1 01111	•••			i ol olganization i	-						2019	9
(Rev.	January	2020)	Under section 501(c	:), 527, or 4947(a)(1) of the In	nternal Reve	enue Code (	except p	rivate fou	ndation	ıs)		
Depart	ment of t	he Treasury	Do not er	nter social security numbers	on this for	m as it may	be made	e public.			Open to P	ublic
Interna	l Revenu	e Service	Go to w	/ww.irs.gov/Form990 for ins	tructions ar	nd the latest	t informa	tion.			Inspecti	on
A F	or the	2019 calendar	year, or tax year begir	nning	09-0	1, <b>2019</b> , a	and endi	ng	08	8-31	, <b>20</b> 20	
<b>B</b> c	heck if a	oplicable:	C Name of organization	ve It Learn It				D Employer identification number				ıber
Δ Α	ddress cl	nange	Doing business as							35-3	2247059	
N	ame cha	nge	Number and street (or P	O. box if mail is not delivered to street	address)		Room/suit	e	E Telephone number			
l Ir	itial retur	n	735 8th Street	SE			:	300		(20)	2)546-62	23
□ F	inal returi	n/terminated	City or town, state or pro	vince, country, and ZIP or foreign posta	al code				G Gros	s receipts	5	
ΠΑ	mended	return	Washington, DC	20003					\$		791	L,975
ΠΑ	pplicatior	pending	F Name and address of pr					H(a) Is this a g		for subordi		X No
_		1 3		·				H(b) Are all			E	
I Ta	ax-exemp	ot status: X 50 <sup>-</sup>	1(c)(3) 501(c) (	) < (insert no.) 4947(a)(1	) or 5	27					structions)	
	/ebsite:		iveitlearnit.o					H(c) Group				
				sociation Other		. Year of formati	on: 200		State of leg			
Par		Summary					on. 200	5   111 0		garuonno	ic. DC	
	1		the organization's miss	ion or most significant activitie	. Time	It Lear			~ ··· +	ւ տ։ ։	10 1 00	
		,	6	6			-					noors
ICe				to create and deli								
nar				lents' self-efficacy	, motiva	ation, a	nd ach	levemer	1 <b>C</b> . 3	see C	ontinua	LION
Governance		on Schedul					050/ -64		4-			
õ				n discontinued its operations o	•				1	I		
			е е	erning body (Part VI, line 1a)								14
Activities &			. 0	rs of the governing body (Part								14
i <it< td=""><td></td><td></td><td></td><td>n calendar year 2019 (Part V, I</td><td>,</td><td></td><td></td><td></td><td>-</td><td></td><td></td><td>11</td></it<>				n calendar year 2019 (Part V, I	,				-			11
Act			f volunteers (estimate if	• /					· 6			14
				Part VIII, column (C), line 12			• • • • •		- 7a			0
	b	Net unrelated b	usiness taxable income	from Form 990-T, line 39			<u></u>		. 7b			0
								Prior Year			Current Year	
_	8	Contributions ar	nd grants (Part VIII, line	1h) • • • • • • • • • • •			·	815	,857		645	5,685
Revenue	9	Program service revenue (Part VIII, line 2g) · · · · · · · · · · · · · · · · · · ·							,350		117	7,890
ver	10	Investment inco	ome (Part VIII, column (	A), lines 3, 4, and 7d) • • •			·		81			81
Re	11	Other revenue (	(Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c, and 11e	e) • • • •				38		28	3,319
	12	Total revenue -	add lines 8 through 11	(must equal Part VIII, column (	(A), line 12)			917	,326		791	L,975
	13	Grants and simi	ilar amounts paid (Part	IX, column (A), lines 1-3)								0
	14	Benefits paid to	or for members (Part I	X, column (A), line 4) • • •								0
	15	Salaries, other of	compensation, employe	e benefits (Part IX, column (A	), lines 5-10	)		627	,331		701	L,231
ses	16a	Professional fur	ndraising fees (Part IX,	column (A), line 11e)								0
Expense	b	Total fundraising	g expenses (Part IX, co	lumn (D), line 25) 🕨		60,791						
Ä	17	Other expenses	s (Part IX, column (A), li	nes 11a-11d, 11f-24e) • •				197	,731		224	1,743
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, column (A), line	e 25) ••				,062			5,974
	19	Revenue less e	xpenses. Subtract line	18 from line 12					,264			3,999)
es	1							ning of Curr			End of Year	
Net Assets or Fund Balances	20	Total assets (Pa	art X. line 16)						,633			9,938
Asse	21	· ·	. ,						,867			3,155
Net -	22		,	line 21 from line 20 · · · ·					,766			L,783
Par		Signature					1		,	L		.,
Unde	r penaltie	s of perjury, I declare	e that I have examined this ret	urn, including accompanying schedules				wledge and b	elief, it is			
true,	correct, a	nd complete. Declara	ation of preparer (other than of	fficer) is based on all information of whi	ch preparer has	any knowledge						
		Michel	le N. Edwards									
Sigr	ו ו	Signature of							Da	ite		
Here	e l	Michel	le N Edwards	Executive Director								
			t name and title	DILECTOL								
		Print/Type prepare		Preparer's signature		Date		Check	☐ if	PTIN		
Paic	4						21				1420207	
	arer	John Mull		John Mullins		07-14-20		self-em	hinked	P0	1429307	
-	Only							rm's EIN 🕨				
030	Uniy	Firm's address		sconsin Avenue			PI	none no.	000	770	271	
Marri				MD 20814			I			770-6	_	
iviay i		uiscuss inis ret	un wun ne preparer si	nown above? (see instructions	,						res [	<u>No</u>

