Form <b>990</b>	
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Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or the	e 2022 calendar year, or tax year beginning and	ending		
B c a	heck if pplicabl	e: C Name of organization		D Employer identific	ation number
	Addre	STRIVE FOUNDATION			
	Name Chang	e Doing business as		33-041125	57
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			(323) 779	9-1064
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,045,832.
	Amen	LOS ANGELES, CA 90003		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: OAMES E IEINERO		for subordinates	
	-	9124 S MAIN STREET, LOS ANGELES, CA 90	003	H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c) ( )$ (insert no.) $4947(a)(1)$	or 527	1	list. See instructions
	Vebsi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1991 N	State of legal domicile: CA
Fa	art I	Summary			CADENTO
ø	1	Briefly describe the organization's mission or most significant activities: TO PI GUIDANCE TO CHILDREN, YOUTH & THEIR FAMIL			
anc					
Governance	2	Check this box if the organization discontinued its operations or dispose			ets. 13
205	3				11
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)	·····	26	
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		20	
Activities &	0	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12         Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,269,477.	990,427.
uue	9	Program service revenue (Part VIII, line 2g)		12,743.	15,485.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,897.	18,845.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,097.	11,628.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,290,214.	1,036,385.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		442,174.	640,269.
ıse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 67,80	06.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		238,201.	267,969.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		680,375.	908,238.
	19	Revenue less expenses. Subtract line 18 from line 12		609,839.	128,147.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,025,422.	3,055,725.
tAs	21	Total liabilities (Part X, line 26)		4,657.	0.
Re	22	Net assets or fund balances. Subtract line 21 from line 20		3,020,765.	3,055,725.
Do	ort II	Signature Block			

Part II Signature Block

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.

Sign	Signature of officer		Date	
-	JAMES E TETREAU, PRESIDEN	T/CEO CLIENT COPY		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	STUART I BARNEY, CPA	Stuart A. Barney, C.P.A.	11/16/2023	self-employed P00284921
Preparer	Firm's name MORSE & BARNEY, C	.P.A.'S	Firm's	EIN 95-3844926
Use Only	Firm's address 824 MORAGA DRIVE			
	LOS ANGELES, CA 9	0049-	Phone	no.(310)440-4466
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form <b>990</b> (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) STRIVE FOUNDATION	33-0411257	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		<b>v</b>
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
•	STRIVE FOUNDATION'S PRIMARY MISSION IS TO PROVIDE EXEMPT		
	AND GUIDANCE TO CHILDREN, YOUTH AND THEIR FAMILIES IN T		
	COMMUNITY OF LOS ANGELES. THE STRIVE FOUNDATION PROVIDE SUPPORT AND DEVELOPMENT IN READING, WRITING AND ENGLISH	-	דיד
2	Did the organization undertake any significant program services during the year which were not listed on the	LIIERACI; MA.	<u>I П</u>
2	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		d
	revenue, if any, for each program service reported.	ers, the total expenses, an	
4a	(Code:) (Expenses \$779,994. including grants of \$) (Rev	renue \$ 24,0	6 <b>19.</b> )
	THE STRIVE FOUNDATION PROVIDES FOR AN ACADEMY-LEARNING		
	AND, FROM A CHARACTER-IS-PARAMOUNT PERSPECTIVE, THE STR		
	HELPS CHILDREN ACHIEVE READING, WRITING, ENGLISH-LANGUA MATH SKILLS PROFICIENCY IN THEIR GRADE LEVEL. STRIVE'S	MISSION IS TO	
	PROVIDE A SANCTUARY OF INSTRUCTOR, GUIDANCE & RESOURCES		<u> </u>
	EQUIP CHILDREN TO NAVIGATE THROUGH THE PROBLEMS THEY FAC		
	CHALLENGING COMMUNITIY OF WATTS AND BEYOND. STRIVE SERV		
	APPROXIMATELY 140 STUDENTS DAILY. IN 2021, STRIVE IMPRO		
	TRAINING AND DEVELOPMENT. THEY ALSO COMPLETED THE ACQUIS	SITION OF THE	
	ADJOINING PROPERTY TO FACILITATE PROGRAM EXPANSION.		
4b	(Code:) (Expenses \$ including grants of \$ ) (Rev	enue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses779,994.		
		Form 9	<b>90</b> (2022)
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 STRIVE
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	- 23	
U		11b		х
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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 Part IV
 Checklist of Required Schedules (continued)

Par	t IV	Checklist of Required Schedules (continued)			
				Yes	No
22	Did th	ne organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
		X, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23		ne organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20		ormer officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
			23		x
04-			23		<u></u>
24a		ne organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
		ay of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
		dule K. If "No," go to line 25a	24a		X X
		ne organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с		ne organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any ta	ax-exempt bonds?	24c		<u> </u>
d	Did th	ne organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Secti	on 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	trans	action with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the	organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that t	he transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Sche	dule L. Part I	25b		X
26	Did th	ne organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
		mer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		olled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27		ne organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
		or or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		(including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28		the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	- 21		
20					
_		ictions for applicable filing thresholds, conditions, and exceptions):			
а		rent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
		" complete Schedule L, Part IV	28a		X X
		nily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С		% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
		" complete Schedule L, Part IV	28c		X
29	Did th	ne organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did th	ne organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contr	ibutions? If "Yes," complete Schedule M	30		X
31	Did th	ne organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did th	ne organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Sche	dule N, Part II	32		X
33		ne organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sectio	ons 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34		the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
		/, line 1	34		X
35a		ne organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		s" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
		n the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36		on 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
		s, " complete Schedule R, Part V, line 2	36		x
37		e organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
57		hat is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38		ne organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 37		- 23
30			200	х	
Par		: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	л	Ĺ
		Check if Schedule O contains a reasonable or note to any line in this Dart V			
		Check if Schedule O contains a response or note to any line in this Part V			
-				Yes	No
1a		the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a 4	-		
b		the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	-		
с		ne organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gaml	bling) winnings to prize winners?	1c	X	Ĺ
232004	12-13-	22 <b>–</b>	Form	990	(2022)

