (1) mor	e than 331/3% of its si	upport fro	m contri	butions, membership	o fees, and gross
	support fro	m activities related m gross investmer	it income and un	nctions—subject to c related business taxal	ertain ext ble incom	ceptions, ne (less si	and (2) no more that ection 511 tax) from	n 33'/3% of its businesses
				75 See section 509(a				
11	An organiza	ation organized and	d operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).	
12	An organiza	ation organized and	doperated exclus	sively for the benefit o	f, to perfo	orm the fo	unctions of, or to cai	ry out the purposes
				ins described in secti				
	Check the I	oox in lines 12a thro	ough 12d that de	scribes the type of sup	porting o	organizati	on and complete line	s 12e, 12f, and 12g.
а	☐ Type I.	A supporting orgai	nization operated	l, supervised, or contr	olled by	ts suppo	rted organization(s),	typically by giving
				regularly appoint or e			he directors or trust	ees of the
	support	ing organization Y	ou must comple	ete Part IV, Sections	A and B			
b	🔲 Type II.	A supporting orga	ınızatıon supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		-		organization vested in		persons	that control or man	age the supported
	-	• •	-	V, Sections A and C.				
С				ting organization oper ons) You must comp				ally integrated with,
d	🗌 🖺 Type III	non-functionally	integrated. A su	pporting organization	operated	d in conn	ection with its suppo	rted organization(s)
	that is r	ot functionally inte	grated. The orga	nızatıon generally mu	st satisfy	a distribi	ution requirement an	d an attentiveness
	requirer	nent (see instruction	ons). You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.	
е				a written determination				II, Type III
f	Enter the nur	nber of supported	organizations					
g	Provide the f	ollowing informatio	n about the supp	orted organization(s).				
	(i) Name of suppo	rted organization	(ii) EIN	(III) Type of organization			(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				,				,
					Yes	No		
(A)								
			ļ					
(B)								
(C)								
'D'			1					
(D) ——								
E)								
* - •								

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016(d) 2017 (e) 2018 (f) Total grants, contributions, and membership fees received. (Do not' include any "unusual grants."). 213,269 145.016 129,147 135,086 102.627 725,145 revenues levied 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. . . . 213.269 145.016 102.627 725,145 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 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 - (c) 2016 (d) 2017 (e) 2018 (f) Total 213,269 145,016 129,147 135,086 102,627 Amounts from line 4 725,145 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 725,145 11 12 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) organization, check this box and stop here . Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2017 Schedule A, Part'II, line 14 15 15 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. 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-2017. 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

20

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)		· .	1 age/C
	(Complete only if you checked the	he box on line	10 of Part I	or if the orga	nızation failed	l to qualify un	der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
Secti	on A. Public Support					·	/
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 /	(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	1					
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	l i			/		
5	The value of services or facilities			/	<i>Y</i>		
	furnished by a governmental unit to the			/			
	organization without charge		1	l /			
6	Total. Add lines 1 through 5			/			
7a	Amounts included on lines 1, 2, and 3			/			
	received from disqualified persons .	1					
ь	Amounts included on lines 2 and 3			/			
_	received from other than disqualified		/	ľ			
	persons that exceed the greater of \$5,000					i	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		<i>j</i>			****	
8	Public support. (Subtract line 7c from	*): [E][4][3	1/40-00	CANDENSE'VE		72755	
_	line 6.)	1. Tr					
Secti	on B. Total Support	- 4 × 40 X		Visit & St. Hilliam Hill Lands 12.8	to Themse, part reserved	LIE WELL THE SHEET IS AN	
	dar year (or fiscal year beginning in) ▶	(a) 2014 /	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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					1	
11	Net income from unrelated business						
	activities not included in line 10b, whether					1	
	or not the business is regularly carried on					1	
12	Other income. Do not include gain or						
	loss from the sale of capital assets					İ	
	(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	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	1 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation/of Public Suppor		e			· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2018 (line 8			13, column (fl)		15	%
16	Public support percentage from 2017 Sch					16	%
	on D. Computation of Investment In			<u> </u>	· · · · · · · · · · · · · · · · · · ·	.,	
17	Investment income percentage for 2018 (ov line 13. colu	ımn (f)	17	%
18	Investment income percentage from 2017			-		18	%
19a	331/3% support tests—2018. If the organ						
130	17 is not more than 331/3%, check this box						
b	331/3%/support tests—2017. If the organiz						
J	line 18 is not more than 331/3%, check this						

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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 A. All Supporting Organizations

- 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 of this toric 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)(R) purposes.
- 5a 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 (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 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.)

