Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

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

2018

OMB No 1545-1150

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

		THE OCITION				
				2018, and ending	9-3	
	Check if ap	· -	C Name of organization		D Employer	identification number
$\overline{}$	Address c	-	Live- Evermore, Inc  Number and street (or P O box, if mail is not delivered to street address)	Room/suite		<u>46-5633</u> 232
	Name cha	E Telephone	s unuper			
	initial retur Final retur	m/terminaled	2101 L St NW	800		202 26 <u>3 3</u> 656
$\overline{}$	Amended		City or town, state or province, country, and ZIP or foreign postal code	03	F Group E	-
=		n pending	Washington DC 20037		Number	`
Ģ /	Account	ting Method	☐ Cash			If the organization is <b>not</b>
	Vebsite		ive-evermore .org		•	attach Schedule B
J T	ax-exen	npt status (che	ck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a	,,,,	(Form 990, 9	990-EZ, o <u>r</u> 990-PF)
		organization				<u></u>
			7b to line 9 to determine gross receipts. If gross receipts are \$200,00	0 or more, or if total	assets	
_			500,000 or more, file Form 990 instead of Form 990-EZ		. , 🕨	\$
P	art I		e, Expenses, and Changes in Net Assets or Fund Ba			
			the organization used Schedule O to respond to any quest			<u>, , , , ,</u>
	1		ns, gifts, grants, and similar amounts received			165,732
	2	-	ervice revenue including government fees and contracts		2	
	3		p dues and assessments		3	<u> </u>
	4	Investment			4	
	5a		unt from sale of assets other than inventory	5a		
	b		or other basis and sales expenses	5b		_
	C		s) from sale of assets other than inventory (Subtract line 5b fr	om line 5a)	<u>50</u>	<del></del>
	6	-	d fundraising events:		li li	RECEIVED
d)	а		ome from gaming (attach Schedule G if greater than	. 1		<del>                                     </del>
Ž		\$15,000) .		6a		APR 2 7 2020
Revenue	b		ne from fundraising events (not including \$	of contributions	<u>s [S</u>	
ď			aising events reported on line 1) (attach Schedule G if the	1		<u> </u>
			h gross income and contributions exceeds \$15,000) .	6b		OGDEN, UT
	C.		t expenses from gaming and fundraising events	6c		
	d		e or (loss) from gaming and fundraising events (add lines 6a	a and 66 and sub	- I	<del>.</del>
	l _	line 6c) .		_ 1	· · 6d	· · · · · · · · · · · · · · · · · · ·
	7a		of inventory, less returns and allowances	7a		
	b		of goods sold	7b		-
	C		t or (loss) from sales of inventory (Subtract line 7b from line 7a			-
	8		nue (describe in Schedule O)		8	<del></del>
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	<u>.</u> ▶ 9	165,732
	10		similar amounts paid (list in Schedule O)		10	<del></del>
10	11		id to or for members			<del></del>
Expenses	12		her compensation, and employee benefits			
۾ ج	13		at fees and other payments to independent contractors			
, X	14		, rent, utilities, and maintenance		· · · · · · · · · · · · · · · · · · ·	<del></del>
-	15	<b>-</b>	blications, postage, and shipping			<del></del>
1	16 17		nses (describe in Schedule O)			, ,,,,
<b>'</b> —	18	France of 1	nses. Add lines 10 through 16	· · <u>· · · · · · · · · · · · · · · · · </u>	. 17	· · · · · · · · · · · · · · · · · · ·
ts	19		deficit) for the year (Subtract line 17 from line 9)			13,546
Net Assets	'3'		or fund balances at beginning of year (from line 27, column figure reported on prior year's return)			
¥	20					
Š	20		ges in net assets or fund balances (explain in Schedule O).			
	21		or fund balances at end of year. Combine lines 18 through 20	Cat No. 10643	<u>.</u> ▶ <u>21</u>	68,808
-~~	MONANI	uary Baducti	na ant Matian and the comprete implications	Cat No. 106/01		LATE MINIST / (2018)