**Return of Organization Exempt From Income Tax** 

Form **990** 

OMB No. 1545-0047

Form	990 (2019) Live It Learn It 35-2247059 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Live It Learn It partners with Title 1 schools and cultural institutions to create and deliver
	experential learning opportunities for students to increase students' self-efficacy, motivation,
	and achievement. See Continuation on Schedule O.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? • • • • • • • • • • • • • • • • • • •
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 769,650 including grants of \$ ) (Revenue \$ 763,575 )
Tu	During fiscal year 2019-2020, due to Covid-19, Live It Learn It (LILI) adapted its programming
	model to continue serving its teachers and students while DCPS engaged in distance learning.
	Students Served - Students at 15 Title I DCPS engaged in 434 experience-driven lessons and field
	visits. Two-thirds of the schools LILI serves are east of the Anacostia River. Academic Growth -
	On average, student mastery of key concepts doubled as a result of in-person programming. Most
	students expressed that they learned a lot from LILI's virtual programs. Self-Efficacy - After
	learning with LILI, the majority of students self-report feeling confident about sharing newfound
	knowledge with their peers in the classroom and online. New Experiences - From exploring the
	Anacostia River by boat to engaging with an Australian zoo by live webcam, on 82% of LILI
	experiences, students are first-time visitors to a partner destination.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses <b>769</b> , 650

	n 990 (20 <sup>-</sup>		35-22470	59	P	age 3
Pa	rt IV	Checklist of Required Schedules				
					Yes	No
1		ganization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complet	e Schedule A		1	х	
2	Is the or	ganization 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				
	candida	tes for public office? If "Yes," complete Schedule C, Part I		3		х
4		<b>501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h)				[
		in effect during the tax year? If "Yes," complete Schedule C, Part II		4		х
5		ganization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				
				5		x
6		organization maintain any donor advised funds or any similar funds or accounts for which donors		-		
•		e right to provide advice on the distribution or investment of amounts in such funds or accounts? If				
		omplete Schedule D, Part I		6		x
7		organization receive or hold a conservation easement, including easements to preserve open space,		- <b>-</b>		
'		ronment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> • • • • • • • •		7		v
0		organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		-		<u>x</u>
8						
•				8		X
9		organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a				
		an for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or				
		gotiation services? If "Yes," complete Schedule D, Part IV		9		x
10		organization, directly or through a related organization, hold assets in donor-restricted endowments				
		asi endowments? If "Yes," complete Schedule D, Part V		10		X
11	If the or	ganization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,				
	VII, VIII,	IX, or X as applicable.				
а		organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "</i> Yes,"				
	complet	e Schedule D, Part VI • • • • • • • • • • • • • • • • • •		11a		х
b	Did the	organization report an amount for investments - other securities in Part X, line 12, that is 5% or more				
	of its tot	al assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • • • • • • • • • • • • • • • • • •		11b		х
С	Did the	organization report an amount for investments - program related in Part X, line 13, that is 5% or more				
	of its tot	al assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ••••••••••••••••••••		11c		х
d	Did the	organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets				
	reported	t in Part X, line 16? If "Yes," complete Schedule D, Part IX		11d		х
е				11e	х	
f		organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
		inization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		11f		x
12a	-	organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
		le D, Parts XI and XII		12a		x
b		e organization included in consolidated, independent audited financial statements for the tax year? If				<u>^</u>
D.		nd if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional •		12b		v
13		ganization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		120		x
13 14a		organization maintain an office, employees, or agents outside of the United States?		13 14a		x
		organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		140		<u>x</u>
b						ĺ
		ing, business, investment, and program service activities outside the United States, or aggregate nvestments valued at \$100.000 or more? If "Yes." complete Schedule F. Parts I and IV		146		
4.5	-	······································		14b		X
15		organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		45		
40	•	foreign organization? If "Yes," complete Schedule F, Parts II and IV		15		x
16		organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other				
4-		ace to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		16		x
17		organization report a total of more than \$15,000 of expenses for professional fundraising services on				ĺ
		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		17		х
18		organization report more than \$15,000 total of fundraising event gross income and contributions on				ĺ
		I, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·		18		х
19		organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				ĺ
		' complete Schedule G, Part III • • • • • • • • • • • • • • • • •		19		х
20 a		organization operate one or more hospital facilities? If "Yes," complete Schedule H		20a		х
b	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				
	domesti	c government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II • • • • • • • • • •	<u></u> .	21		х

Form	990 (2019) Live It Learn It 35-2247	)59	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · ·	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a · · · · · · · · · · · · · · · · · · ·	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds? • • • • • • • • • • • • • • • • • • •	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I · · · · · · · · · · · · · · · · · ·	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I · · · · · · ·	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	20		
~~		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>x</u>
34	or IV, and Part V, line 1.	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		x
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		<u>x</u>
50	related organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	x	
Par		00	_ <u> </u>	
1 01	Check if Schedule O contains a response or note to any line in this Part V.			$\square$
		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
v	reportable gaming (gambling) winnings to prize winners?	1c	x	
		1	43	L

Form	990 (2019) Live It Learn It 35-2247	059	F	2age <b>5</b>
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • •			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • •			
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 organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
 a	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • • • • • • • • • • •	-		
11	Section 501(c)(12) organizations. Enter:	-		
 а	Gross income from members or shareholders.			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
D.	the organization is licensed to issue qualified health plans			1
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		v
14a b				x
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		
	excess parachute payment(s) during the year?	15		x
16	If "Yes," see 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		v
16		10		x
	If "Yes," complete Form 4720, Schedule O.			

Form	990	(2019	I)
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-	1990 (2019) Live It Learn It 35-22470		P	9age <b>6</b>
Pa	rt 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 in Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b> 1a 14</b>			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>····· 1b 14</b>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			<u> </u>
40-		40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	404		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	x
r c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	12.0		~
U	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	~	x
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by	14		^
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Λ	x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website Upon request Other ( <i>explain on Schedule O</i> )			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Michelle Edwards (202)546-6223, 735 8th Street SE, #300, Washington, DC 20003		000 (/	

Form 990 (201	9) Live It Learn It	35-2247059	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Independent Contractors	npensated Employe	es, and
	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 t	nis table for all persons required to be listed. Report compensation for the calendar year ending with or with	hin the	
organization's	ax vear.		

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

See 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.

	aleu organiza		inhe	115a	ieu a	any cu	nen		i liuslee.	
				(	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	``				han one s both a		Reportable	Reportable	Estimated amount
	hours			•		r/trustee		compensation	compensation	of other
	per week							from the	from related organizations	compensation from the
	(list any hours for	or Inc	Ins	JО	Ке	Hiç en	Fo	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	direc	stituti	Officer	y en	ghes	Forme	(		related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	'ee				
	below	uste	trus		/ee	nper				
	dotted line)	o o	tee			Highest compensated employee				
						ğ				
(1) Tara Sakraida Parker	1.00									
Chair		x		х				0	0	0
(2) Nigel Atwell	1.00									
Director		х						0	0	0
(3) Patrick Campbell	1.00									
Director		х						0	0	0
(4) Meghann Curtis	1.00									
Director		х						0	0	0
(5) Nancy Folger	1.00									
Director		х						0	0	0
(6) Doug Gilbert	<u>1.00</u>									
Treasurer		х		х				0	0	0
(7) Hope Harrod	1.00									
Director		x						0	0	0
(8) Joseph Horning	<u>1.00</u>									
Director		х						0	0	0
(9) Kathy Kretman	<u>1.00</u>									
Director		х						0	0	0
(10)Sara Mark Lesk	1.00									
Director		х						0	0	0
(11)Justin Milner										
Director		х						0	0	0
(12)Tracy_Shaw	1.00									
Vice Chair		х		х				0	0	0
(13)Penny Smith	1.00									
Director		х						0	0	0
(14)Juliana Su	1.00									
Director		х						0	0	0
EEA										Form <b>990</b> (2019)

