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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☒ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**ALIVE!, INC.**

Number and street (or P O box if mail is not delivered to street address)

2723 KING STREET

City or town, state or country, and ZIP + 4

ALEXANDRIA, VA 22302**D** Employer identification number**54-0914017****E** Telephone number**703-548-6146****F** Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **WWW.ALIVE-INC.ORG****J** Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,466,255.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	944,667.		
	c	Indirect public support (not included on line 1a)	1c	118,532.		
	d	Government contributions (grants) (not included on line 1a)	1d	50,861.		
	e	Total (add lines 1a through 1d) (cash \$ 626,109. noncash \$ 487,951.)	1e		1,114,060.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		274,251.	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		6,008.	
	5	Dividends and interest from securities	5			
Expenses	6 a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
	7	Other investment income (describe ▶)	7			
	8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b	Less: cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b	1,392.		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	<1,392.>		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	STMT 1		8d	<1,392.>
	a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	71,936.		
b	Less: direct expenses other than fund-raising expenses	9b	19,726.			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		52,210.		
Net Assets	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
	11	Other revenue (from Part VII, line 103)	11			
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,445,137.	
	13	Program services (from line 44, column (B))	13		1,228,087.	
	14	Management and general (from line 44, column (C))	14		103,107.	
	15	Fundraising (from line 44, column (D))	15		38,310.	
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses. Add lines 16 and 44, column (A)	17		1,369,504.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		75,633.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		729,984.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20		16,411.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		822,028.	

723001
12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

14221218 783690 0693-001

2007.08000 ALIVE!, INC. G17

0693-002

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule) STATEMENT 5	23 737,960.	737,960.		
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 66,300.	33,150.	19,890.	13,260.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 322,490.	276,184.	44,152.	2,154.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 31,124.	29,624.	1,209.	291.
29 Payroll taxes	29 30,776.	25,448.	4,294.	1,034.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 28,555.	28,096.	370.	89.
34 Telephone	34 8,791.	5,328.	2,791.	672.
35 Postage and shipping	35 1,984.	746.	998.	240.
36 Occupancy	36 22,800.	13,800.	7,254.	1,746.
37 Equipment rental and maintenance	37 21,585.	20,991.	479.	115.
38 Printing and publications	38 923.	40.	712.	171.
39 Travel	39 560.	121.	354.	85.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 26,042.	17,935.	6,534.	1,573.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 4	43g 69,614.	38,664.	14,070.	16,880.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,369,504.	1,228,087.	103,107.	38,310.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 7	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 6	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	716,357.
b ALIVE! CHILD DEVELOPMENT CENTER IS OPERATED FOR THE BENEFIT OF PRE-SCHOOL CHILDREN OF LOW INCOME WORKING PARENTS. THE CENTER PROVIDES DAY CARE IN A STRUCTURED LEARNING ENVIRONMENT PLUS TWO BALANCED MEALS DAILY. IT IS A FULLY ACCREDITED PRESCHOOL AND DAY CARE FACILITY.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	412,300.
c THE ALIVE! HOUSE PROVIDES TEMPORARY HOUSING FOR WOMEN AND FAMILIES IN EMERGENCY AND TRANSITIONAL SITUATIONS. IT ALSO PROVIDES SUPPORT SERVICES.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	99,430.
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	1,228,087.

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Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	163,995.	45	154,643.
	46 Savings and temporary cash investments	6,539.	46	5,492.
	47 a Accounts receivable	40,945.		
	b Less: allowance for doubtful accounts		47c	40,945.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	58,954.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	17,597.	53	11,576.
	54 a Investments - publicly-traded securities		54a	
	b Investments - other securities		54b	
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation		55c		
56 Investments - other	SEE STATEMENT 8	130,643.	56	188,769.
57 a Land, buildings, and equipment: basis	744,626.			
b Less: accumulated depreciation	STMT 9	335,164.	57c	409,462.
58 Other assets, including program-related investments (describe ► _____)		58		
59 Total assets (must equal line 74). Add lines 45 through 58		791,562.	59	869,841.
Liabilities	60 Accounts payable and accrued expenses	57,539.	60	43,290.
	61 Grants payable		61	
	62 Deferred revenue		62	1,531.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► <u>CLIENT CUSTODIAL</u>)	4,039.	65	2,992.
66 Total liabilities. Add lines 60 through 65		61,578.	66	47,813.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	722,484.	67	779,074.
	68 Temporarily restricted	7,500.	68	42,954.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	729,984.	73	822,028.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	791,562.	74	869,841.

