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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)

OMB No. 1545-0047

2007

Open to Public
Inspection

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

A For the 2007 calendar year, or tax year beginning

JUL 1, 2007

and ending JUN 30, 2008

B Check if applicable

Please use IRS label or print or type
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization

ALIVE!, INC.

D Employer identification number

54-0914017

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

2723 KING STREET

Room/suite

E Telephone number

703-548-6146

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

ALEXANDRIA, VA 22302

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 527K 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 JAN 08 2010 SCANNED	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			
	6 a Gross rents	6a			
	b Less rental expenses	6b			
Expenses	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			
	a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	71,936.		
	b Less direct expenses other than fundraising expenses	9b	19,726.		
	c Net income or (loss) from special events Subtract line 9b from line 9a	SEE STATEMENT 2			
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 VI, 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.		
	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)	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. 617

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 \$ 0 • noncash \$ 0.)	0.			
If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule)				
(cash \$ 0 • noncash \$ 0.)	0.			
If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule) STATEMENT 5	737,960.	737,960.		
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	66,300.	33,150.	19,890.	13,260.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	322,490.	276,184.	44,152.	2,154.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	31,124.	29,624.	1,209.	291.
29 Payroll taxes	30,776.	25,448.	4,294.	1,034.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	28,555.	28,096.	370.	89.
34 Telephone	8,791.	5,328.	2,791.	672.
35 Postage and shipping	1,984.	746.	998.	240.
36 Occupancy	22,800.	13,800.	7,254.	1,746.
37 Equipment rental and maintenance	21,585.	20,991.	479.	115.
38 Printing and publications	923.	40.	712.	171.
39 Travel	560.	121.	354.	85.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	26,042.	17,935.	6,534.	1,573.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	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)	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) ► <input type="checkbox"/>	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
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	47a 40,945.		
b Less: allowance for doubtful accounts	47b	35,892.	47c 40,945.
48 a Pledges receivable	48a		48c
b Less: allowance for doubtful accounts	48b		
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	51a		51c
b Less: allowance for doubtful accounts	51b		
52 Inventories for sale or use		52	
53 Prepaid expenses and deferred charges		17,597.	53 11,576.
54 a Investments - publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
b Investments - other securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b		55c
56 Investments - other	SEE STATEMENT 8	130,643.	56 188,769.
57 a Land, buildings, and equipment: basis	57a 744,626.		
b Less: accumulated depreciation	57b 335,164.	436,896.	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.
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 ► CLIENT CUSTODIAL)		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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the Instructions)

a	Total revenue, gains, and other support per audited financial statements	a	1,461,075.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	<2,590. ▶
2	Donated services and use of facilities	b2	17,136.
3	Recoveries of prior year grants	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4	b	14,546.
c	Subtract line b from line a	c	1,446,529.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): <u>GAIN/ (LOSS) ON DISPOSAL OF PROPERTY</u>	d2	<1,392. ▶
	Add lines d1 and d2	d	<1,392. ▶
e	Total revenue (Part I, line 12). Add lines c and d	e	1,445,137.
Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
a	Total expenses and losses per audited financial statements	a	1,388,032.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	17,136.
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): <u>GAIN/ (LOSS) ON DISPOSAL OF PROPERTY</u>	b4	1,392.
	Add lines b1 through b4	b	18,528.
c	Subtract line b from line a	c	1,369,504.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	1,369,504.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the *Instructions*.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 10		65,000.	1,300.	0.

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?

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.)

Part VI Other Information (See the Instructions)

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? N/A
b If "Yes," has it filed a tax return on Form 990-T for this year?

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

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?

Form 990 (2007)

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?		N/A
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		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?		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?		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 ► 0.; section 4912 ► 0.; section 4955 ► 0.		
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		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
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 ► VA	90b	12
b Number of employees employed in the pay period that includes March 12, 2007		
91 a The books are in care of ► ALIVE!, INC Located at ► 2723 KING STREET, ALEXANDRIA, VA	Telephone no ► 703-837-9300 ZIP + 4 ► 22302	
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 ► N/A	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

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.