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Part	VII Section A. Officers, Directors, Trustees	s, Key Empl	oyees	, and	d Hi	ghes	st Con	nper	nsated Employee	s (continued)			
	<b>(A)</b> Name and title	(B) Average hours per week	box,	, unles	Po: eck n ss pe	rson i	han one s both a /trustee	n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	cc	(F) mated am of other ompensat from the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	org	anization ed organiz	
Execu	chelle_NEdwards tive Director	40.00			x				126,788	0		26,7	728
<u>(16)</u>													
<u>(17)</u>													
(18)													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal			•••				• •					
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		· · ·	•••		•••	· · ·	• •	126,788	0		26,7	728
2	Total number of individuals (including but not limiter reportable compensation from the organization	ed to those li											1
												Yes	No
3	Did the organization list any <b>former</b> officer, director employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i>		• •	-		-		•			. 3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater that												
_	individual · · · · · · · · · · · · · · · · · · ·				•••	••					- 4	x	
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes,</i>							-			. 5		x
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Report comp										ar.		
	(A)				,			Í	(B)		(C)		
	Name and business addres	S							Description of service	ces	Compen	sation	
	Total number of independent evety-stars (in the line	a but set live	itod to	the		te d		\ ,L					
2	Total number of independent contractors (includin received more than \$100,000 of compensation from the structure of the struc	-				siea	above	) wn	U				

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Part \	/III Statement of Revenue					
	Check if Schedule O contains a response or note to	o any line in this l	Part VIII ••			[
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a Federated campaigns · · · · · · 1a					
s s	b Membership dues · · · · · · · · 1b					
unt	c Fundraising events · · · · · · · · 1c					
S, G	d Related organizations · · · · · · 1d					
ar / Giff	e Government grants (contributions) · · 1e	100,792				
Contributions, Gifts, Grants and Other Similar Amounts	<b>f</b> All other contributions, gifts, grants,					
ler (	and similar amounts not included above 1f	544,893				
	g Noncash contributions included in					
and	lines 1a-1f		645 605			
	h Total. Add lines 1a-1f	usiness Code	645,685			
	2a Program Income 611		117,890	117,890		
2	b	/10	117,890	117,890		
an	c					
Program service Revenue	d					
Re	e					
2	f All other program service revenue • • • • • •					
	g Total. Add lines 2a-2f · · · · · · · · · · · · · · · ·	🕨	117,890			
	3 Investment income (including dividends, interest, and					
	other similar amounts) • • • • • • • • • • • • • • • • • • •		81			81
	4 Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties • • • • • • • • • • • • • • • • • • •					
		(ii) Personal				
	6a Gross rents 6a 27,835					
	b Less: rental expenses · · 6b c Rental income or (loss) 6c 27,835					
	c Rental income or (loss)       6c       27,835         d Net rental income or (loss)       ••••••••••••••••••••••••••••••••••••		27,835			27,835
		(ii) Other	27,835			27,835
	7a Gross amount from (I) Securities					
	other than inventory b Less: cost or other basis					
ne	and sales expenses •• 7b					
venue	c Gain or (loss) · · · · · 7c					
Other Rev	<b>d</b> Net gain or (loss) • • • • • • • • • • • • • • • • • •	🕨				
her	8a Gross income from fundraising					
5	events (not including \$					
	of contributions reported on line					
	1c). See Part IV, line 18 • • • • • • • 8a					
	b Less: direct expenses					
	c Net income or (loss) from fundraising events	🕨				
	9a Gross income from gaming					
	activities, See Part IV, line 19 • • • • • • 9a b Less: direct expenses • • • • • • • 9b					
	c Net income or (loss) from gaming activities					
		· · · · · ·				
	10a Gross sales of inventory, less         returns and allowances         10a					
	b Less: cost of goods sold ••••••••••					
	<b>c</b> Net income or (loss) from sales of inventory	🕨				
		siness Code				
-	11a Miscellaneous 900		484	484		
nue	b					
eve	C					
Revenue	d All other revenue					
	e Total. Add lines 11a-11d		484			
	12 Total revenue. See instructions	🕨 📔	791,975	118,374	0	27,916

D19)Live It Learn ItStatement of Functional Expenses

Check if Schedule O contains a response or note to a t include amounts reported on lines 6b, 7b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	(A) Total expenses	<b>(B)</b> Program service	(C)	(D)
Grants and other assistance to domestic organizations	Total expenses	Program service		
3		expenses	Management and general expenses	Fundraising expenses
and demostic governments. See Dart IV line 21				·
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
ndividuals. See Part IV, line 22 • • • • • • • • • • • • • •				
Grants and other assistance to foreign				
organizations, foreign governments, and				
oreign individuals. See Part IV, lines 15 and 16				
	126,788	103,966	13,947	8,87
	414,203	339,647	45,562	28,99
÷	414,203		43,302	20,93
· · · · · · · · · · · · · · · · · · ·	13 320	10 923	1 465	93
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	6,96
F			· · · · · · · · · · · · · · · · · · ·	3,32
F F			5,222	5,52
	14 119	11 577	1 553	98
	14,110	11,5//	1,555	
F				
, .				
	1 145	020	126	
				<u> </u>
				66
	5,946	4,870	054	41
· · · · · · · · · · · · · · · · · · ·	101 005	00.405	10.047	
· · · · -			· · · · · · · · · · · · · · · · · · ·	8,49
F	64 /	531	/1	4
	1	1 000		
	1,699	1,393	187	11
F				
	7,588	6,222	835	53
Bus Transportation	42,410	42,410		
Curricular Materials	3,716	3,716		
Feacher Training	10,672	10,672		
Bank & Other Fees	708	708		
All other expenses				
Total functional expenses. Add lines 1 through 24e • •	925,974	769,650	95,533	60,79
rom a combined educational campaign and				
undraising solicitation. Check here 🕨 📗 if				
	Benefits paid to or for members       Compensation of current officers, directors,         Compensation of current officers, directors,       Compensation not included above, to disqualified         Description       Description         Compensation not included above, to disqualified       Description         Description       Description         Compensation not included above, to disqualified       Description         Description       Description         Compensation not included above, to disqualified       Description         Description       Description         Pension plan accruals and contributions (include       Description         Description       Description         Payroll taxes       Description         Sees for services (nonemployees):       Anaagement         Anaagement       Description         Accounting       Description         Description       Description         Accounting       Description         Professional fundraising services. See Part IV, line 17       Investment management fees         Notesting and promotion       Description         A amount, list line 11g expenses on Schedule O.)       Description         Operation technology       Description         Royalties       Descrease         Desco	Benefits paid to or for members       126,788         Compensation of current officers, directors,       126,788         Compensation not included above, to disqualified       126,788         Compensation not included above, to disqualified       13,320         Persons (as defined under section 4958(c)(3)(B)       414,203         Pension plan accruals and contributions (include       13,320         Other employee benefits       99,445         Payroll taxes       47,475         Persons and the section 4958(c)(3)(B)       14,118         egal       14,118         egal       14,118         egal       99,445         Arrong Sectors (nonemployees):       14,118         Anangement       14,118         egal       14,118         egal       9,445         Accounting       14,118         egal       9,562         Office expenses       9,562         formation technology       5,197         Office expenses       9,562         formation technology       5,946         Occupancy       121,335         Tavel       121,335         Payments to ffliates       1,639         Interest       9,562         orderests	Benefits paid to or for members       Image: Second S	are-fits paid to or for members