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Part V-A **Current Officers, Directors, Trustees, and Key Employees** *(continued)*

Yes	No
-----	----

- 75 a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ _____ 19
- b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
- c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."
- If "Yes," attach a statement that includes the information described in the instructions.
- d** Does the organization have a written conflict of interest policy?

75b		X
75c		X
75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Part VI	Other Information <i>(See the instructions)</i>
----------------	--

Yes	No
------------	-----------

- | | | |
|------|---|---|
| 76 | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS?
If "Yes," attach a conformed copy of the changes. | |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | |
| b | If "Yes," enter the name of the organization | N/A |
| | | and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt |
| 81 a | Enter direct and indirect political expenditures. (See line 81 instructions.) | 81a 0 |
| b | Did the organization file Form 1120-POL for this year? | |

76		X
77		X
78a		X
78b		
79		X
80a		X
81b		X

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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	17,136.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>VA</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	12
91 a	The books are in care of <u>ALIVE!, INC</u> Telephone no <u>703-837-9300</u> Located at <u>2723 KING STREET, ALEXANDRIA, VA</u> ZIP + 4 <u>22302</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

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Part VI Other Information (continued)

Yes No

c. At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a TUITION					78,341.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					195,910.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	6,008.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					<1,392.>
101 Net income or (loss) from special events			02	52,210.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		58,218.	272,859.
105 Total (add line 104, columns (B), (D), and (E))					331,077.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

SEE STATEMENT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

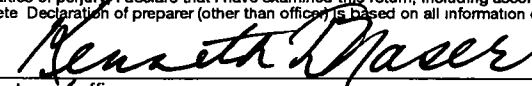

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		12/22/09 Date	
Paid Preparer's Use Only	Kenneth D. Naser, Executive Director Type or print name and title			
	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 RENNER AND COMPANY, CPA, P.C 700 NORTH FAIRFAX ST, SUITE 400 ALEXANDRIA, VIRGINIA 22314	Date 12/21/09	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) EIN <input type="checkbox"/> Phone no. 703-535-1200

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization

ALIVE!, INC.

Employer identification number

54 0914017

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III **Statements About Activities** (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(iii) (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶**
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,150,447.	1,024,139.	925,000.	1,106,524.	4,206,110.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	317,544.	368,093.	301,653.	372,219.	1,359,509.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,877.	2,878.	1,788.	1,666.	10,209.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	48,667.	42,109.	SEE STATEMENT 12 74,578.	93,716.	259,070.
23 Total of lines 15 through 22	1,520,535.	1,437,219.	1,303,019.	1,574,125.	5,834,898.
24 Line 23 minus line 17	1,202,991.	1,069,126.	1,001,366.	1,201,906.	4,475,389.
25 Enter 1% of line 23	15,205.	14,372.	13,030.	15,741.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 89,508.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 4,475,389.
d Add Amounts from column (e) for lines 18 10,209. 19 22 259,070. 26b					26d 269,279.
e Public support (line 26c minus line 26d total)					26e 4,206,110.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 93.9831%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	(2006) N/A	(2005)	(2004)	(2003)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2006) N/A	(2005)	(2004)	(2003)	
c Add Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15	NONE				

Part V Private School Questionnaire (See page 9 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

Yes No

29

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31

If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)

32 Does the organization maintain the following

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32a

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32c

d Copies of all material used by the organization or on its behalf to solicit contributions?

32d

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)

33 Does the organization discriminate by race in any way with respect to:

a Students' rights or privileges?

33a

b Admissions policies?

33b

c Employment of faculty or administrative staff?

33c

d Scholarships or other financial assistance?

33d

e Educational policies?

33e

f Use of facilities?

33f

g Athletic programs?

33g

h Other extracurricular activities?

33h

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34a

b Has the organization's right to such aid ever been revoked or suspended?