93 Program service revenue:

a TUITION

b

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

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

101 Net income or (loss) from special events

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

Yes	No
-----	----

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.

	(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
-----	----

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.

Please
Sign
Here

Kenneth D. Naser 12/22/09
Signature of officer Date

Kenneth D. Naser, Executive Director
Type or print name and title

Paid
Preparer's
Use Only

Preparer's signature	<i>John M. Renner, CPA</i>	Date 12/21/09	Check if self- employed ► <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
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	EIN ►		
		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.

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)(ii) (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.)

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

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 _____				► 26d	269,279.
22 259,070. 26b _____				► 26e	4,206,110.
e Public support (line 26c minus line 26d total)				► 26f	93.9831%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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	N/A				
(2006)	(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	N/A				
(2006)	(2005)	(2004)	(2003)		
c Add. Amounts from column (e) for lines 15 _____ 16 _____				► 27c	N/A
17 _____ 20 _____ 21 _____				► 27d	N/A
d Add Line 27a total _____ and line 27b total _____				► 27e	N/A
e Public support (line 27c total minus line 27d total)				► 27f	N/A %
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)				► 27g	N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				► 27h	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
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)

	Yes	No
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?	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)		
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32b	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32c	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d	
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to	33a	
a Students' rights or privileges?	33b	
b Admissions policies?	33c	
c Employment of faculty or administrative staff?	33d	
d Scholarships or other financial assistance?	33e	
e Educational policies?	33f	
f Use of facilities?	33g	
g Athletic programs?	33h	
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>		
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 VII. Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

6. Sharing of facilities, equipment, mailing lists, other assets, or paid employees

- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► Yes No

b If "Yes," complete the following schedule

N/A

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Asset No	Description	Date Acquired	Method	Life	Line No	Undisputed 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	
	BUILDING & EQUIPMENT														
5	ALIVE HOUSE	12/12/89	SL	40.00	HY16	52,410.				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	12/12/89		0.00	HY16	28,039.				28,039.				0.	
* 990 PAGE 2 TOTAL -															
	BUILDING & EQUIPMENT														
22	(D) US MAIL PEN COMPUTER	12/14/98	SL	5.00	HY16	800.				800.	800.			0.	
24	13M 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.	170.
51	2 CRIBS	05/28/98	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	07/09/85	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	05/08/90	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

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Asset No	Description	Date Acquired	Method	Life	C Line No	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	HY16	400.				400.	400.	0.	400.
73	PLAYGROUND EQUIPMENT	03/05/92	SL	15.00	HY16	4,000.				4,000.	4,000.	0.	4,000.
74	CLASSROOM EQUIPMENT	07/01/91	SL	15.00	HY16	411.				411.	408.	0.	408.
75	CLASSROOM EQUIPMENT	02/23/93	SL	10.00	HY16	473.				473.		0.	473.
82	CARPET	03/21/94	SL	7.00	HY16	2,983.				2,983.		0.	2,983.
84	CLASSROOM EQUIPMENT	06/30/95	SL	7.00	HY16	657.				657.		0.	657.
86	SHED	07/15/96	SL	7.00	HY16	936.				936.		0.	936.
87	TRICYCLES	02/10/97	SL	5.00	HY16	1,036.				1,036.		0.	1,036.
88	FREEZER	04/08/97	SL	7.00	HY16	2,150.				2,150.		0.	2,150.
89	ITLE HALLWAY AND CLASSROOM	09/01/97	SL	15.00	HY16	7,279.				7,279.		485.	5,255.
90	BLINDS	09/26/97	SL	7.00	HY16	1,450.				1,450.		0.	1,450.
91	6 AREA RUGS DONATED	12/31/98	SL	7.00	HY16	645.				645.		0.	645.
95	BENCH COAT LOCKERS	09/18/98	SL	7.00	HY16	2,208.				2,208.		0.	2,208.
96	8 STORAGE UNITS AND STOVE	09/18/98	SL	7.00	HY16	2,437.				2,437.		0.	2,437.
98	FENCE	06/13/00	SL	7.00	HY16	650.				650.		0.	650.
99	SAND/WATER TABLE	05/30/00	SL	7.00	HY16	240.				240.		0.	240.
101	SWING SET	08/15/00	SL	7.00	HY16	650.				643.		7.	650.
104	PHOTO COPY CDC	03/24/04	SL	5.00	HY16	524.				293.		59.	118.
										231.			