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		Yes	No
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Part	Supporting Organizations (continued)	
44		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 in (b) and (c) below, the governing body of a supported organization?	
h	A family member of a person described in (a) above?	11a
	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.	11b
Secti	on B. Type I Supporting Organizations	
	on on type to appearing 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
Secti	on C. Type II Supporting Organizations	I.a. I'a.
4		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Secti	on D. All Type III Supporting Organizations	<u> </u>
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	PAR SELECTION
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	Andrew Branch
	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 organizations played in this regard	
Socti	on E. Type III Functionally Integrated Supporting Organizations	3
36011	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netructions)
' a	The organization satisfied the Activities Test. Complete line 2 below.	nsu ucuons ₎ .
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	,
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	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	2a
b	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	1666 1655 1653
	activities but for the organization's involvement	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	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.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2/4
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	ıızat	ions must complete Section	
Section A—Adjusted Net Income	,	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	7 .	
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	1	4
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)
1 Aggregate fair market value of all non-exempt-use assets (see	5.14		
instructions for short tax year or assets held for part of year):		opings to the light of the second of the film	
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):	4	化神经系统 学师 到美国社会	
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	•	-
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	alvanication and	-
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		<u> </u>
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	g organization (see
instructions) *			** *

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	rage s					
Sect	Section D—Distributions								
1	Amounts paid to supported organizations to accomplish	exempt purposes							
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	anizations						
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 whice (provide details in Part VI) See instructions	h the organization is re	sponsive						
9	Distributable amount for 2018 from Section C, line 6								
10	Line 8 amount divided by line 9 amount			•					
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018					
1	Distributable amount for 2018 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI) See instructions.								
3	Excess distributions carryover, if any, to 2018	party and the state of the stat		ing II Magainer 200 / Main					
а	From 2013	be the exercise of the second of the second	THE REPORT OF THE PARTY OF THE	at a crisin nation that					
b	From 2014 .	post to a superior and the superior and	ing with manifold and a state of the state o						
C	From 2015								
d	From 2016 <u>.</u>								
ее	From_2017		Parlament of the Control of the Cont						
f	Total of lines 3a through e								
	Applied to underdistributions of prior years								
<u>.h</u>	Applied to 2018 distributable amount			prompt to work at the second to the second t					
<u>"i</u>	Carryover from 2013 not applied (see instructions)	,							
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	Zeron macrerano a la contracto piccon con contracto de la cont							
4	Distributions for 2018 from								
	Section D, line 7:								
a_	Applied to underdistributions of prior years		CHEST CHEST CHEW WHITE CHEST						
b_	Applied to 2018 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4		CHIEFFERTO BY SCHOOL SE						
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.								
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c.	1 3 13 An Albert Public All Albert Albert Programmer 18, 11 and 1977							
	Breakdown of line 7:								
8	Excess from 2014 .	27 ph 75 i 1 C 2 i 2 i 2 i 2 i 2 i 2 i 2 i 2 i 2 i 2							
a	Excess from 2014	The state of the s	Security of the second	Treated and the second					
b	Excess from 2016								
c	Excess from 2017	First of the Control	2 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -						
е .	Excess from 2018	Tomar Tramining and Annie Transport	Sample of the state						
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB № 1545-0047

Open to Public Inspection

Employer identification number

MACK ALIVE 38-3210177 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 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) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☑ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☑ No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Part	Organizations Maintaining	Collections of A	Art, His	torical	Treasures,	or Ot	her Similar As	sets (cor	ıtinued) İ
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her reco	rds, ched	ck any of the	e follow	ring that are a s	significant	use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e progr	ams		
b	☐ Scholarly research								
С	Preservation for future generations	3		_			*******	•••••	
4	Provide a description of the organiza		and expl	ain how t	they further t	the org	anızatıon's exer	npt purpos	se in Part
	XIII.								
5	During the year, did the organization assets to be sold to raise funds rather								s 🗹 No
Part	IV Escrow and Custodial Arra	angements.			<u> </u>				
	Complete if the organization 990, Part X, line 21.								Form
1a	included on Form 990, Part X?								s 🗹 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the f	ollowing t	able [.]		1		
	_						+	mount	
C	Beginning balance		•			1c	+		
d	Additions during the year		•			1d	 		
e	Distributions during the year					1e	-		
f	Ending balance					1f	1		
2a	Did the organization include an amount								
	If "Yes," explain the arrangement in P	art XIII Check here	e if the e	xplanatio	n has been i	provide	d on Part XIII .	····	U
Par	Endowment Funds.	1.457	. –	000	D + D / 1	40			
	Complete if the organization						/ B Th		
		(a) Current year	(b) Pr	or year	(c) Two years	s back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance				ļ			_	
ь	Contributions				ļ				
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	d balan	ce (line 1ç	g, column (a)) held a	is:		
а	Board designated or quasi-endowmen	nt ▶	%			•			
b	Permanent endowment ▶	%	. -						
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
За	Are there endowment funds not in the			ızatıon th	at are held a	and adr	ninistered for th	e _	
	organization by:							Y	'es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requ	ired on S	chedule R?			3b	
4	Describe in Part XIII the intended uses							·	
Part	VI Land, Buildings, and Equip	ment.							
	Complete if the organization		on Fo	m 990, l	Part IV, line	11a. S	See Form 990,	Part X, lin	ne 10.
	Description of property	(a) Cost or oth	her basis	(b) Cost	or other basis other)	(c) A	accumulated preciation	(d) Book	
1a	Land	.	2,150						2,150
b	Buildings		82,780	o [29,801		52,979
c	Leasehold improvements		3,500				1,715		1,785
d	Equipment		30,448	+			27,403		3,045
e	Other		-		-				
	Add lines 1a through 1e (Column (d) r	nust equal Form 99	90. Part	X, columi	n (B), line 10	c.)	▶		59,959