34b

If you answered "Yes" to either 34a or b, please explain using an attached statement

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

35

Schedule A (Form 990 or 990-EZ) 2007

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** if the organization belongs to an affiliated groupCheck ☐ **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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Asset No	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
5	BUILDING & EQUIPMENT ALIVE HOUSE	12/12/89	SL	40.00	HY16	62,410.				62,410.	27,563.		1,560.	29,123.
6	ALIVE HOUSE CONSTRUCTION	07/01/94	SL	40.00	HY16	483,236.				483,236.	157,053.		12,081.	169,134.
7	LAND ALIVE HOUSE * 990 PAGE 2 TOTAL - BUILDING & EQUIPMENT	12/12/89		.000	HY16	28,039.				28,039.			0.	
	CDC - FURNITURE & EQUIPMENT					573,685.				573,685.	184,616.		13,641.	198,257.
22	(D)US MALL PEN COMPUTER	12/14/98	SL	5.00	HY16	800.				800.	800.		0.	
24	IBM 550	10/18/99	SL	5.00	HY16	1,651.				1,651.	1,651.		0.	1,651.
25	2 YOUNG EXPL COMPUTERS & MONITORS	07/26/00	SL	5.00	HY16	2,149.				2,149.	2,149.		0.	2,149.
26	COMPUTER (YOUNG) UNITED	07/10/01	SL	5.00	HY16	2,149.				2,149.	2,149.		0.	2,149.
28	2 COMPUTERS CDC	06/08/04	SL	5.00	HY16	760.			334.	426.	85.		85.	170.
51	2 CRIBE	05/28/99	SL	7.00	HY16	296.				296.	296.		0.	296.
63	BOX LOCKERS	06/18/84	SL	13.00	HY16	332.				332.	332.		0.	332.
64	CLASSROOM TABLES	07/03/85	SL	10.00	HY16	561.				561.	561.		0.	561.
68	PLAYGROUND EQUIPMENT	08/10/90	SL	15.00	HY16	4,001.				4,001.	4,001.		0.	4,001.
69	OFFICE FURNITURE	06/08/90	SL	10.00	HY16	650.				650.	650.		0.	650.
70	EXERCISE MATS	09/23/91	SL	5.00	HY16	257.				257.	257.		0.	257.
71	PLAYGROUND EQUIPMENT	12/24/91	SL	10.00	HY16	380.				380.	380.		0.	380.

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08-23-07

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2007 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Conv	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Year Deduction	Ending Accumulated Depreciation
72	CLASSROOM EQUIPMENT	12/24/91	SL	10.00	HYD6	400.				400.	400.	0.	400.
73	PLAYGROUND EQUIPMENT	03/05/92	SL	15.00	HYD6	4,000.				4,000.	4,000.	0.	4,000.
74	CLASSROOM EQUIPMENT	07/01/91	SL	15.00	HYD6	411.				411.	408.	0.	408.
75	CLASSROOM EQUIPMENT	02/23/93	SL	10.00	HYD6	473.				473.	473.	0.	473.
82	CARPET	03/21/94	SL	7.00	HYD6	2,983.				2,983.	2,983.	0.	2,983.
84	CLASSROOM EQUIPMENT	06/30/96	SL	7.00	HYD6	657.				657.	657.	0.	657.
86	SHED	07/15/96	SL	7.00	HYD6	936.				936.	936.	0.	936.
87	TRICYCLES	02/10/97	SL	5.00	HYD6	1,036.				1,036.	1,036.	0.	1,036.
88	FREEZER	04/08/97	SL	7.00	HYD6	2,150.				2,150.	2,150.	0.	2,150.
89	TILE HALLWAY AND CLASSROOM	09/01/97	SL	15.00	HYD6	7,279.				7,279.	4,770.	485.	5,255.
90	BLINDS	09/26/97	SL	7.00	HYD6	1,450.				1,450.	1,450.	0.	1,450.
91	5 AREA RUGS DONATED	12/31/98	SL	7.00	HYD6	645.				645.	645.	0.	645.
95	BENCH COAT LOCKERS	09/18/98	SL	7.00	HYD6	2,208.				2,208.	2,208.	0.	2,208.
96	8 STORAGE UNITS AND STOVE	09/18/98	SL	7.00	HYD6	2,437.				2,437.	2,437.	0.	2,437.
98	FENCE	06/13/00	SL	7.00	HYD6	650.				650.	650.	0.	650.
99	SAND/WATER TABLE	05/30/00	SL	7.00	HYD6	240.				240.	240.	0.	240.
101	SWING SET	08/15/00	SL	7.00	HYD6	650.				650.	643.	7.	650.
104	PHOTO COPY CDC	03/24/04	SL	5.00	HYD6	524.			231.	293.	59.	59.	118.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No	Description	Date Acquired	Method	Life	C o v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
105	CANNON DIGITAL CAMERA - CDC	09/02/03	SL	7.00		HY16	300.			98.	202.	29.		29.	58.
106	BILINGUAL RUG CDC	08/28/03	SL	7.00		HY16	393.			128.	265.	38.		38.	76.
107	3 COSTUME CAROUSELS CDC	08/28/03	SL	7.00		HY16	630.			206.	424.	61.		61.	122.
108	PLAY-READ RUG CDC	08/22/03	SL	7.00		HY16	375.			122.	253.	36.		36.	72.
109	GROUP-TIME RUG CDC	08/22/03	SL	7.00		HY16	275.			90.	185.	26.		26.	52.
115	REFRIGERATOR #3 JOINT CDC	01/27/05	SL	7.00		HY16	1,415.				1,415.	286.		286.	488.
	* 990 PAGE 2 TOTAL - CDC - FURNITURE & EQUIPMENT						46,503.			1,209.	45,294.	39,932.		1,028.	40,160.
	FURNITURE & EQUIPMENT														
8	(D) COMPUTER	06/25/96	SL	5.00		HY16	2,082.				2,082.	2,082.		0.	
9	(D) COMPUTER	08/09/98	SL	5.00		HY16	536.				536.	536.		0.	
10	(D) COMPUTER	11/01/00	SL	5.00		HY16	1,321.				1,321.	1,321.		0.	
11	(D) EDLEMAN COMPUTER (DONATION)	01/09/02	SL	5.00		HY16	500.				500.	500.		0.	
12	(D) UW/IBM COMPUTER MONITOR	07/10/01	SL	5.00		HY16	931.				931.	931.		0.	
13	(D) COMPUTER & PRINTER	09/19/97	SL	5.00		HY16	1,459.				1,459.	1,459.		0.	
14	(D) FAX MACHINE	12/06/97	SL	5.00		HY16	420.				420.	420.		0.	
15	(D) COMPUTER & EQUIPMENT (D)	08/03/00	SL	5.00		HY16	1,407.				1,407.	1,407.		0.	
16	(D) COMPUTER SYSTEM (DONATED)	07/01/94	SL	5.00		HY16	2,200.				2,200.	2,200.		0.	
17	(D) 486 COMPUTER (DONATED)	05/14/97	SL	5.00		HY16	500.				500.	500.		0.	