Part V         Statements Regarding Other IRS Flings and Tax Compliance         continued           2a         Enter the number of emologiess reported on Form W3, Transmittal of Wage and Tax Statements,         2         2         5         X           3a         Det the organization have centered business gross are covered by the return         2         3a         X         3a         X           3b         Det the organization have centered business gross are covered by the return one during the year?         3a         X         3b         X           3b         Det the organization have centered business gross in the organization have an interest in one during the year?         3a         X         3b         X           3b         I****         Yes, "Institution have and congross of the organization have an interest in the organization fragment in the organization in Far man (Happent J Poreign Bark and Financal Accounts FRAF).         5a         X           3c         I****         Yes, "Institution have annual gross recepts that are normally greater than \$100,000, and dd the organization nicken mathemet messes \$15", maintable contributions?         5a         X           3c         I****         Yes, "Idit the organization in Far mathemet as analy to a pathble da scheleter transaction any controbution that we not a path to a pathble da scheleter transaction?         5a         X           3d         I************************************		990 (2022) STRIVE FOUNDATION	33-0411	257	P	age <b>5</b>
2a         Enter the number of employees reported on Form W3. Transmittal of Wege and Tax Statements.         2a         26           b if at least one is reported on line 2a, dt the organization file all required federal employment tax returns?         2a         2b           b if the test one is reported on line 2a, dt the organization file all required federal employment tax returns?         3a         X           b if Yes, 'hast if field a Form 900-Tire this year. (If the organization have an inferent in on Schubule 0         3a         X           d At any time and the tongin country (such as a back account, securits account, or other francial accounts (FBAR).         5a         X           B if Yes, 'hast no organization any and the organization have an interest in on signature or other francial accounts (FBAR).         5a         X           6a         Dest set organization have annual gross receipts that are organization have share and the say and'         5a         X           5a         Dest set organization have annual gross receipts that are organization have share annual gross receipts that are organization have share annual gross receipts that are organization approximation solidit any organization approximation the say and'         5a         X           5b         If Yes, 'indite any approximation in experime statement that and the organization solidit any other double of any above statement that such contributions organization solidit any contributions approximation necessing approximation approximation approximation approximatin mosson approximation approximation approximation approximatio	Par	<b>TV</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)			Vee	Na
text but or the calendar year ording with or within the year overeal by this return       2a       26         3b       Def the organization have urrelated business gross income of \$1,000 or more during the year?       3a       3x         3b       Def the organization have urrelated business gross income of \$1,000 or more during the year?       3a       X         3c       N       Note: Second N       3a       X         3c       N       Note: Second N       3a       X         3c       N       Note: Second N       Note: Second N       Note: Second N       3a       X         3c       Note: Second N       Note: Second N       Note: Second N       3a       X       3a       X         3c       Note: Second N       No	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements			Yes	NO
b       If a test one in reported on line 2s, did the arganization fiel al regulared federal employment tax returns?       20       X         aD ot the organization have unrelated business grows increme of 10,000 mme during the year?       3a       X         ad At any time during the calendar year. did the organization have environs 2in during the year?       3a       X         ad At any time during the calendar year. did the organization have environs 2in during the year?       3a       X         b       17 %s, "nate the name of the foreign country loudh as a taxin the saccount, or other transcial Accounts (FBAR).       5a       X         5a       0 do any taxing and the organization that two or is a prix to a prix this are normally greater than \$100,000, and did the organization solid any contributions that any creative during the tax year?       5a       X         b       11 %s, "inter the name of the foreign contributions and prix trans that any creative that such contributions or gifts were not tax deductible?       5a       X         c       11 %s, "inter contrast the organization have annet grows prix that are prime any prix trans that are price to the tax year?       5a       X         10 %s, "indit the organization have any receive deductible contributions and prix transmittans are price to the tax year?       5a       X         10 %settion diff freq contrast diff fre tax year?	Lu		2a 26			
ab Did the organization have unrelated business gross income of \$1,000 or more during the year?         3a         X           b H*Yes, "has if theia FGT 0005 (17 or his year? W row 1 and 05,0006 or acyhandron os Schodzio O         3b         X           da At any time during the calendar year, did the organization have an introves in or a signature or other authority over, a time during the calendar year, did the organization at any time during the tax year?         4a         X           b H*Yes, "near the name of the foreign country'.         4a         X         5a         X           Sae instructions for filing requirements for FonCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a         X           b H Ary is a construction for this organization has a two or is a party to a prohibited tax sholter transaction?         5a         X           b H Arys, "data with conganization for BoBe? To mosel?"         5a         X           b H Yes," did the organization include with very solicitation and express statement that such contributions or gifts were not tax douctbles a charable contribution and party for pools and services provided?         7a         X           b If Yes," did the organization neices of XR metapity as contribution and party for pools and services provided?         7a         X           c U Yes," indicate the number of Form 8282 file during the year?         7a         X         7a         X           d If Yes," indicate the number of Form 8282 file during the year?	b			2b	х	
b       If "Ves," has it field a Form 900-T for this year? If "No 'to fine 3b, provide an exploration on science authority over, a       financial account in a torrigin country (such as a bank account, securities account, or other financial account)?       If "Ves," enter the name of the torrigin country	-					Х
4a At any time during the calendary year, do the organization have an interest in, or a signature or other authority over, a financial account is formed and a bank account, securities account, or other financial accounts?       4a       X         b If "Yes," enter the name of the foreign country (such as table transaction at any time during the tax year?       5a       X         5a       Was the organization in the organization in the two is a party to a prohibited tax shorter transaction?       5a       X         5b       If "Yes," online Sa or 5b, diff the organization in that twas or is a party to a prohibited tax shorter transaction?       5a       X         6b       Does the organization next detactibles on the organization include with every solicitation are express statement that such contributions or gifts were not tax detactibles on chinbuic non superses tatement that such contributions or gifts were not tax detactibles on thewise dispose of tangbite personal property for which it was required to fine from 2622?       7a       X         7b       If 'Yes," did the organization include with wery solicitation are express tatement that such contributions or gifts were not tax detactibles on thewise dispose of tangbite personal property for which it was required to fine from 2622?       7a       X         7c       If Yes," did the organization include with wery solicitation or gints and property for which it was required to fine from 2622?       7a       X         7c       If Yes," indicate the number of Forms 2822 field during the year       7d       T       7d       T	b			3b		
b       "Yes," enter the name of the foreign country						
See instructions for fing requirements for FinCEN Form 114, Report of Proving Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization aparty to a prohibited tax shelter transaction at any time during the taxy sea?       5a       X         5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5b Dd any taxable party notify the organization that even on tax deductible?       5a       X         7 Organizations that any receive deductible as charitable contributions?       5a       X         7 Organizations that may receive deductible contributions under section 170(c).       5b       7a       X         7 Urs, "dd the organization notify the donor of the value of the goods or services provided?       7a       X         7 Urs, "dd the organization notify the donor of the value of the goods or services provide?       7a       X         7 Urs, "dd the organization notify the donor of the value of the goods or services provide?       7a       X         7a       11 'Yes," indicate the number of Forms 8282 filed during the year       7a       X         7a       11 'Yes," indicate the number of Forms 8282 filed during the year?       7a       X         7b Ot the organization neave accention that o		financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5b     X       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and dd the organization solidit any contributions that were not tax deductible organization include with every solicitation an express statement that such contributions or gifts were not tax deductible organization and party as a contribution and party for goods and services provided to the party at the organization notify the donor of the value of the goods or services provided?     7a     X       b     If "Yes," idicate the number of Forms 8282 filed during the year     7d     7a     X       c     Did the organization notify the donor of the value of the directly or indirectly, on a personal benefit contract?     7t     7t       c     Did the organization notify the donor of cas, boats, aifpanes, or thervices, did the organization for eavier sholling at any trans. directly or indirectly, on a personal benefit contract?     7t       c     Did the organization neceive a contribution of cas, boats, aifpanes, or their values, did the organization file a form 1089.7     7t       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7t       f     Did the organization neceive a contribution of cas, boats, aifpanes, or other values of the organization file a Form 1089.7     7t       g     If	b	If "Yes," enter the name of the foreign country				
b     Dd any taxable party notty the organization that it was or is a party to a prohibited tax shelter transaction?     56       c     if "Yes" to line 5a or 5b, did the organization file form 6886-T?     56       d     Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solution will avery solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions results are contributed to end the organization include will every solicitation an express statement that such contributions or gifts     6       7     Organization stat may receive deductible contributions under section 170(c).     6       0     Did the organization notify the donor of the value of the goods or services provided?     7a       2     Did the organization solicitation contribution suder section 170(c).     7a       0     Did the organization notify the donor of the value of the goods or services provided?     7a       1     1'Yes," did the organization sections of 3/5 mode party as contribution of cars, boats, airplanes, or otherward     7d       1     1'Yes," did the organization neaves of acoust of the value of the goods or services provided?     7a       1     1'Yes," did the organization neaves of acoust of the value of the goods or services provided?     7a       1     1'Yes," indicate the number of Forms 8282 filed during the year?     7a       1     1'Yes," indicate the number of second advised funds.     1'Yes," fore form 8398 as required? <t< th=""><th></th><th>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad</th><th>counts (FBAR).</th><th></th><th></th><th></th></t<>		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
c     If "Yes" to line 5a or 5b, did the organization file Form 8886-T7     5c       Ga     Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     X       c     Did the organization notity preview deductible contributions under section 170(c).     7a     X       b     If "Yes," did the organization notity the donor of the value of the goods or services provided?     7a     X       c     Did the organization notity or indirectly, to pay premiums on a personal benefit contract?     7e     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7d     7d       g     If the organization received a contribution of cars. boats, aripanes, or other vehicles, did the organization file Form 8909 as require?     7d       g     If the organization maintaining donor advised fund.     Did a the goods?     7d       g     Sconsoring organization make ary taske distributions under scures against anounts due or received a contribution of cashe boats, aripanes, or other vehicles, did the organization file Form 1098 C?     7d	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		
Ga     Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?     Ga     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?     Gb     B       c     Organizations that may receive deductible contributions under section 170(c).     B     B     B       d     Did the organization neelve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7a     X       d     Did the organization neelve a payment in excess of \$75 made partly as a contribution son a personal benefit contract?     7c     X       d     If "Ves," indicate the number of Forms 8282 filed during the year     Td     7d     7c     X       d     Did the organization neelve any funds, directly or indirectly, on a personal benefit contract?     7d     7a     X       d     If the organization excluse any communs, directly or indirectly, on a personal benefit contract?     7d     7a     X       d     If the organization during the year, approx advised fund maintained by the sponsoring organization make any taxable distributions under section 4968?     8a     9b     9b       d     Sponsoring organization make any taxable distributions under section 4968?     8a     9b     9b       D     Did the spons						<u> </u>
any contributions that were not tax deductible as charitable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts     6b       7     Organizations that may receive deductible contributions under section 170(c).     7c     X       b     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7c     X       b     If "Yes," indicate the number of Forms 2822 filed during the year     Zd     7c     X       d     If "Yes," indicate the number of Forms 2822 filed during the year     Zd     7c     X       d     If "Yes," indicate the number of Forms 2822 filed during the year     Zd     7d     7d       g     If the organization neeved a contribution of qualified intellectual property, did the organization freewerd a contribution of cars, boats, any timed, directly, on a personal benefit contract?     7d     7d       g     If the organization neeved a contribution of cars, boats, any time during the year?     8     8       9     Sponsoring organization neeves boldings at any time during the year?     8     8       9     Sponsoring organization neeves as boldings at any time during the year?     8     8       9     Sponsoring organization neeves boldings at any time during the year?     8     8       9     Sponsoring organization neeves as boldings at any time duri	С			<u>5c</u>		<u> </u>
b       f 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       60         a)       Did the organization statu any receive deductible contributions under section 170(c).       70         b)       f' 'Yes,' did the organization notify the doors of the value of the goods or services provided?       7a       X         b)       f' 'Yes,' did the organization notify the doors of the value of the goods or services provided?       7a       X         c)       Did the organization ontify the doors of the value of the goods or services provided?       7a       X         c)       Did the organization notify the doors of the value of the goods or services provide?       7a       X         d)       f' 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7a       X         d)       the organization number of Forms 8282 filed during the year       7d       7a       X         d)       the organization member of Forms 8282 filed during the year       7a       X       X         f)       the organization member of Forms 8282 filed during the year       7a       Y       Y         g)       the organization member of Forms 8282 filed during the year       Y       Ya       Ya         g)       the organization member of Form 7a during theyear       Ya       Ya	6a		e organization solicit			37