Form 990 (20	019)	Li	ve It	Learn	It
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Page	11	

Par	t X	Balance Sheet			<u> </u>
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	367,147	1	408,116
	2	Savings and temporary cash investments	191,468	2	163,949
	3	Pledges and grants receivable, net	(3,250)	3	213,775
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $\cdots$		6	
ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	13,179
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D · · · · · · 10a			
	b	Less: accumulated depreciation • • • • • • • • • • • • • • • • • • •		10c	
	11	Investments - publicly traded securities	204,451	11	216,586
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,817	15	4,333
	16	Total assets. Add lines 1 through 15 (must equal line 33)            Accounts payable and accrued expenses	765,633	16	1,019,938
	17 18	Grants payable	9,867	17 18	9,867
	10	Deferred revenue		19	E2 066
	20	Tax-exempt bond liabilities		20	53,866
	20	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
s	22	Loans and other payables to any current or former officer, director,		21	
Liabilities	~~	trustee, key employee, creator or founder, substantial contributor, or 35%			
lide		controlled entity or family member of any of these persons		22	
Li	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	-	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	114,422
	26	Total liabilities. Add lines 17 through 25	9,867	26	178,155
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	625,766	27	677,469
Bal	28	Net assets with donor restrictions	130,000	28	164,314
l pu		Organizations that do not follow FASB ASC 958, check here			
Fui		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
let ,	32	Total net assets or fund balances	755,766	32	841,783
	33	Total liabilities and net assets/fund balances	765,633	33	1,019,938