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No	Description	Date Acquired	Method	Life	C o v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	(D) APPLE COMPUTER (DONATED)	01/26/99	SL	5.00		HXL6	2,000.				2,000.	2,000.		0.	0.
19	(D) COMPUTER & MONITORS	03/27/02	SL	5.00		HXL6	800.				800.	800.		0.	0.
20	(D) GATEWAY COMPUTER	08/31/01	SL	5.00		HXL6	500.				500.	500.		0.	0.
21	(D) COMPUTER (DONATED)	08/01/95	SL	5.00		HXL6	400.				400.	400.		0.	0.
23	(D) FAX MACHINE	01/07/99	SL	5.00		HXL6	480.				480.	480.		0.	0.
27	(D) DELL#14N COMPUTER (DONATION)	01/09/02	SL	5.00		HXL6	500.				500.	500.		0.	0.
29	(D) HP/COMPAQ PRINTER (DONATION)	02/14/03	SL	5.00		HXL6	200.				200.	177.		0.	0.
30	(D) COMPUTER	04/01/04	SL	5.00		HXL6	1,155.			508.	647.	129.		0.	0.
31	(D) DELL COMPUTER DONATED	10/23/03	SL	5.00		HXL6	500.			220.	280.	56.		0.	0.
32	(D) DELL COMPUTER MONITOR - DONATED	02/01/05	SL	3.00		HXL6	500.				500.	402.		0.	0.
33	(D) CARPETING	11/01/00	SL	7.00		HXL6	350.				350.	333.		0.	0.
34	(D) COPIER	12/06/97	SL	7.00		HXL6	650.				650.	650.		0.	0.
35	(D) COMPUTER/PRINTER	12/06/98	SL	5.00		HXL6	940.				940.	940.		0.	0.
36	(D) PRINTER BPP	10/12/99	SL	5.00		HXL6	250.				250.	250.		0.	0.
37	SECURITY SYSTEM	07/01/94	SL	7.00		HXL6	8,151.				8,151.	8,151.		0.	8,151.
38	LIFT	07/01/94	SL	7.00		HXL6	16,428.				16,428.	16,428.		0.	16,428.
39	(D) CARPET	07/01/94	SL	7.00		HXL6	5,151.				5,151.	5,151.		0.	0.
40	(D) APPLIANCES	07/01/94	SL	7.00		HXL6	5,336.				5,336.	5,336.		0.	0.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2007 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Convention	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
41	FURNITURE	07/01/94	SL	7.00	HYL6	27,354.				27,354.	27,354.		0.	27,354.
42	(D)OFFICE DESK	06/06/96	SL	7.00	HYL6	200.				200.	200.		0.	0.
43	(D)TWO OFFICE CHAIRS	05/29/96	SL	7.00	HYL6	220.				220.	220.		0.	0.
44	(D)UTILITY CABINET	05/29/96	SL	7.00	HYL6	100.				100.	100.		0.	0.
45	(D)HOOVER STEAM VACUUM	05/01/96	SL	7.00	HYL6	230.				230.	230.		0.	0.
46	(D)HOOVER UPRIGHT VACUUM	05/01/96	SL	7.00	HYL6	280.				280.	280.		0.	0.
47	(D)WASHER/DRYER (DONATED)	06/13/97	SL	7.00	HYL6	400.				400.	400.		0.	0.
48	(D)XEROX COPIER KC580	03/30/98	SL	5.00	HYL6	400.				400.	400.		0.	0.
49	(D)WASHING MACHINE (KENMORE)	12/10/97	SL	7.00	HYL6	759.				759.	759.		0.	0.
50	(D)STEREO SYSTEM ~ DONATED	02/06/99	SL	5.00	HYL6	200.				200.	200.		0.	0.
52	SOFA & CHAIR	07/01/00	SL	7.00	HYL6	918.				918.	918.		0.	918.
53	(D)DRYER	12/11/00	SL	7.00	HYL6	515.				515.	485.		0.	0.
54	(D)FLOORING	07/01/00	SL	7.00	HYL6	2,958.				2,958.	2,958.		0.	0.
55	DOOR CLOSING DEVICES	12/29/00	SL	7.00	HYL6	810.				810.	753.		57.	810.
56	HANDLE LOCKS	09/15/00	SL	7.00	HYL6	570.				570.	555.		15.	570.
57	(D)WHIRLPOOL WASHER (D)	06/25/01	SL	7.00	HYL6	600.				600.	515.		0.	0.
58	(D)VACUUM (D)	03/01/01	SL	7.00	HYL6	299.				299.	271.		0.	0.
59	(D)VACUUM (D)	02/24/01	SL	7.00	HYL6	259.				259.	234.		0.	0.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
60 (D) CARPET		09/30/01	SL	7.00	HXL6	620.				620.	510.		0.	
61 (D) CARPET		06/27/03	SL	7.00	HXL6	547.				547.	312.		0.	
62 (D) KITCHEN EQUIPMENT		01/01/81	SL	13.00	HXL6	4,071.				4,071.	4,071.		0.	
65 (D) WINDOW AIR CONDITIONER		06/07/84	SL	5.00	HXL6	499.				499.	499.		0.	
66 (D) WINDOW AIR CONDITIONER		06/13/91	SL	5.00	HXL6	470.				470.	470.		0.	
67 (D) WINDOW AIR CONDITIONER		06/13/91	SL	5.00	HXL6	418.				418.	418.		0.	
76 (D) STORAGE CHEST		02/27/93	SL	10.00	HXL6	250.				250.	250.		0.	
77 (D) VANITY SET		03/06/93	SL	10.00	HXL6	260.				260.	260.		0.	
78 (D) WATER FOUNTAIN		07/08/92	SL	10.00	HXL6	423.				423.	423.		0.	
79 PUMP PUMP		11/02/93	SL	7.00	HXL6	235.				235.	235.		0.	235.
80 (D) REFRIGERATOR		12/09/93	SL	7.00	HXL6	723.				723.	723.		0.	
81 (D) XEROX COPIER		06/14/94	SL	7.00	HXL6	470.				470.	470.		0.	
83 (D) VACUUM		04/30/96	SL	7.00	HXL6	430.				430.	430.		0.	
85 (D) CANNON COPIER		06/04/96	SL	7.00	HXL6	900.				900.	900.		0.	
92 (D) DESK - DONATED		12/31/98	SL	7.00	HXL6	250.				250.	250.		0.	
93 (D) 7 OFFICE CHAIRS DONATED		12/31/98	SL	7.00	HXL6	525.				525.	525.		0.	
94 (D) 4 IN 1 KITCHEN		10/01/98	SL	3.00	HXL6	447.				447.	447.		0.	
97 (D) COPIER		01/07/99	SL	5.00	HXL6	650.				650.	650.		0.	