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a       8     Did the organization neitive a payment in excess of \$75 male parity as a contribution and parity for goods and services provided to the payor?     7b       7     Did the organization neitive the donor of the value of the goods or services provided?     7c     X       7     Did the organization neitive approxemative dispose of tangible personal property for which it was required     7c     X       7     Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7e     7e       7     Did the organization received a contribution of qualified intelectual property, did the organization file form 8988 as required?     7h       9     Sponsoring organization nake any taxable distributions under section 4966?     9a       9     Sponsoring organization make any taxable distributions under section 4966?     9a       9     Did the sponsoring organization make any taxable distributions under section 4966?     9a       9     Soction 501(c)(12) organizations. Enter:     10a       10     die order sub-section 501(c)(12) organizations. Enter:     10a       11     Section 501(c)(12) organizations. Enter:     10a       12     Section 501(c)(12) organizations. Enter:     11a       13     Section 501(c)(12) organizations. Enter:     12a				<u>6a</u>		<u> </u>
7       Organizations that may receive deductible contributions under section 170(c).       a) lid the organization neticle to donor of the value of the goods or sorices provided?       7a       X         b) If 'Vss,'' id the organization notify the donor of the value of the goods or sorices provided?       7c       X         c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 3282?       7c       X         d) If 'Vss,'' indicate the number of Forms 2282 filed during the year       7d       7c       X         d) Did the organization during the year, apy permiums, directify or indirectly, or a personal benefit contract?       7d       7e         g) If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088C?       7g       7n         g) If the organization during the year, apy permiums, directify or indirectly, or advised funds.       10d the organization file a Form 1088C?       7n         g) Sononoring organization make any taxable distributions under section 4986?       9a       9a       9b       9b         g) Sononoring organization make any taxable distributions under section 4986?       9a       9b       9c       9c       9c       9c       9c       9c       9c       9c       9c       9c<	b		-			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b If "Yes," did the organization notify the conor of the value of the goods or services provided?       7b       7c       X         b If "Yes," did the organization on Elevandary of the value of the goods or services provided?       7c       X         b If "Yes," did cate the number of Forms 8282 filed during the year       7d       7c       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f U did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 10896.C?       7n       7g         g If the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10896.C?       7n       7g         9 Sponsoring organization have excess business holdings at any time during the year?       9a       9a       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         10 Section 501(c/l7) organizations. Enter:       10a	_			6b		
b       If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 field during the year       7d       7c       X         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       7d			···· 0	_		v
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7d       7d         e       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       7f       7g         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7f       7g         f       the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h       7h       7f         8       Sponsoring organization maken at lytable distributions under section 4966?       9a       9a       9b       10b       10b       10b       10b       10b       10b       10b <t< th=""><th></th><th></th><th>1 1 9</th><th></th><th></th><th><u> </u></th></t<>			1 1 9			<u> </u>
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       7d         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-07       7h       7d         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a       10a       10a         11 Section 501(c)(7) organizations. Enter:       10a       10a       10a       10a         12 Section 501(c)(2) organization. Enter:       11a       10a       10a       10a         13 Section 501(c)(2) organization interest received or accrued during the year       12a       12a       12a         13 Section 501(c)(2) organization interest received or accrued during the year       12a       13a       14a         14 Did the organization infer				<u> </u>		
d If "Yes," indicate the number of Forms 8282 filed during the year       Td         e Did the organization during the year, apy premiums, directly to pay premulation and benefit contract?       Td         f If the organization during the year, apy premiums, directly or indirectly, on a personal benefit contract?       Td         g If the organization during the year, apy premiums, directly or indirectly or i	С		is required	7.		x
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n         8       Sponsoring organizations maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization maintaining door advised funds.       8         9       Sponsoring organization maintaining door advised funds.       9a         9       Did the sponsoring organization maintaining door advised funds.       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations. Enter:       10a       10a         1       Initiation fees and capital contributions included on Part VIII, line 12       10a       11a         1       Section 501(c)(2) organizations. Enter:       11a       10b       11b         12       Section 501(c)(2) organization literest received or accrued during the year       12a       12a         13       Section 501(c)(2) qualified nonprofit health insurance issuers.       11a       11b       12a         14       Section 501(c)(2) qualified nonp	لم		74	70		<u>_</u>
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       73         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       76         8       Sponsoring organization nave excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         10       the sponsoring organization make a distribution to a donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         12       Gross income from members or shareholders       11a       10b         13       Section 501(c)(2) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1047?       12a         13       Section 501(c)(2) qualified nonprofit health insurance issuers.       12b       13a         14       12b       12a       12a         15       Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a         14       13b <th></th> <th></th> <th></th> <th>70</th> <th></th> <th></th>				70		
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining door advised funds.       8         9       Sponsoring organization make any taxable distributions under section 49667       9a         9       Did the sponsoring organization make any taxable distributions under section 49667       9a         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Section 501(c)(7) organizations. Enter:       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b         12       Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       12a         128       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         13a       Note: See the instructions for additional information must report on Schedule O.       14a       X         14       Tig       Tig       13a       13a       13a	_					
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667       8         9       Sponsoring organizations maintaining donor advised funds.       9a         b       Did the sponsoring organization make any taxable distributions under section 49667       9a         b       Did the sponsoring organizations. Enter:       10a       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       11b         1       Section 501(c)(7) organizations. Enter:       11a       11b       12a         a       Gross income from members or shareholders       11a       12a       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13       Section 501(c)(29) qualified nearth plans in more than one state?       13a       13a       13a </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       9b         11       Section 501(c)(12) organizations. Enter:       10b       10b         12       Section 501(c)(12) organizations. Enter:       10a       11a         13       Gross income from members or shareholders       11a         14       Section 501(c)(22) organizations. Enter:       11b       11b         15       Section 501(c)(22) organizations. Enter:       11b       12a         16       Gross income from members or shareholders       11a       11b         12a       Section 501(c)(229) qualified nonprofit health insurance issuers.       12a       12a       12a         13       Section 501(c)(229) qualified nonprofit health plans in more than one state?       13a       13a         14a       X       13a       13a       14a       X         14b       13c       13a       14a       14a <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th>	-					
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         0       Did the sponsoring organization make any taxable distributions under section 4966?       9a         0       Section 501(c)(7) organizations. Enter:       10a       10a         10       filtation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11a         13       Gross income from members or shareholders       11a       11b       11b         12       Section 501(c)(12) organizations. Enter:       11b       11b       12a         14       Gross income from members or shareholders       11a       12a       12a         13       Section 501(c)(29) organization futerest received or accrued during the year       12b       12a         14       Yres," enter the amount of tax-exempt interest received or accrued during the year?       13a       13a         14       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         15       Section is licensed to issue qualified health plans       13b       13a         14       Did he organization in cl	-					
9       Sponsoring organizations maintaining donor advised funds.       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Section 501(c)(7) organizations. Enter:       10a         10       Section 501(c)(12) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b         12       Section 501(c)(12) organizations. Enter:       10a       10b         13       Gross income from members or shareholders       11a       11b         14       Did ross, income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         14a       Did the organization licensed to issue qualified health plans       13a         14a       Did the organization size qualified health plans       13a         14a       Did the organization subject to the section 4960 tax on payments?       14a       X         14a       Did the organization	Ŭ		by the	8		
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10b         11 Section 501(c)(12) organizations. Enter:       10b         a Gross income from members or shareholders       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         122 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a         Value bild the organization receive any payments for indoor taming services during the tax year?       14a         Views, 'has it filed a Form 720 to report these payments? H' 'No, '' provide an explanation on Schedule O.       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14a       X         14 Did the org	9					
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         a Gross income from members or shareholders       11a       11b       12a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       It worganization an educational instituiton subject to the section 4968 excise tax on net investment i				9a		
10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       fi "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         4       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b       fi "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b         15       Is the organization subject to the section 4960 tax on payment(s) of more th	-					
a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11 Section 501(c)(12) organizations. Enter:       11a       11a       11a         a Gross income from members or shareholders       11a       11b       12a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       14a       X         b If "Yes," enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13a         14a       X       14a       X       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       15       15       X         f "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16<						
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," hai it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a       X         b       If "Yes," see the instructions and file Form 4720, Schedule N.       15       15       X         if "Yes," see the instructions and file Form 4720, Schedule N.       16       X       17	а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
a Gross income from members or shareholders       11a       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       17       17         If "Yes," complete Form 4720, Schedule O.       16       X       17	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
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amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       17       17       17         If "Yes," complete Form 4720, Schedule O. <t< th=""><th>а</th><th>Gross income from members or shareholders</th><th>11a</th><th></th><th></th><th></th></t<>	а	Gross income from members or shareholders	11a			
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13a         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization subject to these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         15       X       15       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organization	b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13b       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization and file Form 4720, Schedule N.       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X </th <th></th> <th>amounts due or received from them.)</th> <th>11b</th> <th></th> <th></th> <th></th>		amounts due or received from them.)	11b			
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Note: See the instructions for additional information the organization must report on Schedule O.       Image: the instruction of the end of the en	13					
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       Image: Compl	а			13a		
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c       Enter the amount of reserves on hand	b					
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 6069.       10       10       10				-		
<ul> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O</li> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</li> <li>If "Yes," see the instructions and file Form 4720, Schedule N.</li> <li>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li> <li>16 X</li> <li>If "Yes," complete Form 4720, Schedule O.</li> <li>17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?</li> <li>If "Yes," complete Form 6069.</li> </ul>						v
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17         If "Yes," complete Form 6069.       10       10       10       10						<u> </u>
excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       10       10				14b		
If "Yes," see the instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         16       X         If "Yes," complete Form 4720, Schedule O.         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities         that would result in the imposition of an excise tax under section 4951, 4952 or 4953?         If "Yes," complete Form 6069.	15			45		Y
16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         17       If "Yes," complete Form 6069.       17				15		Δ
If "Yes," complete Form 4720, Schedule O.         17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities         that would result in the imposition of an excise tax under section 4951, 4952 or 4953?         If "Yes," complete Form 6069.	16		incomo?	16		x
17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities       17         17       If "Yes," complete Form 6069.       17	10			10		
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       10	17		tivities			
If "Yes," complete Form 6069.	.,			17		
	232005			Form	990	(2022)

