Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-1150

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

Open to Public

		ue Service	► Information about Form 990-EZ and its instructions is at www.irs.gov/forms	990.∦	b' _ IIIE DECITOR
A	For the	e 2016 calend	ar year, or tax year beginning , 2016, and ending	L	, 20
В	Check if a	pplicable	C Name of organization		D Employer identification number
	Addres	ss change		ļ	
	7	change	GIVE LIVELY FOUNDATION INC		81-0693451
-	Initial	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number
	⊣ _	return/terminated	C/O JSCM 888 7TH AVENUE, 40TH FL	- 1	() -
	٦ .	ded return	21	F Group Exemption	
\vdash	7	ation pending	NEW YORK, NY 10106	\supset I	Number -
G			سان بالاسان والأواد والمسان والمراه والمتعارف والمتعارف والمتعارف والمتعارف والمتعارف والمتعارف والمتعارف	neck	X if the organization is not
		te: ►N/A	=		d to attach Schedule B
				•	90, 990-EZ, or 990-PF)
			X Corporation Trust Association Other		30,333
		-	b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total a	esset	· · · · · · · · · · · · · · · · · · ·
) are \$500,000 or more, file Form 990 instead of Form 990-EZ		
			expenses, and Changes in Net Assets or Fund Balances (see the		
		Check if the	organization used Schedule O to respond to any question in this Part I		x
	1		gifts, grants, and similar amounts received	$\overline{}$	29,757.
	2		ce revenue including government fees and contracts	٠ –	25,757.
	3	-		· 🗁	
	4		lues and assessments	· -}	
(1)	.		come	• 🖵	
Õ	5 a		Them due of abboto bline starring and a second starring at second starring and a second starring at second sta	\dashv	
	b		other basis and sales expenses		c
Ž	C			٠٢٠	
Ĭij.	6	_	undraising events	-	
S.	a		from gaming (attach Schedule G if greater than	}	
ũ			· · · · · · · · · · · · · · · · · · ·		
SCANNED enuevas	Ь			- [
عن ا	{		ng events reported on line 1) (attach Schedule G if the ross income and contributions-exceeds \$15,000), 65	1	
50				\dashv	
၁	C	Less direct ex	openses from gaming and fundraising events V 5-6c; h	-	
- 0	ď	Net income (or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	. 6	4
_	7.0	Green and an	f inventory less returns and allowances	·	<u> </u>
	7a	Gross sales o		-	
	b	Case mentals	poods sold	٦,	
	C	Cross pront of	e (describe in Schedule 0)	•	
	8 9		ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		
	10		milar amounts paid (list in Schedule O)	1	
	11			٠ 🗀	
en l	12		to or for members	• —	
Se	13		ees and other payments to independent contractors	·	
Expenses	14		• •	· 🖵	
Ϋ́	15		ent, utilities, and maintenance	٠ 🗀	
	16		cations, postage, and shipping	•	
	17		ses (describe in Schedule O)	·	
_	18		ricit) for the year (Subtract line 17 from line 9)		
Net Assets			fund balances at beginning of year (from line 27, column (A)) (must agree with	•	
SS	19		gure reported on prior year's return)		9
¥ A	20		s in net assets or fund balances (explain in Schedule 0)		
N	20 21			2	
		HEL BOOKIS UI	ratio salarioto at one of your comments in the section		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-						Page
Part II	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to re	espond to any q		···		
		-	(A) Beginning of year) End of year
	sh, savings, and investments ATTACHMENT . 2	E C		0. 0.	22	18,148.
23 Lan 24 Oth	d and buildings			0.	24	18.
	al assets			0.	25	18,166.
	al liabilities (describe in Schedule 0) ,	,		0.	26	0.
	assets or fund balances (line 27 of column (B) must agree w			ο.	27	18,166.
Part III	Check if the organization used Schedule O to resp	ond to any ques		. X	(Required	expenses for section and 501(c)(4)
Describe as meas	ne organization's primary exempt purpose? <u>ATTACHME</u> the organization's program service accomplishments for used by expenses in a clear and concise manner, despending the program of the control of the	for each of its thre scribe the service				ons, optional for
28						
/Grant	ts\$) If this amount include	es foreign grants, ch	eck here		28a	
29) i uno directivi in disco	, o 10 olgi i grano, o				
(Grant	ts \$) If this amount include	es foreign grants, ch	eck here		29a	
(Grant			eck here		30a	
	program services (describe in Schedule O)			ښا		
(Grant	program service expenses (add lines 28a through 31a)				31a	
Part IV	List of Officers, Directors, Trustees, and Key Emplo Check if the organization used Schedule O to respon		(c) Reportable	(contr	1) Health benefits.	
		devoted to posit	(if not paid, enter-0-)	1 -	erred compensation	
ATTA	CHMENT 6			↓		
				_		
						