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Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         Total expenses (must equal Part VII, column (A), line 12)       2       925, 974         3       Revenue less expenses. Subtract line 2 from line 1       3       (133, 999)         4       785, 766       3       1       751, 652         6       0       3       (133, 999)         1       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       755, 766         5       1, 652       6       6       6       7         6       7       7       8       8       9       0ther changes in net assets or fund balances (explain on Schedule O)       9       218, 364       10       841, 783         Part XII       Financial Statements and Reporting       1       1       8       1       1       841, 783         Part XII       Financial Statements and Reporting       1	Form	990 (2019) Live It Learn It 35	-2247059	•	Pa	age <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       791, 975         2       Total expenses (must equal Part IX, column (A), line 26)       2       925, 974         3       Revenue (less expenses, Subtract line 2 from line 1       3       (133, 999)         4       Hat assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       755, 766         5       Net unrealized gains (losses) on investments       5       1, 652         6       7       7       7         7       7       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9       218, 364         10       841, 783       7       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9       218, 364         10       841, 783       7       7         9       Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X).       10       841, 783         Part XIII       Financial Statements and Reporting       10       841, 783         Part XIII       Financial Statements compiled or reviewed by an independent accountant?       2a       x         1       Accounting method used to prepare the Form 990:       C	Par	t XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       925, 974         3       Revenue less expenses. Subtract line 2 from line 1       3       (1133, 999)         4       Assessed of this delationes at beginning of year (must equal Part X, line 32, column (A))       4       755, 766         6       Net unrealized gains (losses) on investments       6       7       7         7       7       8       9       218, 364         9       Other changes in net assets or fund balances (explain on Schedule O)       9       218, 364         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       218, 364         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       218, 364         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       841, 783         Part XII       Financial Statements and Reporting		Check if Schedule O contains a response or note to any line in this Part XI				. x
3       Revenue less expenses. Subtract line 2 from line 1       3       (133,999)         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       755,766         5       Net unrealized gains (losses) on investments       5       1,652         6       1       6       1         7       8       Pirlor period adjustments       6         9       Other changes in net assets or fund balances (explain on Schedule O)       9       218,364         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       218,364         10       Retarct assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       218,364         10       Retarct assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       841,783         Part XII       Financial Statements and Reporting       10       841,783         Check if Schedule O contains a response or note to any line in this Part XII       1       2a       x         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       x         1       the organization's financial statements compiled or	1	Total revenue (must equal Part VIII, column (A), line 12)	1		791,	975
4       755,766         5       Net unrealized gains (losses) on investments       6         6       6         7       6         7       7         8       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9         218,364       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9         218,364       10       841,783         Part XII       Financial Statements and Reporting       10         Check if Schedule O contains a response or note to any line in this Part XII       10         8       8       10         9       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       x         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis.       Dotto consolidated basis.       Dotto consolidated basis.       Dotto consolidated basis.         9       Were the organization's financial statements and fleependent accountant?       2b       x         If "Yes," check a box below to indicate whether the fina	2		2		925,	974
5       Net unrealized gains (losses) on investments       5       1,652         6       6       7         7       8       6         7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       218,364         10       841,783         Part XII       Financial Statements and Reporting       10       841,783         Check if Schedule O contains a response or note to any line in this Part XII       10       841,783         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       x         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       the organization's financial statements compiled or reviewed by an independent accountant?       2a       x         1       "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Both consolidated and separate basis       2b       x         1       "Yes," to heck a to xok below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated	3	Revenue less expenses. Subtract line 2 from line 1	3	(	133,	<u>999)</u>
6       Donated services and use of facilities <ul> <li>Investment expenses</li> <li>Investment expenses</li> <li>Investment expenses</li> <li>Other changes in net assets or fund balances (explain on Schedule O)</li> <li>Investment expenses</li> <li>Other changes in net assets or fund balances (explain on Schedule O)</li> <li>Investment expenses</li> <li>Investexpenses</li> <li>Investment expens</li></ul>	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		755,	766
Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       218,364         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       32       20         10       Retarget as a end of year. Combine lines 3 through 9 (must equal Part X, line       10       841,783         Part XII       Financial Statements and Reporting       10       841,783         Check if Schedule O contains a response or note to any line in this Part XII       10       841,783         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       x         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       x         11       Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Both consolidated and separate basis       2b       x         14       Yes, "check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b<	5	Net unrealized gains (losses) on investments	5		1,	652
8 Prior period adjustments   9 Other changes in net assets or fund balances (explain on Schedule O)   9 Q18, 364   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   22, column (B))	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 218,364   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 841,783   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 841,783   1 Accounting method used to prepare the Form 990: Cash X Accrual Other   1 ft he organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X   2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Both consolidated and separate basis 2b X   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis. 2b X   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis. 2b X   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X   If "Yes," the line 2a or 2b, does the organization have a committee that assumes responsibility fo	7		7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       841, 783         Part XII       Financial Statements and Reporting	8		8			
32, column (B))       10       841,783         Part XII       Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9	2	218,	364
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII       Image: the second s			10		841,	783
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Par	t XII Financial Statements and Reporting				_
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       x         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:       2a       x         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       x         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       x         b       Were the organization's financial statements audited by an independent accountant?       2b       x         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       x         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       x         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       x         If "Yes," to kine 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c       2c       <			-		Yes	No
Schedule O.       2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       x         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:       2b       x         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       x         b       Were the organization's financial statements audited by an independent accountant?       2b       x         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       x         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       x         Separate basis       Consolidated basis       Both consolidated and separate basis       2c       2c         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a <td< th=""><th>1</th><th>Accounting method used to prepare the Form 990: Cash X Accrual Other</th><th>_  </th><th></th><th></th><th></th></td<>	1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_			
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       x         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:       2b       x         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       x         b       Were the organization's financial statements audited by an independent accountant?       2b       x         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       x         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       x         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       x         c       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       x         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circu		If the organization changed its method of accounting from a prior year or checked "Other," explain in				
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:       Image: Consolidated basis, or both:         Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X       3a       X <tr< th=""><th></th><th>Schedule O.</th><th></th><th></th><th></th><th></th></tr<>		Schedule O.				
reviewed on a separate basis, consolidated basis, or both:       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         c       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2c       2c         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       3a       X <th>2a</th> <th>Were the organization's financial statements compiled or reviewed by an independent accountant?</th> <th>•••••</th> <th>2a</th> <th></th> <th>x</th>	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•••••	2a		x
Separate basis Consolidated basis Both consolidated and separate basis   b Were the organization's financial statements audited by an independent accountant? 2b   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b   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 audit, review, or compilation of its financial statements and selection of an independent accountant?   if the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a x   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
b       Were the organization's financial statements audited by an independent accountant?       2b       x         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       x         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       x         c       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       x         Separate basis       Consolidated basis       Both consolidated and separate basis       2c       2c         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       x         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       x         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       3a       x		reviewed on a separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolid		Separate basis Consolidated basis Both consolidated and separate basis				
separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a   3a   3a   b   If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	b	Were the organization's financial statements audited by an independent accountant?	•••••	2b		x
Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Image: Consol		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       x         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       Image: Committee the organization did not undergo the committee that assumes responsibility for oversight of a federal award, was the organization required audit or audits? If the organization did not undergo the       3a       x		separate basis, consolidated basis, or both:				
the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain on       2c         Schedule O.       3a         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       3a         Single Audit Act and OMB Circular A-133?       3a         x       b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
If the organization changed either its oversight process or selection process during the tax year, explain on       Image: Comparization changed either its oversight process or selection process during the tax year, explain on         Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       Image: Single Audit Act and OMB Circular A-133?         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       Image: Single Audit Act and Process Comparization undergo the comparization did not undergo the	С					
Schedule O.       Image: Constraint of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       Image: Constraint of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       Image: Constraint of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       Image: Constraint of a federal award, was the organization undergo the required audit or audits? If the organization did not undergo the Image: Constraint of a federal award, was the organization undergo the Image: Constraint of a federal award, was the organization undergo the required audit or audits? If the organization did not undergo the Image: Constraint of a federal award, was the organization undergo the Image: Constraint of a federal award, was the organization undergo the required audit or audits? If the organization did not undergo the Image: Constraint of a federal award, was the organization undergo the Image: Constraint of a federal award, was the organization undergo the Image: Constraint of a federal award, was the organization undergo the Image: Constraint of a federal award, was the organization undergo the Image: Constraint of a federal award, was the organization undergo the Image: Constraint of a federal award, was the organization undergo the Image: Constraint of a federal award, was the organization undergo the required award, was the organization of a federal award, was the organization undergo the Image: Constraint of a federal award, was the organization award, was the		the audit, review, or compilation of its financial statements and selection of an independent accountant?	•••••	2c		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       3a       x         Single Audit Act and OMB Circular A-133?       3a       x         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       a       a						
Single Audit Act and OMB Circular A-133?       3a       x         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       Image: Control of the organization of the organization did not undergo the organi		Schedule O.				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a					
		5	•••••	3a		X
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b					
Form 000 (2010)		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form 990 (2019)

SCHEDULE A	S	С	Η	Ε	D	U	L	Е	Α
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# **Public Charity Status and Public Support**