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6 2022.05000 STRIVE FOUNDATION

1a	Enter the number of voting members of the governing body at the end of the tax year	1a		1:	3	103	
	If there are material differences in voting rights among members of the governing body, or if the governing				-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
h		16		1:	1		
	Enter the number of voting members included on line 1a, above, who are independent	1b		<u>+</u> .	늭		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						x
-	officer, director, trustee, or key employee?				2		⊢≏
3	Did the organization delegate control over management duties customarily performed by or under the		•				<del></del>
							X
4	Did the organization make any significant changes to its governing documents since the prior Form 99						X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?					X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders. or				
					7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				15		
					8a	x	
	The governing body? Each committee with authority to act on behalf of the governing body?				8b	X	
					uo		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac						<del>.</del>
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u></u>	<u></u>	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	<u>Code.)</u>			1	1
						Yes	
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates	,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the	e form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	lescribe		12c		
10	on Schedule O how this was done						x
13	Did the organization have a written whistleblower policy?						X
14 45	Did the organization have a written document retention and destruction policy?				14		
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependen <sup>.</sup>	t			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						37
	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipatio	'n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization	ı's				
	exempt status with respect to such arrangements?		<u></u>		16b		
Sect	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (sectior	1 501(c)(3	)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		(		, ,,		
	X Own website Another's website X Upon request Other (explain	on So	bodulo Ol	1			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,		ad finan	cial	
13	statements available to the public during the tax year.	mot C	n interest	policy, al	iu iiiali	Gial	
20		ko or -	d rooside				
20	State the name, address, and telephone number of the person who possesses the organization's boo STRIVE FOUNDATION - (323) 779-1064	ks and	1 records				
	9124 S MAIN STREET, LOS ANGELES, CA 90003					000	
32006	12-13-22				Form	n <b>990</b>	(202
	7						
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

33-0411257

Page 6

X

Yes No

STRIVE FOUNDATION

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

Section A. Governing Body and Management

Form 990 (2022)

Form 990	(2022)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

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

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	ane	Reportable	Reportable Reportable	
	hours per	box	, unles	ss per	rson i	s botł	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		98	bens		(W-2/1099-MISC/	1099-NEC)	organization
	below	ual tr	tional		yolqr	t con	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JIM TETREAU	40.00									
PRESIDENT		х		х				100,000.	Ο.	0.
(2) DONALD ANDERSON JR.	40.00									
VICE-PRESIDENT		Х		Х				75,000.	0.	0.
(3) CLAIRE CACCIAPAGLIA	0.50									
CHAIR		Х						0.	0.	0.
(4) JOHN COGHLIN, EMERITUS	0.50									
DIRECTOR		Х						0.	0.	0.
(5) AUSTIN DRAGON	0.50									
DIRECTOR		х						0.	0.	0.
(6) ESENIA FOMBONA	0.50									_
DIRECTOR		х						0.	0.	0.
(7) JACK GAMPLE	0.50									-
DIRECTOR		Х						0.	0.	0.
(8) LARRY SAND	0.50								•	•
DIRECTOR		Х						0.	0.	0.
(9) EMADA TINGIRIDES	0.50								•	•
DIRECTOR	0.50	Х						0.	0.	0.
(10) HOWARD WALDOW	0.50								0	0
DIRECTOR	0 50	Х						0.	0.	0.
(11) GARY L. WILSON, EMERITUS	0.50	37							0	0
DIRECTOR		X						0.	0.	0.
(12) JOHN WOOD, JR.	0.50	37							0	0
DIRECTOR		Х						0.	0.	0.
(13) SCOTT COLES	0.50	x						0.	0.	0
DIRECTOR		A						0.	0.	0.
						-				
		1								
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Form 990 (2022)

	orm 990 (2022) STRIVE FOUNDATION 33-041									L257 Page	8	
Par	Section A. Onicers, Directors, Trus		oloye	ees,			ghes	t C		, ,	1	
	(A) Name and title	<b>(B)</b> Average hours per week	Average Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensatior from the organization and related organizations	
												_
												_
												_
												_
												_
												_
	Subtotal Total from continuation sheets to Part VII								175,000.	0.		•
	Total (add lines 1b and 1c)				<u></u>				175,000.	0.	0	•
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable		0
3	Did the organization list any former officer,	director, truste	e, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on	Yes No	
4	line 1a? If "Yes," complete Schedule J for se For any individual listed on line 1a, is the su										3 X	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										4 X	-
Sect	rendered to the organization? If "Yes," com ion B. Independent Contractors	plete Schedule	e J fo	or su	ich <u>r</u>	oers	on .				5 X	
1	Complete this table for your five highest con the organization. Report compensation for t	•	•								ation from	
	(A) Name and business								(B) Description of s		<b>(C)</b> Compensation	_
	Name and business address         NONE         Description of services         Compensation										_	
											_	
												_
												_
												_
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	to t	thos C		ted	above) who received mo	ore than		

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		Check if Schedule O c	ontair	ne a response	or note to any lin	e in this Part VIII			
			Jontan			(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									Sections 512 - 514
nts	1 a								
jiai our	b	b Membership dues 1b							
A°°	c	Fundraising events		1c					
Ť.	d	Related organizations		1d					
s, Dil	e	Government grants (contri	ibutior	ns) <b>1e</b>					
e io	f	All other contributions, gifts,	grants,	and					
hei		similar amounts not included			990,427.				
ĒĐ	a	Noncash contributions included in I			-				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f				990,427.			
					Business Code				
	2.2	STUDENT REGIS	יע איד	TON	611710	7,920.	7,920.		
vice	2 a				611710	7,565.	7,565.		
ler)	b				011/10	7,505.	7,303.		
n S M	c								
Jrar Sev	d								
Program Service Revenue	e								
ā	•	1 5				4 = 1 = -			
	g	Total. Add lines 2a-2f				15,485.			
	3	Investment income (including dividends, interest, and							
		other similar amounts)				21,339.			21,339.
	4	Income from investment o							
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
		Less: rental expenses	6b						
	c Rental income or (loss) 6c				•				
		d Net rental income or (loss)							
		Gross amount from sales of		(i) Securities	(ii) Other				
	r a			6,853					
		assets other than inventory	7a	0,055	. 100.				
•	b	Less: cost or other basis		0 4 4 7	0				
nu			7b	9,447					
Revenue		Gain or (loss)	· · ·	-2,594		0.404	0.404		
å		Net gain or (loss)				-2,494.	-2,494.		
her	8 a	Gross income from fundraisir	ng even	its (not					
ð		including \$		of					
		contributions reported on	line 1	c). See					
		Part IV, line 18			a				
	b	Less: direct expenses			b				
	с	Net income or (loss) from	fundra	ising events					
		Gross income from gamin							
		Part IV, line 19			a				
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory, le							
	10 4	and allowances							
	h	Less: cost of goods sold							
					עי				
	c	Net income or (loss) from	sales (	JINVENTORY	Business Code				
S						11 600	11 600		
eor	11 a	OTHER INCOME			611710	11,628.	11,628.		
scellaneo Revenue	b								
Sel Cel	c								
Miscellaneous Revenue	d	All other revenue							
	e	Total. Add lines 11a-11d				11,628.			
	12	Total revenue. See instruction	ons			1,036,385.	24,619.	0.	21,339.
23200	9 12-13	-22							Form <b>990</b> (2022)