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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 Line No	Undisbursed 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	TRILINGUAL RUG CDC	08/28/03	\$L	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	\$L	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 JOSEPH CHC	01/27/04	\$L	7.00	HY16	1,415.		1,415.	285.	202.		202.	488.	
* 990 PAGE 2 TOTAL - CDC - FURNITURE & EQUIPMENT														
FURNITURE & EQUIPMENT														
8	(D) COMPUTER	06/25/96	SL	5.00	HY16	2,082.			2,082.	2,082.	0.		0.	
9	(D) COMPUTER	08/09/98	\$L	5.00	HY16	536.			536.	536.	0.		0.	
10	(D) COMPUTER	11/01/00	SL	5.00	HY16	1,321.			1,321.	1,321.	0.		0.	
	(D) EDELMAN COMPUTER													
11	(D) COMPUTER (DONATION)	01/09/02	\$L	5.00	HY16	500.			500.	500.	0.		0.	
12	(D) UW/IBM COMPUTER MONITOR	07/10/01	SL	5.00	HY16	931.			931.	931.	0.		0.	
13	(D) COMPUTER & PRINTER	09/19/97	\$L	5.00	HY16	1,459.			1,459.	1,459.	0.		0.	
14	(D) FAX MACHINE	12/06/97	SL	5.00	HY16	420.			420.	420.	0.		0.	
15	(D) COMPUTER & EQUIPMENT (D)	08/03/00	\$L	5.00	HY16	1,407.			1,407.	1,407.	0.		0.	
16	(D) COMPUTER SYSTEM (DONATED)	07/01/94	SL	5.00	HY16	2,200.			2,200.	2,200.	0.		0.	
17	(D) 486 COMPUTER (DONATED)	06/14/97	\$L	5.00	HY16	500.			500.	500.	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	C Line No	Undepreciated Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec Expense	Current Year Deduction	Ending Accumulated Depreciation
18 (D) APPLE COMPUTER (DONATED)		01/26/99	SL	5.00	HY16	2,000.				2,000.	2,000.			0.
19 (D) COMPUTER & MONITORS		03/27/02	\$L	5.00	HY16	800.				800.	800.			0.
20 (D) GATEWAY COMPUTER		08/31/01	SL	5.00	HY16	500.				500.	500.			0.
21 (D) COMPUTER (DONATED)		08/01/95	\$L	5.00	HY16	400.				400.	400.			0.
23 (D) FAX MACHINE		01/07/99	SL	5.00	HY16	480.				480.	480.			0.
(D) EDELMAN COMPUTER		01/09/02	\$L	5.00	HY16	500.				500.	500.			0.
27 (DONATION)		02/14/03	SL	5.00	HY16	200.				200.	177.			0.
(D) HP/COMPAQ PRINTER		04/01/04	\$L	5.00	HY16	1,155.				508.	647.			0.
29 (DONATION)		10/23/03	SL	5.00	HY16	500.				220.	280.			0.
30 (D) COMPUTER		02/01/05	\$L	3.00	HY16	500.				500.	402.			0.
31 (D) DELL COMPUTER DONATED		11/01/00	SL	7.00	HY16	350.				350.	333.			0.
(D) DELL COMPUTER MONITOR ~		12/06/97	\$L	7.00	HY16	650.				650.	650.			0.
32 (D) CARPETING		12/06/98	SL	5.00	HY16	940.				940.	940.			0.
34 (D) COPIER		10/12/99	\$L	5.00	HY16	250.				250.	250.			0.
35 (D) COMPUTER/PRINTER		07/01/94	SL	7.00	HY16	8,151.				8,151.	8,151.			8,151.
(D) PRINTER BPP		07/01/94	\$L	7.00	HY16	16,428.				16,428.	16,428.			16,428.
37 SECURITY SYSTEM														
38 LIFT														
39 (D) CARPET														
40 (D) APPLIANCES														