OMB No. 1545-0047

		DULE A	- Complete if the organ	ization is a section §	501(c)(3) organization or a	section 494	47(a)(1) non	exempt charitable trust.	2019		
•		0 or 990-EZ)			Attach to Form 990 or Form 990-EZ.						
		of the Treasury enue Service	•	Go to www.irs.go	ww.irs.gov/Form990 for instructions and the latest information.						
Name	of th	e organization						Employer identificati	on number		
		t Learn It		<b>Status</b> (All organizations must complete this part.) See instructions.							
	rt I				-	-	-	.) See instructions	•		
	orga				s 1 through 12, check on	•	,				
1 2	Н				ches described in <b>sectio</b>		I)(A)(I).				
3	Н				chedule E (Form 990 or described in <b>section 17</b>						
4											
•			e, city, and state:					//··//			
5			· ·	efit of a college or ι	iniversity owned or opera	ated by a g	overnment	tal unit described in			
	_		)(1)(A)(iv). (Complete F								
6		A federal, state	e, or local government o	or governmental un	it described in <b>section 1</b>	70(b)(1)(A	.)(v).				
7	Х	An organizatio	n that normally receive	s a substantial part	of its support from a gov	vernmenta	l unit or fro	m the general public			
	_	described in <b>se</b>	ection 170(b)(1)(A)(vi)	. (Complete Part II.	)						
8	Ц		rust described in section		· · /						
9		•	-		on 170(b)(1)(A)(ix) opera	-					
		-	r a non-land-grant colle	ge of agriculture (s	ee instructions). Enter th	ne name, c	ity, and sta	te of the college or			
10		university:	n that normally receive	s: (1) more than 33	1/3% of its support from	contributi	ons memb	ership fees and gross			
10		-	•	( )	ubject to certain exception						
		•		•	siness taxable income (l		,				
					ection 509(a)(2). (Compl		,				
11		An organizatio	n organized and operat	ted exclusively to te	est for public safety. See	section 50	09(a)(4).				
12		An organizatio	n organized and opera	ted exclusively for t	the benefit of, to perform	the function	ons of, or to	o carry out the purposes	3		
		of one or more	publicly supported org	anizations describe	ed in <b>section 509(a)(1)</b> o	r section !	509(a)(2). S	See section 509(a)(3).			
			•		e type of supporting org		•		2g.		
	а				sed, or controlled by its s	•••	-	.,			
			-		appoint or elect a major	ity of the d	irectors or	trustees of the			
	L		organization. You mus	-		a ita aunaa	rtad argani	ration(a) by boying			
	b			•	itrolled in connection with on vested in the same pe	• •	•	.,			
			on(s). You must comp		•	130113 11141	CONTROLO	manage the supported			
	с		.,	A supporting organization operated in connection with, and functionally integrated with,							
				(see instructions). You must complete Part IV, Sections A, D, and E.							
	d		• • • • •	itegrated. A supporting organization operated in connection with its supported organization(s)							
		that is not	functionally integrated.	stegrated. The organization generally must satisfy a distribution requirement and an attentiveness							
		requireme	nt (see instructions). <b>Yo</b>	tions). You must complete Part IV, Sections A and D, and Part V.							
	e 🗌 Check this box if the organizatio			f the organization received a written determination from the IRS that it is a Type I, Type II, Type III							
				Type III non-functionally integrated supporting organization.							
	f								· · · · [		
	<u>g</u>	) Name of supported	lowing information about	(ii) EIN	(iii) Type of organization	(iv) Is the o	rappization	(v) Amount of monetary	(vi) Amount of		
	(	y Name of supported	lorganization		(described on lines 1-10	listed in you	•	support (see	other support (see		
					above (see instructions))	docum	ient?	instructions)	instructions)		
						Yes	No				
(											
(A)											
(B)											
(C)											
(D)											
(E)											

Total

	membership fees received. (Do not						
	include any "unusual grants.")	708,270	794,911	986,321	788,602	645,685	3,923,789
2	Tax revenues levied for the						
	organization'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	708,270	794,911	986,321	788,602	645,685	3,923,789
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)						363,252
6	Public support. Subtract line 5 from line 4						3,560,537
Se	ction B. Total Support	•				•	· ·
Cal	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	708,270	794,911	986,321	788,602	645,685	3,923,789
8	Gross income from interest, dividends,		,				· · ·
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources					81	81
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.) • • • • • • • • • • • • • • • • • • •					484	484
11	Total support. Add lines 7 through 10.						3,924,354
12	Gross receipts from related activities, etc. (s	ee instructions)	)			12	950,946
13	First five years. If the Form 990 is for the o	rganization's fir	st, second, thii	rd, fourth, or fif	th tax year as	a section 501(	
	organization, check this box and stop here						► 🗌
Se	ction C. Computation of Public Suppo	rt Percentage	e				
14	Public support percentage for 2019 (line 6, o	column (f) divide	ed by line 11, o	column (f)).		14	90.73 %
15	Public support percentage from 2018 Sched	lule A, Part II, lii	ne 14			15	68.00 %
16a	33 1/3% support test - 2019. If the organization	ation did not che	eck the box on	line 13, and li	ne 14 is 33 1/3	3% or more, ch	
	box and stop here. The organization qualified	es as a publicly	supported org	anization			· · · · 🕨 🖈
k	33 1/3% support test - 2018. If the organization						
	this box and stop here. The organization qu	alifies as a pub	licly supported	d organization			🕨 🗌
17a	10%-facts-and-circumstances test - 2019	. If the organiza	tion did not ch	eck a box on li	ine 13, 16a, or	16b, and line <sup>2</sup>	
	10% or more, and if the organization meets	the "facts-and-o	circumstances	" test, check th	is box and <b>sto</b>	p here. Explai	n in
	Part VI how the organization meets the "fact	ts-and-circumst	ances" test. Tł	ne organizatior	n qualifies as a	publicly suppo	orted
	organization						🕨 🗌
k	0 10%-facts-and-circumstances test - 2018	. If the organiza	tion did not ch	eck a box on li	ine 13, 16a, 16	b, or 17a, and	line
	15 is 10% or more, and if the organization m	-					
	Explain in Part VI how the organization mee						olicly
	supported organization						🕨 🗌
18	Private foundation. If the organization did r	not check a box	on line 13, 16	a, 16b, 17a, oi	r 17b, check th	is box and see	
	instructions						🕨 🗌
EEA						Schedule A (Form	990 or 990-EZ) 2019

35-2247059

(e) 2019

Page 2

(f) Total

Section A. Public Support

1 Gifts, grants, contributions, and

Calendar year (or fiscal year beginning in)►

Live It Learn It

(a) 2015

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

(b) 2016

(c) 2017

(d) 2018

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 Schedule A (Form 990 or 990-EZ) 2019
 Live It Learn It