 Form 990 (2022)
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 Part VIII
 Statement of Revenue

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Don	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	175 000	101 050	20 750	25 000
	trustees, and key employees	175,000.	121,250.	28,750.	25,000
	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	401,959.	366,952.	2,705.	32,302
	Other salaries and wages	401,959.	500,952.	2,705.	34,304
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	63,310.	53,570.	3,452.	6,288
	Payroll taxes	05,510.		5,452.	0,200
	Fees for services (nonemployees):				
	Management	3,500.	2,625.	875.	
	Legal	18,154.	2,023.	18,154.	
	Accounting	10,154.		10,134.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees           Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	2,528.	2,402.	126.	
	Advertising and promotion	2,520.	2,102.	120.	
	Office expenses				
	Information technology				
	Royalties				
	Occupancy	18,127.	17,221.	906.	
	Travel		_ / / /		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	27,537.	26,160.	1,377.	
	Insurance	15,554.	14,776.	778.	
	Other expenses, Itemize expenses not covered	•			
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	PROGRAM MATERIAL, SUPPL	155,603.	155,603.	0.	0
b	REPAIRS	8,189.	7,780.	409.	0
с	PROPERTY TAXES	4,733.	4,496.	237.	0
	FUNDRAISING MATERIALS &	4,216.	0.	0.	4,216
	All other expenses	9,828.	7,159.	2,669.	•
	Total functional expenses. Add lines 1 through 24e	908,238.	779,994.	60,438.	67,806
	Joint costs. Complete this line only if the organization	-	-	-	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022) STRIVE FOUNDATION
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,274,618.	1	945,938.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		1,485.	4	0.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			3,449.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,565,705.			
	b	Less: accumulated depreciation	1,193,788.	10c	1,233,415.		
	11	Investments - publicly traded securities	539,398.	11	863,554.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line -		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	12,684.	15	12,818.		
	16	Total assets. Add lines 1 through 15 (must equa	3,025,422.	16	3,055,725.		
	17	Accounts payable and accrued expenses	4,657.	17	0.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
-iat		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines				25	
	26	of Schedule D Total liabilities. Add lines 17 through 25			4,657.		0.
	20	Organizations that follow FASB ASC 958, che	ck here	• X	4,057.	20	<b>.</b>
es		and complete lines 27, 28, 32, and 33.		, []			
ũ	27				2,968,584.	27	2,906,528.
3als	28	Net assets with donor restrictions			52,181.	28	149,197.
ЪС		Organizations that do not follow FASB ASC 9			- , -		
Ъu		and complete lines 29 through 33.	,				
ç	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		r	3,020,765.	32	3,055,725.
	33	Total liabilities and net assets/fund balances			3,025,422.	33	3,055,725.

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Form **990** (2022)

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Form 990 (2022) STRIVE FOUNDATION	33-041125	<u> </u>	Page <b>12</b>
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI			
1 Total revenue (must equal Part VIII, column (A), line 12)			385.
2 Total expenses (must equal Part IX, column (A), line 25)			238.
		-	147.
			765.
	5 -	-93,	187.
6 Donated services and use of facilities	6		
7 Investment expenses	7		
	8		
9 Other changes in net assets or fund balances (explain on Schedule O)	9		0.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	10 3,0	)55,	725.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			
		Ye	es No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on	a		
separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b 2	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate ba	asis,		
consolidated basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au	· · · · · ·		37
review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>
If the organization changed either its oversight process or selection process during the tax year, explain on Schedu	ile O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	<u> </u>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

## **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. Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

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N

Name	-							identification number			
Der			VE FOUNDAT						3-0411257		
Par		Reason for Public (					ee instructions	•			
г	rgan	ization is not a private found									
1		A church, convention of ch				on 170(b)(1	1)(A)(i).				
2		A school described in sect									
3 [		A hospital or a cooperative									
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 [		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)			, ,					
6 [		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 [		An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the	e general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8 [		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)						
9 [		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a la	and-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of t	he college	or		
_		university:									
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	o fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the orga	inization a	after June 30, 1975.		
-		See section 509(a)(2). (Con	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).				
12		An organization organized a	-	•	-			-			
		more publicly supported or	-						Check the box on		
		lines 12a through 12d that	• •			-		-			
а		<b>Type I.</b> A supporting orga			• • • •	-					
		the supported organization			majority c	of the direc	ctors or trustee	s of the su	ipporting		
		organization. You must o	-					( ) I I			
b		<b>Type II.</b> A supporting org	-				•		-		
		control or management o			ame perso	ns that co	ntrol or manage	e the supp	ported		
•		organization(s). You mus			in connoct	tion with a		intograta	d with		
с		Type III functionally inte its supported organization					-	rintegrate	a with,		
d		<b>Type III non-functionally</b>		-				ed organia	zation(s)		
u		that is not functionally int						-			
		requirement (see instructi	0	0 ,				anationti			
e		Check this box if the orga	,	•				Type III			
-		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , pe			
f	Ente	er the number of supported of	ranizationa		.9 9						
		vide the following informatior	-								
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount of I	,	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)		
Total											

Schedule A	Eorm	000	202
Schedule A	(FOIIII	990	) 202,

STRIVE FOUNDATION

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
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)									
6	Public support. Subtract line 5 from line 4.									
Se	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities,	etc. (see instructi	ons)			12				
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)				
	organization, check this box and stop									
Se	ction C. Computation of Publi	c Support Per	rcentage							
14	Public support percentage for 2022 (I	ine 6, column (f), c	livided by line 11,	column (f))		14	%			
	Public support percentage from 2021					15	%			
16a	<b>33 1/3% support test - 2022.</b> If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and			
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱ <u></u>						
k	<b>33 1/3% support test - 2021.</b> If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box			
	and <b>stop here.</b> The organization qual	ifies as a publicly	supported organiz	ation						
17a	10% -facts-and-circumstances test	- 2022. If the org	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,			
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Parl	VI how the organi	zation			
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
k	10% -facts-and-circumstances test	- 2021. If the or	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and s	<b>stop here.</b> Explain	in Part VI how the				
	organization meets the facts-and-circl	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	ization				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s			
						Schedule A	(Form 990) 2022			

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#### Schedule A (Form 990) 2022

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Part III Support Schedule 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.)

#### Section A. Public Support (c) 2020 (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 691,767 732,979. 1108925. 1270441 1002055. 4806167. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 5,713. 12,743. 15,485. 22,389. 26,181. 82,511. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1114638. 1283184. 714,156. 759,160. 1017540. 4888678. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 0 4888678. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 714,156. 1283184 1017540. 9 Amounts from line 6 759,160. 1114638. 4888678. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 18,094. 56,954. 7,087. 10,121. 313. 21,339. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 7,087. 10,121. 18,094. 313. 21,339. 56,954. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 769,281. 1132732. 721,243. 1283497. 1038879. 4945632. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.85 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 99.06 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.15 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 17 .94 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not \_\_\_\_\_X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2022 232023 12-09-22

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<sup>2022.05000</sup> STRIVE FOUNDATION

1

2

3a

3b

Yes No

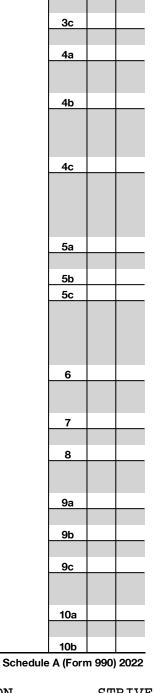
## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A	(Form 990) 2022	STRIVE	FOUNDATION
Part IV	Supporting Orga	nizations (cont	tinued)

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the support of the same persons that control or managed
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Section D	. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a gov	vernmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	---------------------	-------------------	-----------------------------

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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Yes No

Sche	dule A (Form 990) 2022 STRIVE FOUNDATION			33-0411257 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	n Nov. 20, 1970 ( <i>explain i</i> i	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2022

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	able cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
а	From 2017		
b	From 2018		
с	From 2019		
d	From 2020		
е	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D,		
	line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
	than zero, explain in Part VI. See instructions.		
6	than zero, <i>explain in</i> <b>Part VI.</b> See instructions. Remaining underdistributions for 2022. Subtract lines 3h		
6	·		
6	Remaining underdistributions for 2022. Subtract lines 3h		
6 7	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i>		
	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI</b> . See instructions.		
	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI</b> . See instructions. <b>Excess distributions carryover to 2023.</b> Add lines 3j		
7	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI</b> . See instructions. <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
7	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI</b> . See instructions. <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c. Breakdown of line 7: Excess from 2018		

(i)