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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 Line No 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
41	FURNITURE	07/01/94	SL	7.00	HY16	27,354.			27,154.	27,354.		0.	0.	27,354.
42	(D) OFFICE DESK	06/06/95	SL	7.00	HY16	200.			200.	200.		0.	0.	0.
43	(D) TWO OFFICE CHAIRS	05/29/96	SL	7.00	HY16	220.			220.	220.		0.	0.	0.
44	(D) UTILITY CABINET	05/29/96	SL	7.00	HY16	100.			100.	100.		0.	0.	0.
45	(D) HOOVER STEAM VACUUM	05/01/96	SL	7.00	HY16	230.			230.	230.		0.	0.	0.
46	(D) HOOVER UPRIGHT VACUUM	05/01/96	SL	7.00	HY16	280.			280.	280.		0.	0.	0.
47	(D) WASHER/DRYER (DONATED)	06/13/97	SL	7.00	HY16	400.			400.	400.		0.	0.	0.
48	(D) XEROX COPIER XC580	03/30/98	SL	5.00	HY16	400.			400.	400.		0.	0.	0.
49	(D) WASHING MACHINE (KENMORE)	12/10/97	SL	7.00	HY16	759.			759.	759.		0.	0.	0.
50	(D) STEREO SYSTEM ~ DONATED	02/06/99	SL	5.00	HY16	200.			200.	200.		0.	0.	0.
52	SOFA & CHAIR	07/01/00	SL	7.00	HY16	918.			918.	918.		0.	0.	918.
53	(D) DRYER	12/11/00	SL	7.00	HY16	515.			515.	485.		0.	0.	0.
54	(D) FLOORING	07/01/00	SL	7.00	HY16	2,958.			2,958.	2,958.		0.	0.	0.
55	DOOR CLOSING DEVICES	12/29/00	SL	7.00	HY16	810.			810.	753.		57.	610.	57.
56	HANDLE LOCKS	09/15/00	SL	7.00	HY16	570.			570.	555.		15.	570.	15.
57	(D) WHIRLPOOL WASHER (D)	06/25/01	SL	7.00	HY16	600.			600.	515.		0.	0.	0.
58	(D) VACUUM (D)	03/01/01	SL	7.00	HY16	299.			299.	271.		0.	0.	0.
59	(D) VACUUM (D)	02/24/01	SL	7.00	HY16	259.			259.	234.		0.	0.	0.

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	C Line n o v	Undepreciated 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	HY16	620.				620.	510.		0.	
61 (D) CARPET		05/27/03	SL	7.00	HY16	547.				547.	314.		0.	
62 (D) KITCHEN EQUIPMENT		01/01/01	SL	13.00	HY16	4,071.				4,071.	4,071.		0.	
65 (D) WINDOW AIR CONDITIONER		05/07/04	SL	5.00	HY16	499.				499.	499.		0.	
66 (D) WINDOW AIR CONDITIONER		06/13/01	SL	5.00	HY16	470.				470.	470.		0.	
67 (D) WINDOW AIR CONDITIONER		05/13/01	SL	5.00	HY16	418.				418.	418.		0.	
76 (D) STORAGE CHEST		02/27/03	SL	10.00	HY16	250.				250.	250.		0.	
77 (D) VANITY SET		03/06/03	SL	10.00	HY16	260.				260.	260.		0.	
78 (D) WATER FOUNTAIN		07/08/02	SL	10.00	HY16	423.				423.	423.		0.	
79 STAMP PUMP		11/02/03	SL	7.00	HY16	235.				235.	235.		0.	235.
80 (D) REFRIDGERATOR		12/09/03	SL	7.00	HY16	723.				723.	723.		0.	
81 (D) XEROX COPIER		05/14/04	SL	7.00	HY16	470.				470.	470.		0.	
83 (D) VACUUM		04/30/06	SL	7.00	HY16	430.				430.	430.		0.	
85 (D) CANNON COPIER		05/04/06	SL	7.00	HY16	300.				300.	300.		0.	
92 (D) DESK - DONATED		12/31/08	SL	7.00	HY16	250.				250.	250.		0.	
93 (D) 7 OFFICE CHAIRS DONATED		12/31/08	SL	7.00	HY16	525.				525.	525.		0.	
94 (D) 4 IN 1 KITCHEN		10/01/08	SL	3.00	HY16	447.				447.	447.		0.	
97 (D) COPIER		01/07/09	SL	5.00	HY16	650.				650.	650.		0.	