 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.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)►	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 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						
-	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	line 6.)						
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	( <b>a</b> ) 2010	(b) 2010	(C) 2017	(u) 2010	(e) 2019	
	Gross income from interest, dividends,						
104	payments received on securities loans, rents,						
	royalties, and income from similar sources ••						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the or	•			•		
0	organization, check this box and <b>stop here</b>						· · · · · ► 📋
	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 8, c					15	<u>%</u>
	Public support percentage from 2018 Sched					16	70
<u>Sec</u> 17	ction D. Computation of Investment In Investment income percentage for 2019 (line			line 13 colum	n (f))	17	%
	Investment income percentage from <b>2019</b> (inte		•			18	%
	<b>33 1/3% support tests - 2019.</b> If the organiz					-	
ıJd	17 is not more than 33 1/3%, check this box						
h	<b>33 1/3% support tests - 2018.</b> If the organiz	-	-			••••	
D.	line 18 is not more than 33 1/3%, check this						
20	<b>Private foundation.</b> If the organization did n		-	-		• • • •	- =
EEA				,			m 990 or 990-EZ) 2019

	e A (Form 990 or 990-EZ) 2019 Live It Learn It 35-22470	59	Р	age <b>4</b>
Par				
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, c			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	'art V.)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
-	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported			
0	organization was described in section $509(a)(1)$ or (2).	2		
Ja	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i>	20		
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , (5), or (6) and satisfied the public support to to under section $500(c)(2)2$ if "ives " describe in <b>Part II</b> when and how the			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
•	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$	30		
С	purposes? If "Yes," explain in <b>Part VI</b> what controls the organizations was used exclusively for section 170(c)(2)(b)	3c		
<b>4</b> 2	Was any supported organization not organized in the United States ("foreign supported organization")? If	00		
ти	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	Tu		
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes,"</i>			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor $(22, 62)(2)(2)(2)(2)(2))$ a family member of a substantial contributor of a 25% controlled entity.			
	(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 "Xee " complete Part Lef Schedule L (Farm 000 or 000 FZ)	7		
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
0	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8		
92	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0		
Ja	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	54		
Ň	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	35		
v	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10b		
EEA	Schedule A		or 990-F	Z) 2019
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	Jule A (Form 990 or 990-EZ) 2019         Live It Learn It         35-224705	)	Р	'age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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	-		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction 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 year (see	instruc	ctions	;). 
а	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 government entity	/ (see i	instruc	tions

- 2 Activities Test. Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) 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? *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.*

gard. 3b Schedule A (Form 990 or 990-EZ) 2019

2a

2b

3a

Yes

No

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organiz	atio	ns must complete Section	
Section 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		
Section 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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
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-functionally	integ	grated Type III supporting	organization (see
instructions)			- ``

Schedule A (Form 990 or 990-EZ) 2019

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exe	mpt purposes		
2 Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in <b>Part VI</b> ). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the	ne organization is respons	sive	
(provide details in <b>Part VI</b> ). See instructions.			
9 Distributable amount for 2019 from Section C, line 6			
<b>0</b> Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 201
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019			
(reasonable cause required - explain in <b>Part VI</b> ). See			
instructions.			
3 Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from			
Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
<b>b</b> Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Dehedul- A /E	
Part VI	<sup>m 990</sup> or 990-EZ) 2019 <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D	
(Form 990)	

Department of the Treasury

### **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.

OMB No. 1545-0047

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.	Ins
Employer identific	ation number

Internal Revenue Service
Name of the organization

	e It Learn It		35-22	47059
Pa			Accounts.	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year • • • • • • • • • • • • • • • • • • •			
2	Aggregate value of contributions to (during year) • • • •			
3	Aggregate value of grants from (during year) • • • • •			
4	Aggregate value at end of year • • • • • • • • • • • • • • • • • • •			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor ad	vised	
	funds are the organization's property, subject to the organization	-		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can l	be used	
	only for charitable purposes and not for the benefit of the dono			
	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organizatio			
	Preservation of land for public use (e.g., recreation or educ		ation of a historically	important land area
	Protection of natural habitat		ation of a certified his	•
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation	
-	easement on the last day of the tax year.			laid at the End of the Tax Veer
а				leld at the End of the Tax Year
b	Number of conservation easements on a certified historic structure			
с с				
d	Number of conservation easements included in (c) acquired at		24	
•	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by	the organization duri	ng the
	tax year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing co	nservation easemen	its during the year
_	•			
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conser	vation easements du	iring the year
_	► \$			
8	Does each conservation easement reported on line 2(d) above			
_				···· 🗌 Yes 📋 No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial state	ments that describes	the
Da	organization's accounting for conservation easements.	of Aut Iliotonical Tracaura		
Pa	rt III Organizations Maintaining Collections		, or Other Simi	iar Assels.
	Complete if the organization answered "Yes" of			
1a	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for publi		•	C
	service, provide, in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in fu	irtherance of public s	service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1 · · ·			• \$
	(ii) Assets included in Form 990, Part X		1	► \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for finan	cial gain, provide the	9
	following amounts required to be reported under FASB ASC 98	-		
а	Revenue included on Form 990, Part VIII, line 1		1	• \$
b	Assets included in Form 990, Part X			► \$

	ule D (Form 990) 2019 Live It Learn						35-2247		Page <b>2</b>
Pa	rt III Organizations Maintaining	Collections of	Art, Hi	storical	Treasures,	or O	ther Similar As	sets (C	ontinued)
3	Using the organization's acquisition, accessio	n, and other records	s, check a	ny of the fol	llowing that mak	ke sigr	ificant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan	or exchange pr	ogram	s		
b	Scholarly research		е	=		-			
c	Preservation for future generations								
4	Provide a description of the organization's col	llections and explain	how they	further the	organization's	exemp	t purpose in Part		
•	XIII.		now anoy		organization o	oxomp			
5	During the year, did the organization solicit or	receive donations o	fart histo	orical treasu	ires or other sir	milar			
Ū	assets to be sold to raise funds rather than to		,		,			☐ Yes	No
Pa	rt IV Escrow and Custodial Arra			organization					
	Complete if the organization	•	on For	m 990 P	art IV_line 9	or r	eported an amo	ount on I	Form
	990, Part X, line 21.					,			
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for co	ntributions	or other assets	not			
īa									No
h	If "Yes," explain the arrangement in Part XIII a							. 🗌 163	
b			owing tab	NC.			Amo	Nunt	
	Beginning balance					1		Juni	
C J	Beginning balance    ••••••••••••••••••••••••••••••••••••					10			
d						10			
e	Distributions during the year					10			
f	Ending balance					<u>1f</u>			
2a	Did the organization include an amount on Fo					-			
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been p	rovided on Part	t XIII			• 📋
Pa	rt V Endowment Funds.	anowarad "Vaa"	on For	m 000 D	ort IV/ line 1	^			
	Complete if the organization		1		1			1	
		(a) Current year	(b) F	Prior year	(c) Two years b	ack	(d) Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses • • • • • • • • • • • • • • • • • •								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses • • • • • • •								
g	End of year balance								
2	Provide the estimated percentage of the curre	•	e (line 1g,	column (a))	) held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment	6							
С	Term endowment   M								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organiza	tion that a	ire held and	l administered f	or the		-	
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	nedule R? •				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment fur	nds.					
Pa	rt VI Land, Buildings, and Equip	oment.							
	Complete if the organization	answered "Yes"	on For	m 990, P	art IV, line 1	1a. S	ee Form 990, F	Part X, li	ne 10.
	Description of property	(a) Cost or oth	ner basis	(b) Cost o	or other basis	(c)	Accumulated	(d) Book	value
		(investm	ient)	(	other)	d	epreciation		
1a	Land								
b	Buildings								
с	Leasehold improvements								
d	Equipment								
е	Other								
	. Add lines 1a through 1e. (Column (d) must e		X, colum	n (B). line 1	0c.)				
	U 1999 (1999)	,	,	1 //	,				