**Excess Distributions** 

STRIVE FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

**1** Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2022 from Section C, line 6

Distributable amount for 2022 from Section C, line 6

Underdistributions, if any, for years prior to 2022 (reason-

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

Line 8 amount divided by line 9 amount

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

Schedule A (Form 990) 2022

Section D - Distributions

2

3

4

6

7

8

9

10

1 2

c Excess from 2020 d Excess from 2021 e Excess from 2022

**Current Year** 

(iii) Distributable

Amount for 2022

Schedule A (Form 990) 2022

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1

2

3

4

5 6

7

8 9

10

(ii)

Underdistributions

Pre-2022

Schedule A	(Form 990) 2022	STRIVE	FOUNDATION	33-0411257 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	l, 2, 3b, 3c, 4b, lines 2 and 3; F	ide the explanations required by Part II, line 10 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV art IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; F Section E, lines 2, 5, and 6. Also complete this	); Part II, line 17a or 17b; Part III, line 12; /, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V,
	()			
232028 12-09-2	2		21	Schedule A (Form 990) 202

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Name	of the	e orga	nizatio
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Nam	e of the organization STRIVE FOUNDATION		Employer identification number 33-0411257
Pa		d Funds or Other Similar Funds	
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(-)	(1) - 1111 - 1111 - 1111
2	Aggregate value of contributions to (during year)		
2	Aggregate value of grants from (during year)		
4	Aggregate value of grants nonn (during year)		
- <del>-</del> 5	Did the organization inform all donors and donor advisors in v		ad funde
5	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
Ŭ	for charitable purposes and not for the benefit of the donor or		
			°
Pa			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreat		a historically important land area
	Protection of natural habitat	·	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form o	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
			2d
3	Number of conservation easements modified, transferred, rele		
	year		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	ו)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that describes the
De	organization's accounting for conservation easements.	Art Historical Traceurse or Ot	har Similar Acasta
Pa	t III Organizations Maintaining Collections of		ner Similar Assels.
	Complete if the organization answered "Yes" on Form		
<b>1</b> a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for pub		•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		<b>^</b>
	(i) Revenue included on Form 990, Part VIII, line 1		<u> </u>
~		an at the similar access for financial	
2	If the organization received or held works of art, historical treating following amounts required to be reported under FASP 4		gain, provide
-	the following amounts required to be reported under FASB As Revenue included on Form 990 Part VIII line 1	SC 956 relating to these items:	\$
-			.n

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Assets included in Form 990, Part X

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Schedule D (Form 990) 2022

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Sche		FOUNDATION						33-04			ige <b>2</b>
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check	any of the f	following that	t make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	1 🗌 I	_oan or exc	hange progra	am					
b	Scholarly research	e	, 🗌 (	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how the	ey further th	ne organizatio	on's exer	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or othe	er similar	r assets		_		
_	to be sold to raise funds rather than to be m		<u>u</u>						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" on	n Form 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amount		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f Or	Ending balance								Vee		
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •	L	Yes	-	No
Par									<u></u>		
		(a) Current year		rior year	(c) Two yea		(d) Three y	/ears back	(e) Four	vears	back
1a	Beginning of year balance		(2) ! !	, or your	(0)	io suon	(,	ouro suon	(0) ! 0	Jouro	
h	Contributions										
c c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balance	e (line 1a	. column (a)	)) held as:						
а	Board designated or quasi-endowment		%	, ()							
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held ar	nd administer	red for th	ne		_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	inds.							
Pai	t VI Land, Buildings, and Equipm				_						
	Complete if the organization answere	ed "Yes" on Form 990	), Part IV,	, line 11a. S	See Form 990	, Part X,	line 10.				
_	Description of property	<b>(a)</b> Cost or o basis (investr		• •	t or other (other)		ccumulate preciation	ed	( <b>d)</b> Bool	k value	)
1a	Land				3,883.				443	3,88	33.
	Buildings			1,04	2,070.		256,1	02.	785	5,96	58.
	Leasehold improvements										
	Equipment				5,940.		44,7			L,17	
е	Other				3,812.		31,4			2,38	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. colum	n (B), line 1	0c.)				1,233	3,41	.5.

Schedule D (Form 990) 2022

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ç	Schedule D (Form 990) 2022	STRIVE	FOUNDATION

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" or	n Form 990 Part IV line	a 11b See Form 990 Part X line 12	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" or			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or		a 11d. See Form 990, Part X, line 15.	
	(a) D	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (0.1)				
Part X	Imn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.			
	Complete if the organization answered "Yes" or	n Form 990. Part IV line	e 11e or 11f. See Form 990 Part X line 25	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(1) Fed (2)				
(3)				
(3)				
(5)				
(5)				
(7)				
(7)				
(8)				
	Imn (b) must equal Form 990, Part X, col. (B) line 2	<u> </u>		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 STRIVE FOUNDATION		33-0411257 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d			
е	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)	4b	
С			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pal	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

232054 09-01-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



STRIVE FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ANGELES COMMUNITY. STRIVE PROVIDES EDUCATION AND SUPPORT IN DEVELOPMENT

IN READING, WRITING & ENGLISH LITERACY; MATH & COGNITIVE SKILL;

COMPUTER AND INFORMATION LITERACY; CULINARY & ARTS; PROTEGE RESOURCES;

DEVELOPMENT OF THE MORAL, CREATIVE & THE ENTREPRENEURIAL SPIRIT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND COGNITIVE SKILLS; COMPUTER AND INFORMATION LITERACY; CULINARY AND

ARTS; PROTEGE RESOURCES; DEVELOPMENT OF THE MORAL, CREATIVE AND

ENTREPRENEURIAL SPIRIT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PRESIDENT REVIEWS THE 990 TEXT AND AMOUNTS TO CONFIRM THAT THE

INFORMATION IS COMPLETE AND ACCURATE.

FORM 990, PART VI, SECTION C, LINE 19:

STRIVE POSTS ITS TAX RETURNS, AUDITED FINANCIAL STATEMENTS AND GOVERNING

DOCUMENTS ON ITS WEBSITE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

15071107 769726 STRIVE\_FOUND

FORM 99	RM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BUILDING IMPROVEMENT	07/01/99	SL	39.00	MM	17	8,602.				8,602.	4,963.		221.	5,184.
3	LICENSES IMPROVEMENT BLDG	07/01/00	SL	39.00	MM	17	31,984.				31,984.	17,600.		820.	18,420.
4	BUILDING IMPROVEMENT	07/01/01	SL	39.00	MM	17	54,612.				54,612.	27,569.		1,400.	28,969.
5	AIR CONDITIONING IMPR	07/01/02	SL	39.00	MM	17	17,821.				17,821.	8,893.		457.	9,350.
7	IMPROVEMENT 9116 MAIN	09/30/06	SL	39.00	MM	17	79,382.				79,382.	31,343.		2,035.	33,378.
11	IMPROVEMENTS	07/01/04	SL	39.00	MM	17	5,300.				5,300.	4,642.		136.	4,778.
12	IMPROVEMENTS CHALL	12/31/05	SL	39.00	MM	17	220,421.				220,421.	96,359.		5,652.	102,011.
14	SECURITY SYSTEM	07/19/06	SL	39.00	MM	17	7,895.				7,895.	3,038.		202.	3,240.
16	SECURITY GATES	01/04/07	SL	39.00	MM	17	1,500.				1,500.	568.		38.	606.
17	BUILDING MATERIALS	01/15/07	SL	39.00	MM	17	1,190.				1,190.	464.		31.	495.
18	BUILDING MATERIALS	02/15/07	SL	39.00	MM	17	1,778.				1,778.	684.		46.	730.
19	BUILDING MATERIALS	03/15/07	SL	39.00	MM	17	1,170.				1,170.	444.		30.	474.
20	BUILDING MATERIALS	05/01/07	SL	39.00	MM	17	1,500.				1,500.	556.		38.	594.
21	BUILDING IMPROVEMENT	07/01/07	SL	39.00	MM	17	728.				728.	275.		19.	294.
22	IMPROVEMENTS	06/16/08	SL	39.00	MM	17	1,137.				1,137.	393.		29.	422.
23	IMPROVEMENTS DONATED	10/02/08	SL	39.00	MM	17	560.				560.	185.		14.	199.
24	IMPROVEMENTS DONATED	10/15/08	SL	39.00	MM	17	125.				125.	40.		3.	43.