				+		
				-		
				+-	 	
				 		
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					. —	
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	9735KO M174	A T0-2L				

81-0593451

Form 990-EZ (2016)

OIII, O				
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this	in the Part\	e /	
	instructions for Fart V) Check if the digardzation used Goldene O to respond to any question in this	ait	$\overline{}$	المسيار
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	ļ		
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
35 a	and the second s	-		
JJa	· · · · · · · · · · · · · · · · · · ·	35a		х
	activities (such as those reported on lines 2, 6a, and 7a, among others)?			
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	, ,	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		1	
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	1144	德多	Age .
b	Did the organization file Form 1120-POL for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	10000	12.60	30
-	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	122	经数	212
39	Section 501(c)(7) organizations Enter			
	1 1 1			
a	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			7
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958	2.39		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		3.00	240 A
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d				
	40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
•	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed \blacktriangleright^{NY} ,	400		
42 a	(0.50)	0 - 57	3.8	
71 a	Located at C/O JSCM 888 7TH AVENUE, 40TH FL NEW YORK, NY ZIP+4 10106			
_			Yes	No
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority ove a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		169	X
		42D	2003	<u>入</u> 表於近
	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)	1		
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u> </u>
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. ▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
				No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	-	排料	10 TW
	completed instead of Form 990-EZ	44a	_ [Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		-150	1,1
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	_	x
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	N.E	<u>~ ~ </u>	 -
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-+	<u>x</u>
			(* X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	2		
		I	(W.)	
	Form 990-EZ (see instructions)	45b	<u></u> _	<u> x</u>

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Form 990-EZ (2016)