Part VII	Complete if the organization answers		m 990. Part IV. lin	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)		(b) Book value	. (c) Met	hod of valuation -of-year market value
(1) Financial	derivatives				er to
(2) Closely-I	neld equity interests				
(3) Other					
(A)		•			
(B) (,		· · · · · · · · · · · · · · · · · · ·		
(C) '	<u> </u>		· · · · · · · · · · · · · · · · · · ·	-	
, (D) -	······································	. 4			•
(E)	•••••••••••••••••••••••••••••••••••••••	······································	, ,		•
····(F)	-	·;;	,	 	
· (G)	-		· · · · · · · · · · · · · · · · · · ·		
(H)					
	b) must equal Form 990, Part X, col (B) line 12) ▶	·	,		
Part VIII	Investments—Program Related	<u> </u>		REGARDS NAME THAN ADDRESS	
	Complete if the organization answ		m 990. Part IV. lin	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment	• .	(b) Book value	Y	hod of valuation
•	, tay bassiption of invasioning	· ; ;	(2) 2001. 12:00		of-year market value
(1)	, *		• '		
(2)		•			· ·
(3)		· · · · · · · · · · · · · · · · · · ·		· ·	·
(4)	· · · · · · · · · · · · · · · · · · ·		-	_	
(5)					
(6)	<u> </u>	• ;		- ,	• • • •
	*	• •			•
(8) .				1	
(9)		<u> </u>		- 59 A - 17 A - 4-46% - 5 - A-4 - 27 - 7	Court of the State
	b) must equal Form 990, Part X, col (B) line 13) ▶		•		
*Part IX	Other Assets.	```	000 D + 11/4	44 1:0 =	000 D 17 F 45
	Complete if the organization answ		m 990, Part IV, II <u>n</u>	e 11d. See Form	
	(a) Description			(b) Book value
(1)	•	<u> </u>			** */
(2)	. /	· · ·			<u> </u>
(3)	,	•		1	f + '
(4)				۲,	
(5)	*				
(6)					•
(7) '				<u> </u>	•
(8)	<u> </u>		·		
(9)		· ·	<u> </u>		ı *
Total. (Colu	mn (b) must equal Form 990, Part X, co	ol (B) line 15)	,	▶	
Part X	Other Liabilities. Complete if the organization answ	vered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
	line 25 •				
1.	(a) Description of liability	. (b) Book value			
(1) Federal ır	come taxes				
(2)		· · · · ·			
(3)		•			
(4) _					
(5)		<u></u>			Little Charles and Company of the Company
(6)					
(7)					
(8)	.,	• <u></u>			
(9)					
	h) must equal Form 000. Dead V and 701 line 05 1 h	· ·-			
	b) must equal Form 990, Part X, col. (B) line 25.)	da da da da da da da da da da da da da d			nto that reports the
	uncertain tax positions. In Part XIII, provi				
organization'	s liability for uncertain tax positions under	FIN 48 (ASC 740), Che	ck nere if the text of t	ne rootnote nas bee	n provided in Part XIII 🔲

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Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, F	ents With Revenue per	Return.			
1	Total revenue, gains, and other support per audited financial statements		11			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains (losses) on investments	2a				
b	Denoted comings and the office	2b				
C		2c				
d	and the second s	2d				
e		20				
3			2e			
4			3			
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-				
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a				
b	A LIL .	4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		4c 5			
Part			L., - l			
rart	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	er neturn.			
1	Total expenses and losses per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		COLD to			
а	Donated services and use of facilities	2a	2			
b	Prior year adjustments	2b	J. 123			
C	Other losses	2c				
d	Other (Describe in Part XIII)	2d				
е	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		that garage			
а		4a				
b	Other (Describe in Part XIII.)	4b				
C	Add lines 4a and 4b		4c			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5			
Part 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 t	to provide any additional in	formation.			
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	J					
						

Schedule D (Fo		Page S
Part XIII	Supplemental Information (continued)	
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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

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

MACK ALIVE ~	38-3210177			
PART VI, LINE II REVIEWED BY KEY EMPLOYEES AND THE BOARD				
PART VI, LINE 15a COMPENSATION IS DETERMINED AND APPROVE BY THE BOARD				
PART VI, LINE 15b COMPENSATION IS DETERMINED AND APPROVE BY THE BOARD				
PART VI, LINE 19 AVAILABE UP REQUEST				
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