Schedule D (Form 990) 2019

1) Financial derivatives • • • • • • • • • • • • • • • • • • •	
2) Closely-held equity interests	
3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1Security Deposits	4,333
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,333

Other Liabilities. Part X

> Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal inc	ome taxes	
(2)PPP Forg	ivable Loan	114,422
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column (b)	must equal Form 990, Part X, col. (B) line 25.) - 🕨	114,422

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 • • • • •

Page 3

		35-2247059	Page <b>4</b>					
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue 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 • • • • • • • • • • • • • • • • • • •	1						
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 • • • • • • • • • • • • • • • • • • •							
С	Recoveries of prior year grants 2c							
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••							
е	Add lines 2a through 2d	2e						
3	Subtract line 2e from line 1	3						
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.) ••••••••••••••••••••••••••••••••••							
С	Add lines <b>4a</b> and <b>4b</b>	4c						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) · · · · · · · · · · · · · · · · · · ·	5						
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total expenses and losses per audited financial statements	1						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •							
b	Prior year adjustments • • • • • • • • • • • • • • • • • • •							
С	Other losses • • • • • • • • • • • • • • • • • •							
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••							
е	Add lines 2a through 2d	2e						
3	Subtract line <b>2e</b> from line <b>1</b>	3						
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a							
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••							
С	Add lines <b>4a</b> and <b>4b</b>	4c						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) · · · · · · · · · · · · · · · · · · ·	5						
Pa	Part XIII Supplemental Information.							

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

SCHEI	DULE J
(Form	990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

2019

Inspection
------------

Internal Revenue Service
Name of the organization

Part I

Department of the Treasury

Live It Learn It

**Questions Regarding Compensation** 

Employer identification number

			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form					
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment					
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to					
	explain • • • • • • • • • • • • • • • • • • •	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all					
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line					
	1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the					
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a					
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee X Written employment contract					
	Independent compensation consultant					
	X Form 990 of other organizations Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		х		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х		
с	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the revenues of:					
а	The organization?	5a		х		
b	Any related organization? • • • • • • • • • • • • • • • • • • •	5b		х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the net earnings of:					
а	The organization?	6a		х		
b	Any related organization? • • • • • • • • • • • • • • • • • • •	6b		х		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed					
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		х		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe					
	in Part III • • • • • • • • • • • • • • • • •	8		x		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?         ••••••••••••••••••••••••••••••••••••	9				
For F	Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule	J (For	n 990)	2019		

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Michelle N. Edwards	(i)	111,788	15,000	0	2,600	24,128	153,516	0
1 Executive Director	(ii)	0	0	0	0	0	0	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
-	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(i) (ii)							
EA	(1)		1		1		0-1	hedule J (Form 990) 20 <sup>,</sup>

EEA

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2019
Open to Public
Inspection
Employer identification number

35-2247059

#### Live It Learn It

#### 01. Form 990 governing body review (Part VI, line 11)

The organization's board of directors reviews the organization's financial statements on a

quarterly basis and has enlisted a CPA to provide pro bono quidance on an as-needed basis.

The organization does not have a formal review process for the 990.

02. Conflict of interest policy compliance (Part VI, line 12c)

Staff are under a continuing obligation to disclose any actual or potential conflict of

interest as soon as it is known, or reasonably should be known.Staff are required to

complete an annual conflict of interest disclosure and submit it to the Chair of the

board. An additional disclosure statement shall be filed at such time as an actual or

potential conflict arises.

#### 03. CEO, executive director, top management comp (Part VI, line 15a)

Members of the board confer and agree on compensation for the Executive Director.

#### 04. Governing documents, etc, available to public (Part VI, line 19)

Live It Learn It's governing documents, conflict of interest policy, and financial

statements are available to the public upon request at the organization's office.

#### 05. Cessation of, or significant change to, any program service (Part III, line 3)

During the year ended 8/31/20, the Organization provided program services virtually and

did not offer in-person field trips, which were deemed temporary in nature due to covid

restrictions.

#### 06. Explanation of other changes in net assets or fund balances (Part XI, line 9)

Organization underwent a rigorous review of the books and made corrections to clean the

books.

#### 07. General explanation attachment

Mission Statement Continuation:

Partnerships with Title I schools: We offer our exceptional programs to students who need

them the most - those in high-poverty schools that often lack the resources to provide

experiential learning opportunities.

Rigorous three-part learning model: Each Live It Learn It experience consists of a

pedagogically sound learning loop - extensive preparation, intensive experience, and

guided reflection - to ensure that students get the most out of every program.

Engaging curricular materials: For each of our twenty-five programs, our staff has

developed rich, detailed curricular materials that are interdisciplinary, age-appropriate,

and aligned with Common Core standards.

Transformative effect on teachers: Partner teachers see firsthand the powerful effect that

our experiential learning programs have on their students, and are often inspired to

incorporate more active learning into their daily lessons.

Emphasis on rigor and engagement: We understand that children learn best when they are

highly motivated, so our programs are designed to challenge students while inspiring joy

and excitement.

Schedule	O (Form	990 or	990-EZ)	(2019)

## Live It Learn It

Increase In Liabilities:

During fiscal year 2020, LILI secured PPP funding from the Paycheck Protection Program in

the amount of \$114,422. The amount has been treated as a refundable advance and will be

recognized as revenue when legal forgiveness occurs.

35-2247059

Employer identification number

Name of the organization