Farm 990-E	EZ (2016)						Page 4
							Yes No
	id the organization engage, directly or indirectly,						
	candidates for public office? If "Yes," complete S	chedule C, Part I		• • • • • •		. 46	X
Part VI	Section 501(c)(3) organizations only All section 501(c)(3) organizations must	t aanua auanti	47 40h	d 57 and sa	malata tha t	lahlaa fe	or linea
	50 and 51.	i answei questi	J115 41 -430 all	0 J2, and C0	mpicte are	BUICS IC	JI IIIIES
	Check if the organization used Schedule	O to respond to	s any question	in this Part \	Л		
							Yes No
47 D	id the organization engage in lobbying activities ear? If "Yes," complete Schedule C, Part II	or nave a secu	on SU1(n) elect	tion in effect	auring the ti	X 47	X
	the organization a school as described in section						X
	id the organization make any transfers to an exe		•				X
	"Yes," was the related organization a section 527					. 49b	
50 C	omplete this table for the organization's five high	est compensate	d employees (o	ther than offic	ers, director	s, truste	es, and key
	mployees) who each received more than \$100,00	0 of compensati		anization. If th	ere is none,	enter "No	one *
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reports compensati (Forms W-2/109	benefit	leath benefits. Itions to employee plans, and deferred Impensation		ated amount of ompensation
NONE		<u> </u>					
NONE	· · · · · · · · · · · · · · · · · · ·					 	
						1	
			_				
				ţ		[
		<u></u>				<u> </u>	
51 C	otal number of other employees paid over \$100,0 complete this table for the organization's five his 100,000 of compensation from the organization.	ghest compensa	ted independer	it contractors	who each	rece ive d	more than
	(a) Name and business address of each independent contract	tor	(b) Type of s	ervice	(c) (ompensati	on
NONE							
							0.
_							
	otal number of other independent contractors each	nh racelulas com	\$100,000	▶ 0.			
				'			
	id the organization complete Schedule A? Normaleted Schedule A					Ď X Ye	s No
Under pena	ities of perjury, I declare that I have examined this return, inclu	uding accompanying :	schedules and states	ments, and to the	best of my know		
rve. correc	t, and complete Dectaration of preparer (other than officer) is be	ised on all information	of which preparer i	nas any knowledge). 	-	
					11/10	III	-
Sign	Signature of officer			Oate			
Here	SUSAN FIORELLA	P	RESIDENT				
	Type or print name and title	1 / /	/	- , , ,			
Paid	Print/Type preparer's name Preparer's		D C A Date		Check If	PTIN	
Prepare		1.00	12/1/	/ / - - - - - - - - - 	self-employed	P0084	4084
Use Onl	y Firm's name SFM LLC-TAX	m 37m:			EIN -		
	Firm's address > 250 WEST 55TH STREE	T, 2/TH FLOO	JK	Phone	no		
May the	NEW YORK, NY 10019 IRS discuss this return with the preparer shown a	house? See inches	rtions			▶ XYe	s 🗆 No
viay trie	into discuss this return with the preparer shown a	INDAEL SEE HISHO	WEU10	• • • • • • • •			0-EZ (2016)
						COM STATE	(4V 10)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Nam	ame of the organization Employer identification number									
GI	GIVE LIVELY FOUNDATION INC 81-0693451									
Pa	rt [Reason for Public Cha	arity Status (All	organizations must	comple	te this p	art.) See instruction	S.		
The	org	anızatıon is not a private fou	undation because	it is: (For lines 1 throu	gh 12, c	heck only	one box)			
1										
2										
3										
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
	hospital's name, city, and state									
5	L	An organization operated		a college or universi	ty owne	d or ope	erated by a governme	ental unit described in		
		section 170(b)(1)(A)(iv). (
6		A federal, state, or local go	_							
7	X_	An organization that norm	-		upport tr	om a go	vernmental unit or fr	om the general public		
		described in section 170(b		·						
8		A community trust describe	•				4 ()	11		
9		An agricultural research or					-			
		or university or a non-land-	-grant college or a	griculture (see instruc	uons). ⊏	nter the	name, city, and state of	or the college or		
10		university	ally recovers: (1) m	ore than 234/29/ of the		t from or	ntributions months	hin food, and aroos		
10	L	An organization that norma receipts from activities rela	ated to its exempt	functions - subject to	certain e	exception	ns, and (2) no more that	an 331/3 % of its		
		support from gross investr	nent income and u	ınrelated busıness tax	able inc	ome (les	s section 511 tax) from	businesses		
11		acquired by the organization An organization organized								
12		An organization organized	•	•	•		,	carry out the numoses		
-		of one or more publicly su	•	=	-			• • •		
		Check the box in lines 12a								
а	Γ	Type I A supporting org						_		
		the supported organization					· · · ·			
		supporting organization.								
b		Type II A supporting org	janization supervis	ed or controlled in co	nnection	n with its	supported organizati	on(s), by having		
		control or management of	of the supporting o	organization vested in	the sam	e persor	ns that control or mar	age the supported		
	_	_ organization(s) You mus	t compiete Part IV	, Sections A and C.				-		
C	L	☐ Type III functionally inte	grated. A support	ing organization opera	ated in c	onnectio	n with, and functiona	lly integrated with,		
	_	its supported organization								
ď	L	Type III non-functionally	integrated. A sup	porting organization of	perated	in conn	ection with its suppor	ted organization(s)		
		that is not functionally into			-		•	d an attentiveness		
	_	requirement (see instruct								
0	L	_ Check this box if the orga					••	il, Type III		
	-	functionally integrated, or	• •	• - •		•				
1		ter the number of supported ovide the following information	-				• • • • • • • • • • • • • • • • • • • •			
<u>9</u>		ame of supported organization	(ii) EIN	(iii) Type of organization	(Iv) le the	organization	(v) Amount of monetary	(vi) Amount of		
	(1)	and or supported againstation	(, 2	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see		
				above (see instructions))	Yes	Ment?	instructions)	instructions)		
		· 			1.00	1.0				
(A)					}]				
(B)			<u> </u>		<u> </u>					
·~\										
(C)										
(D)										
			ļ <u>.</u>		L					
(E)					(
- /				ļ	<u> </u>	 				
Γota	F						,			