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2007 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
100	(D)2 COMPUTER WORKSTATIONS	02/23/00	SL	7.00	HY16		451.				451.	451.		0.	
102	FREEZER	09/13/01	SL	7.00	HY16		493.				493.	410.		70.	480.
103	MOBILE LISTENING CENTER	01/07/03	SL	7.00	HY16		249.				249.	161.		36.	197.
110	LASER COLOR PRINTER	12/31/03	SL	7.00	HY16		940.			307.	633.	90.		90.	180.
111	COMPUTER DESKS - DONATED	05/06/05	SL	7.00	HY16		600.				600.	186.		86.	272.
112	FREEZER	05/01/05	SL	7.00	HY16		770.				770.	128.		110.	238.
113	REFRIDGERATOR #1	10/24/05	SL	7.00	HY16		570.				570.	135.		81.	216.
114	REFRIDGERATOR #2	11/21/05	SL	7.00	HY16		570.				570.	129.		81.	210.
	* 990 PAGE 2 TOTAL - FURNITURE & EQUIPMENT						109,550.			1,035.	108,515.	104,405.		626.	56,259.
	VEHICLES														
116	CHRYSLER LEBARON - DONATED	09/19/01	SL	3.00	HY16		500.				500.	500.		0.	500.
117	TRUCK	09/01/03	SL	5.00	HY16		30,324.			13,343.	15,981.	3,396.		3,396.	6,792.
118	2006 GMC VAN	11/25/05	SL	5.00	HY16		34,256.				34,256.	10,111.		6,851.	16,962.
119	1990 FORD PASSENGER VAN	09/30/05	SL	3.00	HY16		1,500.				1,500.	875.		500.	1,375.
	* 990 PAGE 2 TOTAL - VEHICLES						66,580.			13,343.	53,237.	14,882.		10,747.	25,629.
	* GRAND TOTAL 990 PAGE 2 DEPR						796,318.			15,587.	780,731.	343,835.		26,042.	320,305.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	1
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
GAIN/LOSS FROM DISPOSAL OF PROPERTY	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	51,692.	0.	50,300.	<1,392.>
TO FM 990, PART I, LN 8		51,692.	0.	50,300.	<1,392.>