728111
06-23-07

(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	C Line 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	
100	(D) 2 COMPUTER WORKSTATIONS	02/23/00	SL	7.00	HY16	451.				451.	451.		0.		
102	FREEZER	09/13/01	\$L	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	\$L	7.00	HY16	940.				397.	633.		90.	180.	
111	COMPUTER DESKS - DONATED	05/06/05	SL	7.00	HY16	600.				600.	186.		86.	272.	
112	FREEZER	05/01/05	\$L	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	\$L	7.00	HY16	570.				570.	129.		81.	210.	
	* 990 PAGE 2 TOTAL - FURNITURE & EQUIPMENT					109,550.				1,035.	108,515.	104,405.		626.	
	VEHICLES										500.	500.		0.	
116	CHRYSLER LEBARON - DONATED	09/19/01	SL	3.00	HY16	500.				13,343.	16,981.	3,396.	3,396.	6,792.	
117	TRUCK	09/01/03	\$L	5.00	HY16	30,324.					34,256.	10,111.		6,851.	16,962.
118	2006 GMC VAN	11/25/05	SL	5.00	HY16	34,256.					1,500.	875.		500.	1,375.
119	1990 FORD PASSENGER VAN	09/30/05	\$L	3.00	HY16	1,500.									
	* 990 PAGE 2 TOTAL - VEHICLES					66,580.				13,343.	53,237.	14,882.		10,747.	
	* GRAND TOTAL 990 PAGE 2 DEER					796,313.				15,587.	780,731.	343,835.		26,042.	

728111
08-23-07

(D) - Asset disposed

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

FORM 990

GAIN (LOSS) FROM SALE OF OTHER ASSETS

STATEMENT 1

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
	0.	51,692.	0.
TO FM 990, PART I, LN 8		51,692.	0.
			50,300.
			<1,392. >

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 2

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

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	<u>69,614.</u>	<u>38,664.</u>	<u>14,070.</u>	<u>16,880.</u>

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

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 CLEGY OF MEMBER CONGREGATIONS. DONATED BEDS, TABLES, CHAIRS, CHESTS, LINENS, BEDDING, POTS AND PANS AND OTHER ITEMS ARE DELIVERED BY VOLUNTEERS ON WEEKENDS.

TO FORM 990, PART III, LINE A	GRANTS	EXPENSES
		<u>716,357.</u>

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

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
DESCRIPTION	VALUATION METHOD		
INVESTMENTS	COST	<u>188,769.</u>	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		<u>188,769.</u>	

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.

ALIVE!, INC.

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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, TRUSTEES AND KEY EMPLOYEES	STATEMENT	10
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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 MASTERS 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.

ALIVE!, INC.

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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

OMB No 1545-0172

Department of the Treasury
Internal Revenue ServiceDepreciation and Amortization 990
(Including Information on Listed Property)2007
Attachment
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

ALIVE!, INC.

FORM 990 PAGE 2

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 ► <input type="checkbox"/>		

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	

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
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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.

30	Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
		Yes	No										
31													
32													
33													
34	Was the vehicle available for personal use during off-duty hours?												
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39	Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41	Do you meet the requirements concerning qualified automobile demonstration use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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	