Page 2

Schedule A	(Form 990 or 990-EZ) 2016	
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization	failed to qualify under
	Part III. If the organization fails to qualify under the tests listed below, please complete	Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0.	0.	0	0	29,757	29,7 <u>5</u> 7	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						_0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0	
4	Total. Add lines 1 through 3					29,757	29,757	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	* .		-		,		
	shown on line 11, column (f)						7,798	
6	Public support. Subtract line 5 from line 4	· ·	, <u> </u>				21,959	
	tion B. Total Support	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
_	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(0) 2014	(a) 2013	29,757	29,757	
7 8	Amounts from line 4					29,757	29,737	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0	
11	Total support. Add lines 7 through 10						29,757	
12	Gross receipts from related activities, etc. (s	see instructions) .				12		
13	First five years. If the Form 990 is f organization, check this box and stop here		<u> </u>	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶ X	
Sec	tion C. Computation of Public Sup							
14	Public support percentage for 2016 (li	ne 6, column (f) divided by line	11, column (f))		14	<u>%</u>	
15	Public support percentage from 2015	Schedule A, Pa	irt II, line 14			15	<u>%</u>	
16a	33 1/3% support test - 2016. If the o							
	this box and stop here. The organizate						► □	
þ	331/3% support test - 2015. If the coheck this box and stop here. The org.						bi more,	
47.	10%-facts-and-circumstances test -						 ne 14 is	
17a	10% or more, and if the organization	meets the "fa	cts-and-circumsi	tances" test, ch	eck this box ar	nd stop here. E	xplaın ın	
b	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
18	Private foundation. If the organization instructions	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	, —	
		<u></u>				chedule A (Form 9)		