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
FOOLS ALIVE	39,596.		39,596.	16,342.	23,254.
WALKATHON	27,259.		27,259.	3,384.	23,875.
MISCELLANEOUS	5,081.		5,081.		5,081.
TO FM 990, PART I, LINE 9	71,936.		71,936.	19,726.	52,210.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
PRIOR PERIOD CORRECTION TO NET ASSETS	19,001.
UNREALIZED LOSS ON INVESTMENT	<2,590.>
TOTAL TO FORM 990, PART I, LINE 20	16,411.

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
WORKERS' COMPENSATION	1,292.	1,292.			
PROFESSIONAL FEES	8,335.	4,335.	3,224.	776.	
UTILITIES	9,437.	9,437.			
STAFF DEVELOPMENT	1,527.	1,455.	58.	14.	
VOLUNTEER TRAINING/RECOGNITION	414.		334.	80.	
INSURANCE	19,689.	16,591.	2,497.	601.	
SECURITY	2,371.	2,361.	8.	2.	
PUBLIC RELATIONS	3,832.		3,089.	743.	
ACTIVITIES	14,553.	1,059.		13,494.	
MISCELLANEOUS	3,219.	1,141.	1,675.	403.	
OFFICE EXPENSES	4,945.	993.	3,185.	767.	
TOTAL TO FM 990, LN 43	69,614.	38,664.	14,070.	16,880.	

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	5
DESCRIPTION		AMOUNT	
FOOD, SHELTER, CLOTHING, MEDICAL, TRANSPORTATION WORK RELATED TO CHILD CARE		737,960.	
TOTAL TO FORM 990, PART II, LINE 23		737,960.	