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(D) - Asset disposed

#### FOF

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o r >	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
25	IMPROVEMENTS	10/18/08	SL	39.00	ММ	17	1,257.				1,257.	423.		32.	455.
26	BUILDING IMPROVEMENT	12/15/10	SL	39.00	MM	17	13,837.				13,837.	3,920.		355.	4,275.
46	IMPROVEMENT 9124 MAIN	09/30/11	SL	39.00	ММ	17	10,049.				10,049.	2,655.		258.	2,913.
51	IMPROVEMENT 9116 MAIN	08/16/13	SL	39.00	ММ	17	15,558.				15,558.	3,342.		399.	3,741.
52	ARCHITECT FEES	09/30/20	SL	39.00	ММ	17	6,756.				6,756.	224.		173.	397.
66	9114 MAIN ST DEVELOPMENT COSTS	09/30/20	SL	39.00	ММ	17	15,707.				15,707.	520.		403.	923.
67	9114 MAIN ST DEVELOPMENT COSTS – PROPERTY SURVEY	09/30/20	SL	39.00	ММ	17	2,150.				2,150.	71.		55.	126.
71	9114 MAIN ST DEVELOPMENT COSTS - ARCHITECT	09/30/20	SL	39.00	ММ	17	3,219.				3,219.	107.		83.	190.
72	9114 MAIN ST DEVELOPMENT COSTS - DEED RECONVEYANCE	09/30/20	SL	39.00	ММ	17	343.				343.	12.		9.	21.
73	9114 MAIN ST DEVELOPMENT COSTS - ARCHITECT	09/30/20	SL	39.00	ММ	17	2,156.				2,156.	71.		55.	126.
76	9114 MAIN ST DEVELOPMENT COSTS	09/30/20	SL	39.00	ММ	17	42,670.				42,670.	1,413.		1,094.	2,507.
77	9114 MAIN ST DEVELOPMENT COSTS	09/30/20	SL	39.00	ММ	17	19,220.				19,220.	637.		493.	1,130.
78	9124 MAIN ST DEVELOPMENT COSTS	09/30/20	SL	39.00	ММ	17	18,933.				18,933.	627.		485.	1,112.
82	9124 MAIN ST DEVELOPMENT COSTS	07/22/20	SL	39.00	ММ	17	15,830.				15,830.	592.		406.	998.
83	COTTAGE & PARK IMPROVEMENTS	09/30/20	SL	39.00	ММ	17	372,379.				372,379.	17,745.		9,548.	27,293.
86	HVAC UNITS INSTALLED (2)	11/18/22	SL	39.00	ММ	191	27,671.				27,671.			89.	89.
87	ALLEY PAVING	05/25/22	SL	39.00	ММ	191	38,630.				38,630.			619.	619.
	* 990 PAGE 10 TOTAL BUILDINGS					:	,042,070.				1,042,070.	230,375.		25,727.	256,102.

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(D) - Asset disposed

FORM 99	DRM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
6	DOORS, ROOF	07/01/03	200DB	7.00	НУ	17	3,525.				3,525.	3,525.		0.	3,525.
27	CLASSROOM DESKS	01/11/07	200DB	7.00	НҮ	17	1,000.				1,000.	1,000.		0.	1,000.
28	CLASSROOM DESKS	01/24/07	200DB	7.00	нү	17	1,143.				1,143.	1,143.		0.	1,143.
29	FURNITURE	02/01/07	200DB	7.00	НУ	17	108.				108.	108.		0.	108.
30	CLASSROOM DESKS	02/03/07	200DB	7.00	НУ	17	1,000.				1,000.	1,000.		0.	1,000.
31	FURNITURE	02/07/07	200DB	7.00	НҮ	17	379.				379.	379.		0.	379.
32	CLASSROOM DESKS	02/13/07	200DB	7.00	нү	17	786.				786.	786.		0.	786.
35	FURNITURE	04/13/07	200DB	7.00	нү	17	215.				215.	215.		0.	215.
36	FURNITURE	05/04/07	200DB	7.00	нү	17	107.				107.	107.		0.	107.
37	CASE-CHAIRS-OFFICE	07/01/07	200DB	7.00	НУ	17	388.				388.	388.		0.	388.
38	OFFICE FURNITURE	12/24/07	200DB	7.00	НУ	17	223.				223.	223.		0.	223.
39	KITCHEN FURNITURE	05/08/09	200DB	7.00	НУ	17	564.				564.	564.		0.	564.
40	DESKS & CHAIRS CLASSROOM FURNITURE &	11/01/10	200DB	7.00	MQ	17	5,879.				5,879.	5,879.		0.	5,879.
47	COMPUTER TABLE	12/02/11	200DB	7.00	MQ	17	7,584.				7,584.	7,584.		0.	7,584.
54	ASSEMBLY CHAIRS	04/08/15	200DB	7.00	нү	17	1,329.				1,329.	1,270.		59.	1,329.
55	TABLES	12/18/15	200DB	7.00	НХ	17	500.				500.	478.		22.	500.
57	CLASSROOM FURNITURE - TABLES	01/14/16	200DB	7.00	НҮ	17	700.				700.	606.		63.	669.

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(D) - Asset disposed

#### FOF

FORM 99	00 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
59	CLASSROOM FURNITURE - COTTAGE CHAIRS	01/18/16	200DB	7.00	НУ	17	766.				766.	663.		69.	732.
62	REFRIGERATOR	06/27/16	200DB	7.00	НУ	17	185.				185.	160.		17.	177.
63	FURNITURE - CHEST OF DRAWERS	09/05/16			ну		20.				20.	20.		0.	20.
68	TABLES	07/19/17	200DB	7.00	ну	17	300.				300.	222.		31.	253.
69	COTTAGE CHAIRS	07/27/17	200DB	7.00	ну	17	418.				418.	324.		38.	362.
70	TABLES	08/04/17	200DB	7.00	НУ	17	400.				400.	311.		36.	347.
74	CLASSROOM TABLES	08/09/18	200DB	7.00	ну	17	765.				765.	512.		72.	584.
75	CLASSROOM TABLES	09/06/18	200DB	7.00	НУ	17	950.				950.	636.		90.	726.
79	CLASSROOM FURNITURE	09/17/19	200DB	7.00	ну	17	1,000.				1,000.	563.		125.	688.
81	FURNITURE	03/01/19	200DB	7.00	НУ	17	1,253.				1,253.	705.		157.	862.
85	FURNITURE-CHAIRS	06/16/20	200DB	7.00	ну	17	712.				712.	276.		125.	401.
88	STORAGE CABINET	05/16/22	200DB	7.00	НУ	190	863.				863.			123.	123.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						33,062.				33,062.	29,647.		1,027.	30,674.
	MACHINERY & EQUIPMENT														
9	COMPUTER & PERIPHRLS	07/01/02	200DB	5.00	НУ	17	10,644.				10,644.	10,644.		0.	10,644.
10	COMPUTER EQUIPMENT	05/23/09	200DB	5.00	НУ	17	3,113.				3,113.	3,113.		0.	3,113.
13	KITCHEN EQUIPMENT	06/30/01	200DB	7.00	ну	17	13,527.				13,527.	13,527.		٥.	13,527.
33	STOVES	03/20/07	200DB	7.00	НУ	17	747.				747.	747.		0.	747.

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(D) - Asset disposed

FORM 99	90 PAGE 10														
Asset No.	Description	Date Acquired	Method	Life	C o r v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
34	STOVES	03/20/07	200DB	7.00	НУ	17	750.				750.	750.		0.	750.
41	APPLIANCES	09/30/06	200DB	7.00	НУ	17	2,141.				2,141.	2,141.		0.	2,141.
42	APPLIANCES	12/01/06	200DB	7.00	НҮ	17	325.				325.	325.		0.	325.
43	LEARNING EQUIPMENT	03/11/08	200DB	7.00	НҮ	17	550.				550.	550.		0.	550.
44	CAMERA EQUIPMENTS	07/11/08	200DB	5.00	НҮ	17	502.				502.	502.		0.	502.
45	APPLIANCES	11/03/09	200DB	7.00	НҮ	17	1,662.				1,662.	1,662.		0.	1,662.
53	COMMERCIAL RANGE/BAKERY	12/22/14	200DB	7.00	MQ	17	3,193.				3,193.	3,193.		0.	3,193.
56	COMPUTERS - DELL	01/14/16	200DB	5.00	НУ	17	1,345.				1,345.	1,345.		0.	1,345.
58	COMPUTER SUPPLIES - APPLE	01/16/16	200DB	5.00	НУ	17	656.				656.	656.		0.	656.
60	COMPUTERS	01/31/16	200DB	5.00	НУ	17	497.				497.	497.		0.	497.
61	COMPUTERS - DELL	02/23/16	200DB	5.00	НУ	17	639.				639.	639.		0.	639.
64	COMPUTERS - AMAZON	12/25/16	200DB	5.00	НҮ	17	1,237.				1,237.	1,237.		0.	1,237.
80	COMPUTER & PERIPHRLS	11/30/19	200DB	5.00	НҮ	17	826.				826.	588.		95.	683.
84	COMPUTER & PERIPHRLS	07/02/20	200DB	5.00	НҮ	17	3,586.				3,586.	1,865.		688.	2,553.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						45,940.				45,940.	43,981.		783.	44,764.
	TRANSPORTATION EQUIPMENT														
1	(D)2002 DODGE CARAVAN	10/24/02	200DB	5.00	НУ	17	21,672.				21,672.	21,672.		0.	21,672.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						21,672.				21,672.	21,672.		0.	21,672.