0	~		-,
		10	

Part III	Support Sc	chedule for	Organizations	Described in	Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						<i></i>
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees					/	
	received (Do not include any "unusual grants ")						
2	Gross recepts from admissions, merchandise						
	sold or services performed, or facilities	ļ.			l		
	furnished in any activity that is related to the					/	
	organization's tax-exempt purpose	{		}	1	ľ	
-	- , ,			 	 	<u> </u>	
3	Gross receipts from activities that are not an]	1			
	unrelated trade or business under section 513 .		 	 	/		
4	Tax revenues levied for the				/		
	organization's benefit and either paid	1	1				
	to or expended on its behalf		 				
5	The value of services or facilities] ,	ľ	1	
	furnished by a governmental unit to the		ļ				
	organization without charge						
6	Total. Add lines 1 through 5			/			
7 a	Amounts included on lines 1, 2, and 3					l	
	received from disqualified persons						
b	Amounts included on lines 2 and 3				ı		
	received from other than disqualified persons that exceed the greater of \$5,000		[/		}	
	or 1% of the amount on line 13 for the year	<u> </u>	<u> </u>	/	<u> </u>	' <u> </u>	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	;	1	,			
	line 6)	4 - 1	1			İ	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) ²⁰¹³	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		,				
10 a	Gross income from interest, dividends,		//				
	payments received on securities loans,		/				
	rents, royalties and income from similar sources	/	ĺ			,	
ь	Unrelated business taxable income (less						
_	section 511 taxes) from businesses			}	}		
	acquired after June 30, 1975						
_	Add lines 10a and 10b		-				
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income Do not include gain of						
	loss from the sale of capital assets		ļ .			1	
	(Explain in Part VI)						
13]			i	
	and 12)						
14	First five years. If the Form 990 is for						
<u></u>	organization, check this box and stop here.			· · · · · · · · · · ·	<u></u>	<u> </u>	
	tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8,					15	%
16	Public support percentage from 2015 Sche			· · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	16	%_
Sec	tion D. Computation of Investmen						 -
17	Investment income percentage for 2016 (lin				· r	17	
18	Investment/încome percentage from 2015					18	%_
19 a	331/3% support tests - 2016. If the org						
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2015. If the orga						
	line 18 is not more than 331/3%, check	this box and st	t op here . The org	ganization qualifie	s as a publicly :	supported organiz	ation ►
20	Private foundation. If the organization of	did not check a	a box on line 1	4, 19a, or 19b,			
JSA 8E122	1 1 000				Sc	hedule A (Form 99	0 or 990-EZ) 2016
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated if designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
g y	1		
s d	2		
r	3a		
1	3b	,	,
)	3c	, •	
f	4a		
) }	4b		
!			
	4c		
	5a		
	5b		
	5c	-	
	7		
	8		,
	9a		
	9ь		
-	9c		
-	10a		
9	10b 90 or	990-EZ	2016

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Schedule A (Form 990 or 990-EZ) 2016			Page (
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying Instructions. All other Type III non-functionally integrated supporting organic			
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	11		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1		
factors (explain in detail in Part VI):			٧
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		T
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	· · · · · · · · · · · · · · · · · · ·	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		<u> </u>
 Check here if the current year is the organization's first as a non-functionally instructions) 	y integra	ted Type III supporting	organization (see

Schedule A (Form 890 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Section D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			1
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is rest	oonsive	
	(provide details in Part VI). See instructions.	· ·		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See	ì		
	instructions.]		
3	Excess distributions carryover, if any, to 2016			T
а	. /			
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from			
	Section D, line 7. \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h	-	i	
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carry over to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
ь	Excess from 2013			
c	Excess from 2014	ļ		
d	Excess from 2015			
ее	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

> Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

gov/form990. Inspection

Employer Identification number

GIVE LIVELY FOUNDATION INC 81-0693451 ATTACHMENT 1 FORM 990EZ, PART I - OTHER EXPENSES TRANSACTION EXPENSES 839. TOTAL 839. ATTACHMENT 2 FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS BEGINNING END DESCRIPTION OF YEAR OF YEAR CASH 18,148. NONE TOTALS NONE 18,148. ATTACHMENT 3 FORM 990EZ, PART II - OTHER ASSETS BEGINNING END DESCRIPTION OF YEAR OF YEAR DUE FROM GIVE LIVELY LLC 18. NONE. TOTALS 18. NONE

ATTACHMENT 4

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

GIVE LIVELY FOUNDATION INC. WAS FORMED FOR THE CHARITABLE AND EDUCATIONAL PURPOSES OF RELIEVING THE POOR, DISTRESSED OR UNDERPRIVILEGED; ADVANCING RELIGION, EDUCATION, AND SCIENCE; AND LESSENING OF THE BURDENS OF GOVERNMENT. THE ORGANIZATION WILL ALSO WORK TO LESSEN NEIGHBORHOOD TENSIONS; ELIMINATE PREJUDICE AND DISCRIMINATION; DEFEND HUMAN AND CIVIL RIGHTS SECURED BY LAW; AND COMBAT COMMUNITY DETERIORATION AND JUVENILE DELINQUENCY. THE ORGANIZATION ALSO INTENDS TO PROMOTE HEALTH AND PROTECT AND PRESERVE THE ENVIRONMENT.