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
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DESCRIPTION OF PROGRAM SERVICE ONE

THE ALIVE! FAMILY EMERGENCY PROGRAM OFFERS FOOD, FINANCIAL ASSISTANCE, FURNITURE AND HOUSEWARES TO PEOPLE IN NEED. CANNED AND PACKAGED FOOD IS DELIVERED BY VOLUNTEERS FIVE DAYS A WEEK, AND IS AVAILABLE FOR PICK-UP ONCE A MONTH. FINANCIAL ASSISTANCE INCLUDES PAYMENTS FOR RENT, UTILITIES AND OTHER EMERGENCY EXPENSES RANGING FROM MEDICINES TO WORK BOOTS, AS REQUESTED BY SOCIAL SERVICE AGENCIES OR CLECY OF MEMBER CONGREGATIONS. DONATED BEDS, TABLES, CHAIRS, CHESTS, LINENS, BEDDING, POTS AND PANS AND OTHER ITEMS ARE DELIVERED BY VOLUNTEERS ON WEEKENDS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		716,357.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	7
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EXPLANATION

ALIVE! IS A NON-PROFIT ORGANIZATION STARTED IN 1969 TO HELP ALEXANDRIANS FACED WITH EMERGENCY SITUATIONS OR LONGER TERM NEEDS BECOME CAPABLE OF ASSUMING SELF-RELIANT ROLES IN THE COMMUNITY. ALIVE! IS A COALITION OF SOME 38-40 MEMBER FAITH CONGREGATIONS AND OPERATES ITS MANY PROGRAMS LARGELY WITH THE HELP OF HUNDREDS OF VOLUNTEERS. IT SERVES OVER 12,000 ALEXANDRIA FAMILIES ANNUALLY WITH SHELTER; LOW-COST PRESCHOOL AND DAY-CARE; AND FINANCIAL ASSISTANCE, FOOD, FURNITURE AND HOUSEWARES.

FORM 990	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENTS	COST	188,769.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		188,769.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
ALIVE HOUSE	62,410.	29,123.	33,287.
ALIVE HOUSE CONSTRUCTION	483,236.	169,134.	314,102.
LAND ALIVE HOUSE	28,039.	0.	28,039.
IBM 550	1,651.	1,651.	0.
2 YOUNG EXPL COMPUTERS & MONITORS	2,149.	2,149.	0.
COMPUTER (YOUNG) UNITED	2,149.	2,149.	0.
2 COMPUTERS CDC	760.	504.	256.
SECURITY SYSTEM	8,151.	8,151.	0.
LIFT	16,428.	16,428.	0.
FURNITURE	27,354.	27,354.	0.
2 CRIBS	296.	296.	0.
SOFA & CHAIR	918.	918.	0.
DOOR CLOSING DEVICES	810.	810.	0.
HANDLE LOCKS	570.	570.	0.
BOX LOCKERS	332.	332.	0.
CLASSROOM TABLES	561.	561.	0.
PLAYGROUND EQUIPMENT	4,001.	4,001.	0.
OFFICE FURNITURE	650.	650.	0.
EXERCISE MATS	257.	257.	0.
PLAYGROUND EQUIPMENT	380.	380.	0.
CLASSROOM EQUIPMENT	400.	400.	0.
PLAYGROUND EQUIPMENT	4,000.	4,000.	0.
CLASSROOM EQUIPMENT	411.	408.	3.
CLASSROOM EQUIPMENT	473.	473.	0.
SUMP PUMP	235.	235.	0.
CARPET	2,983.	2,983.	0.
CLASSROOM EQUIPMENT	657.	657.	0.
SHED	936.	936.	0.
TRICYCLES	1,036.	1,036.	0.
FREEZER	2,150.	2,150.	0.
TILE HALLWAY AND CLASSROOM	7,279.	5,255.	2,024.
BLINDS	1,450.	1,450.	0.
6 AREA RUGS DONATED	645.	645.	0.
BENCH COAT LOCKERS	2,208.	2,208.	0.
8 STORAGE UNITS AND STOVE	2,437.	2,437.	0.
FENCE	650.	650.	0.
SAND/WATER TABLE	240.	240.	0.
SWING SET	650.	650.	0.
FREEZER	493.	480.	13.
MOBILE LISTENING CENTER	249.	197.	52.
PHOTO COPY CDC	524.	349.	175.
CANNON DIGITAL CAMERA - CDC	300.	156.	144.
BILINGUAL RUG CDC	393.	204.	189.
3 COSTUME CAROUSELS CDC	630.	328.	302.
PLAY-READ RUG CDC	375.	194.	181.