228111 04-01-22

(D) - Asset disposed

#### F

FORM 99	00 PAGE 10			990											
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LAND														
50	DONATED LAND/IMPROVEMENTS	07/01/99	L				281,467.				281,467.			0.	
65	9114 MAIN ST	09/30/20	L				162,416.				162,416.			0.	
	* 990 PAGE 10 TOTAL LAND						443,883.				443,883.	0.		0.	0.
	OTHER														
8	SOFTWARE	06/01/02	200DB	3.00	ну	17	750.				750.	750.		0.	750.
	* 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10						750.				750.	750.		0.	750.
	DEPR					-	.,587,377.				1,587,377.	326,425.		27,537.	353,962.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE					-	.,520,213.			0.	1,520,213.	326,425.			353,131.
	ACQUISITIONS						67,164.			0.	67,164.	0.			831.
	DISPOSITIONS/RETIRED						21,672.			٥.	21,672.	21,672.			21,672.
	ENDING BALANCE						.,565,705.			0.	1,565,705.	304,753.			332,290.
	ENDING ACCUM DEPR LESS DISPOSITIONS											332,290.			
	ENDING BOOK VALUE										1	,233,415.			

(D) - Asset disposed

Form <b>4562</b>		-	O <b>rtizatio</b> ed Property) <sup>n.</sup>			OMB No. 1545-0172				
Department of the Treasury Internal Revenue Service	Go to v	www.irs.gov/For	Attach to your t m4562 for instru				Attachment Sequence No. <b>179</b>			
Name(s) shown on return				Busine	ss or activity to which	this form relates		Identifying number		
STRIVE FOUND	ATION			FOR	м 990 ра	GE 10		33-0411257		
Part I Election To Ex	pense Certain Property	/ Under Section 179	9 Note: If you hav	e any lis	ted property, co	mplete Part	V before yo	u complete Part I.		
1 Maximum amount (s	ee instructions)						1	1,080,000.		
2 Total cost of section	179 property placed	d in service (see ir	nstructions)				2			
3 Threshold cost of se	ction 179 property b	efore reduction ir	n limitation				3	2,700,000.		
4 Reduction in limitation	on. Subtract line 3 fr	om 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 separa	ately, see ir	structions		5			
6	(a) Description of prop	perty	(b) (	Cost (busine	ess use only)	(c) Elected of	cost			
7 Listed property. Ente	er the amount from li	ine 29			7					
8 Total elected cost of	section 179 propert						8			
9 Tentative deduction										
10 Carryover of disallov										
11 Business income lim					· ·· -					
12 Section 179 expense			·		,					
13 Carryover of disallov										
Note: Don't use Part II c										
Part II Special De	preciation Allowan	ce and Other De	preciation (Don'i	include	e listed property	.)				
14 Special depreciation										
						0	14			
15 Property subject to s							15			
16 Other depreciation (i										
B. J. III	epreciation (Don't in									
			Section	Α						
17 MACRS deductions	for assets placed in	service in tax vea	ars beginning befo	re 2022				26,706.		
18 If you are electing to group	-	-					Ϊ – Ι			
	Section B - Assets F					al Deprecia	tion System	n		
(a) Classification	of successful	(b) Month and		iation	(d) Recovery	(a) Convention	(f) Mathad	(a) Depressistion deduction		
(a) Classification	ot property	year placed in service	(business/investme only - see instruct	ions)	period	(e) Convention	(f) Method	(g) Depreciation deduction		
19a 3-year property										
<b>b</b> 5-year property										
c 7-year property				863.	7 YRS.	НҮ	200DB	123.		
d 10-year property	,									
e 15-year property	,									
f 20-year property										
g 25-year property					25 yrs.		S/L			
		/			27.5 yrs.	мм	S/L			
h Residential renta	al property	/			27.5 yrs.	мм	S/L			
		11 /22	27,	671.	39 yrs.	мм	S/L	89.		
i Nonresidential re	eal property	05 /22			39.0 YRS	ММ	S/L	619.		
Se	ction C - Assets Pla									
20a Class life							S/L			
<b>b</b> 12-year					12 yrs.		S/L			
<b>c</b> 30-year		/			30 yrs.	ММ	S/L			
<b>d</b> 40-year		/			40 yrs.	MM	S/L			
<b>B</b> • <b>B</b> (	(See instructions.)	, ,				1				
21 Listed property. Ent							21			
21 Listed property. End 22 Total. Add amounts										
Enter here and on th		-					22	27,537.		
23 For assets shown at	••••	•	•				22	21,337.		
portion of the basis	•	0	•		23					
216251 12-08-22 LHA Fo			see separate4ns					Form <b>4562</b> (2022)		

15071107 769726 STRIVE\_FOUND

<u>For</u> m	4562 (2022)	STR	IVE FOU	NDAT	ION							33-	0411	257	Page 2
Par	t V Listed Proper				ner vehic	les, cert	tain aircr	aft, an	d property	used for					
	entertainment, <b>Note:</b> For any				standard	d milear	ae rate o	dedu	ctina lease	expens	e, comr	olete on	<b>lv</b> 24a		
	24b, columns	(a) through (c	c) of Section A,	all of Se	ection B,	and Se	ection C	f appli	cable.		c, comp		<b>iy</b> ∠⊣a,		
	Section A -	Depreciatio	on and Other I	nforma	tion (Ca	ution: S	See the i	nstruc	tions for li	mits for p	asseng	jer auton	nobiles.	)	
24a [	Do you have evidence to s	support the bu		nt use cla	aimed?	<u> </u>	'es	No	24b If "Y	es," is th	e evide	nce writt	en?	Yes	No
	(a)	(b) Date	(c) Business/		(d)	Bas	(e) sis for depre	ciation	(f)		g)		(h)		(i)
	Type of property (list vehicles first)	placed in	investment		Cost or ther basis		siness/inve	stment	Recovery period		hod/ ention		eciation uction		ected on 179
		service	use percentag	je <sup>UL</sup>			use only	')	period	00110		ucut		c	ost
	pecial depreciation all			• •	•		•		2						
	sed more than 50% in				<u></u>				<u></u>		25				
6 P	roperty used more tha	n 50% in a q	ualified busine	ss use:											
		: :	9	6										<u> </u>	
		: :		6										<u> </u>	
		: :		6											
7 P	roperty used 50% or le	ess in a qualit	fied business u	ise:											
		: :	9	6						S/L ·					
		: :		6						S/L ·					
		: :		6						S/L -					
8 A	dd amounts in column	ı (h), lines 25	through 27. Er	nter here	e and on	line 21,	page 1				28				
9 A	dd amounts in column	ı (i), line 26. E	Inter here and	on line 7	7, page 1								29		
			S	ection I	B - Infor	mation	on Use	of Veh	icles						
omp	plete this section for ve	hicles used l	by a sole propr	rietor, pa	artner, or	other "	more tha	an 5% (	owner," or	related	oerson.	lf you pr	ovided \	<i>v</i> ehicles	
o you	ur employees, first ans	wer the ques	stions in Sectio	n C to s	ee if you	meet a	in excep <sup>.</sup>	tion to	completin	g this se	ction fo	or those v	/ehicles.		
										_		_			
				(	(a) (b)				(c) (d		ł)	(4	e)	(	f)
<b>0</b> To	otal business/investment	miles driven d	uring the	Veł	nicle	Vel	Vehicle		/ehicle	Veh	icle	Veh	nicle	Vehicle	
ye	ear ( <b>don't</b> include commu	iting miles)	-												
	otal commuting miles														
	otal other personal (no														
d	riven														
	otal miles driven during														
А	dd lines 30 through 32	2													
	Vas the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	uring off-duty hours?														
	Vas the vehicle used p														
tł	nan 5% owner or relate	ed person?													
	another vehicle availa														
	se?														
			- Questions for	or Empl	overs W	ho Prov	vide Ver	icles f	for Use by	Their E	mplove	es	<u> </u>	<u> </u>	
nsw	er these questions to			-	-				-				ren't		
	than 5% owners or rel									<b>,</b>	<b>,</b>				
	o you maintain a writte	•		ohibits a	ll person	al use c	of vehicle	s. inclu	udina com	mutina.	bv vour			Yes	No
	mployees?														
	o you maintain a writte										ur				
	mployees? See the ins	. ,								0					
	o you treat all use of v			•	•										
	o you provide more th														
	the use of the vehicles,				•										
	o you meet the require														
	o you meet the require ote: If your answer to														
	t VI Amortization	57, 50, 59, 4	0,014115 16	5, 0011	Comple					10165.					
	(a)			(b)		(c)			(d)		(e)			(f)	
	Description o	f costs		amortization		Amortizat	ble		Code		Amortiza	ation	Ar	mortization	
<u>^</u>	mortization of acate 11-	ot booins al		begins	I	amount	ı		section		period or per	rcentage	10	or this year	
<u>2</u> A	mortization of costs th	iat pegins du	ining your 2022	tax yea	u: 1			<u> </u>		<u> </u>					
				: :				+							
				: :											
	mortization of costs th											43			
<u>4 T</u>	otal. Add amounts in o	column (f). Se	ee the instructi	ons for v	where to	report						44			
16252	12-08-22												F	orm <b>456</b>	<b>2</b> (2022

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