GROUP-TIME RUG CDC	275.	142.	133.
LASER COLOR PRINTER	940.	487.	453.
COMPUTER DESKS - DONATED	600.	272.	328.
FREEZER	770.	238.	532.
REFRIDGERATOR #1	570.	216.	354.
REFRIDGERATOR #2	570.	210.	360.
REFRIDGERATOR #3 JOINT CDC	1,415.	488.	927.
CHRYSLER LEBARON - DONATED	500.	500.	0.
TRUCK	30,324.	20,135.	10,189.
2006 GMC VAN	34,256.	16,962.	17,294.
1990 FORD PASSENGER VAN	1,500.	1,375.	125.
TOTAL TO FORM 990, PART IV, LN 57	744,626.	335,164.	409,462.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 10
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GERRY HEBERT 2723 KING STREET ALEXANDRIA, VA 22302	PRESIDENT 2.00	0.	0.	0.
DIANA DAY 2723 KING STREET ALEXANDRIA, VA 22302	VICE PRESIDENT 1.00	0.	0.	0.
JANN MASTERSON 2723 KING STREET ALEXANDRIA, VA 22302	RECORDING SECRETARY 1.00	0.	0.	0.
VIVIAN WEBB 2723 KING STREET ALEXANDRIA, VA 22302	CORRESPONDING SECRETARY 1.00	0.	0.	0.
RICK GLASSCO 2723 KING STREET ALEXANDRIA, VA 22302	TREASURER - ALIVE 3.00	0.	0.	0.
MARGIE CARPENTER 2723 KING STREET ALEXANDRIA, VA 22302	TREASURER CDC 3.00	0.	0.	0.
LINDA OLIVER 2723 KING STREET ALEXANDRIA, VA 22302	ASSISTANT TREASURER CDC 1.00	0.	0.	0.

LAURA RODGERS 2723 KING STREET ALEXANDRIA, VA 22302	ASSISTANT TREASURER 1.00	0.	0.	0.
SUSANNE ARNOLD 2723 KING STREET ALEXANDRIA, VA 22302	ALIVE! HOUSE 2.00	0.	0.	0.
ALLEN BROWN 2723 KING STREET ALEXANDRIA, VA 22302	CHILD DEVELOPMENT CENTER 1.00	0.	0.	0.
PAM GOODELL 2723 KING STREET ALEXANDRIA, VA 22302	MEMBER 1.00	0.	0.	0.
BETH MCFARLAND 2723 KING STREET ALEXANDRIA, VA 22302	MEMBER 1.00	0.	0.	0.
LINDA COLEMAN 2723 KING STREET ALEXANDRIA, VA 22302	MEMBER 1.00	0.	0.	0.
DEBORAH PATTERSON 2723 KING STREET ALEXANDRIA, VA 22302	MEMBER 1.00	0.	0.	0.
JEAN MOORE 2723 KING STREET ALEXANDRIA, VA 22302	MEMBER 1.00	0.	0.	0.
MIKE DIFFLEY 2723 KING STREET ALEXANDRIA, VA 22302	MEMBER 1.00	0.	0.	0.
ADDIE HEBERT 2723 KING STREET ALEXANDRIA, VA 22302	MEMBER 1.00	0.	0.	0.
CATHY THOMPSON 2723 KING STREET ALEXANDRIA, VA 22302	MEMBER 1.00	0.	0.	0.
DAVID INGOLD 2723 KING STREET ALEXANDRIA, VA 22302	MEMBER 1.00	0.	0.	0.
KENNETH NASER 2723 KING STREET ALEXANDRIA, VA 22302	EXECUTIVE DIRECTOR 40.00	65,000.	1,300.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		65,000.	1,300.	0.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 11

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	DAY CARE PROGRAM PROVIDES ACCREDITED QUALITY DAY CARE FOR THE CHILDREN OF WORKING PARENTS.
93G	DAY CARE PROGRAM PROVIDES ACCREDITED QUALITY DAY CARE FOR THE CHILDREN OF LOW INCOME WORKING PARENTS IN THE CITY OF ALEXANDRIA AS WELL AS A CHILD CARE FOOD PROGRAM FOR LOW INCOME CHILDREN IN DAY CARE.

SCHEDULE A

OTHER INCOME

STATEMENT 12

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
FUNDRAISING	41,231.	42,109.	74,398.	84,732.
MISCELLANEOUS	7,436.	0.	180.	8,984.
TOTAL TO SCHEDULE A, LINE 22	48,667.	42,109.	74,578.	93,716.

Form **4562-FY**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

2007Attachment
Sequence No 67

ALIVE!, INC.

FORM 990 PAGE 2

Identifying number
54-0914017**Part I** Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	26,042.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	26,042.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

716271
04-29-08 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562-FY (2007)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year:					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44