618

	Balance Sheets (see the instructions	,				
	Check if the organization used Schedule	O to respond to a	ny question in this		<del>, : - :</del>	· · · · · <u>V</u>
				(A) Beginning of year	-	(B) End of year
22	Cash, savings, and investments		<i>,</i>	53,040		68,653
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		. <i></i> <u>.</u>	6,329		1,205
25	Total assets			59,369		69,858
26		· · · · · ·	· · · · · · · · · · · · · · · · · · ·	4,107		1,050
27	Net assets or fund balances (line 27 of column	n (B) must agree wit	h line 21)	55,262	27	68,808
Par						Expenses
A 114	Check if the organization used Schedule				(Red	juired for section
	t is the organization's primary exempt purpose?	<del></del> -				c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe th			orga othe	nizations, optional for
	Delaware Research Partnership: Worked with state				Í	
	died from menth health dsorders or substance abuse	e advised on optimiz	ing programs and re	sources		
	guidance could effect 900000 residents			·		
			ants, check here .		28a	32,303
	policy reserch: Conducted research and developed					
	hospitals sudden unexpected infant death death not	ification and FMLA p	apers to be released	in 2020		
	·		ants, check here .		29a	15,524
	Science: Advancing the science of bereavement by		ght leaders and shar	ng outcomes		
	with others Held a meeting at the National Academy	of Sciences				
	(Cranto \$	inalidas farasas ar	anto abook baro	<u> </u>	30a	4.000
	(Grants \$ ) If this amount Other program services (describe in Schedule O)		ants, check here .		Sva	4,663
			ants, check here	· · · · · · · · · · · · · · · · · · ·	31a	
	Total program service expenses (add lines 28a				32	52,489
Part						
	Check if the organization used Schedule					_
	Onesk if the organization used concedure	1	(c) Reportable	(d) Health benefits,	<del>.</del>	
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation	6	Estimated amount of ther compensation
loyal	Mulheron Director, Founder, Executive Director	—"		deterred compensation	1	
inco		50		deterred compensation	1	
-ハルレ	In Smith Director and Chair	50		delates compansation	1	
	In Smith Director and Chair	50	0		0	
	In Smith Director and Chair		0			0
			0			0
Robe		4			0	
Robe	rt Drumheller Director, Vice Chair and Treasurer	4			0	
Robe	rt Drumheller Director, Vice Chair and Treasurer	4	0		0	0
Robe	rt Drumheller Director, Vice Chair and Treasurer	4	0		0	0
Robei Adrie Siva S	rt Drumheller Director, Vice Chair and Treasurer	4	0		0	0
Robei Adrie Siva S	rt Drumheller Director, Vice Chair and Treasurer nne Stith Butler Director and Secretary Subramanian Director	4	0		0	0
Robei Adrie Siva S	rt Drumheller Director, Vice Chair and Treasurer nne Stith Butler Director and Secretary Subramanian Director	1	0		0	0
Robei Adrie Siva S	rt Drumheller Director, Vice Chair and Treasurer nne Stith Butler Director and Secretary Subramanian Director	1	0		0	<u>0</u>
Robei Adrie Siva S	rt Drumheller Director, Vice Chair and Treasurer nne Stith Butler Director and Secretary Subramanian Director	1	0		0	0
Robei Adrie Siva S	rt Drumheller Director, Vice Chair and Treasurer nne Stith Butler Director and Secretary Subramanian Director	1	0		0	0
Robei Adrie Siva S	rt Drumheller Director, Vice Chair and Treasurer nne Stith Butler Director and Secretary Subramanian Director	1	0		0	0
Robei Adrie Siva S	rt Drumheller Director, Vice Chair and Treasurer nne Stith Butler Director and Secretary Subramanian Director	1	0		0	0
Robei Adrie Siva S	rt Drumheller Director, Vice Chair and Treasurer nne Stith Butler Director and Secretary Subramanian Director	1	0		0	<u>0</u>
Robei Adrie Siva S	rt Drumheller Director, Vice Chair and Treasurer nne Stith Butler Director and Secretary Subramanian Director	1	0		0	<u>0</u>
Robei Adrie Siva S	rt Drumheller Director, Vice Chair and Treasurer nne Stith Butler Director and Secretary Subramanian Director	1	0		0	0
Robei Adrie Siva S	rt Drumheller Director, Vice Chair and Treasurer nne Stith Butler Director and Secretary Subramanian Director	1	0		0	0

Form 9	90-EZ (2018)	A	BG	age
Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	пе	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	٧	<u>. [</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<del>                                     </del>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b		✓
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	] .		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	<u> </u>		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		<b>✓</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			<u>-</u>
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		7
41	List the states with which a copy of this return is filed ▶			_
42a	The organization's books are in care of ▶ Joyal Mulheron Telephone no. ▶	703 49	8 7738	3
	Located at ► 2101 L St NW Suite 800 Washington DC ZIP + 4 ►	200	37	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	_
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country ▶	42b		✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. •	▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year			
440	Did the assessment maintain and dense advised finds during the year? If "Ven " Form 200 much ha		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	_	
c	Did the organization receive any payments for indoor tanning services during the year?	44c		<del>,</del>
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		<b>√</b>
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	-~a		<u> </u>
_	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h	<u></u>	

Form	CON	 inn	
COLLII	3311	 17111	120

Page	-

46		he organization engage, directly or in ndidates for public office? If "Yes," c						46		É
Part '	VI	Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51.	Only					1 1	or lines	
		Check if the organization used Sch	nedule O to respond	to any question	ın thıs Paı	<u>t VI</u>			<u> [</u>	<u>_</u>
47 48	year? Is the	he organization engage in lobbying If "Yes," complete Schedule C, Part organization a school as described in	: II		 ete Schedu	 ıle E		47 48	Yes No	
49a b 50	If "Ye	ne organization make any transfers to es," was the related organization a se plete this table for the organization's oyees) who each received more than	ction 527 organization five highest compen	on?	other than	officers, directly in the control of	:tors, t			, Эу
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contribi	Health benefits, utions to employed plans, and deferre ompensation			f amount of pensation	f
none										
										_
							<u> </u>			_
						<u></u>		_		_
f 51	Comp	number of other employees paid over plete this table for the organization's 000 of compensation from the organ	s five highest compe		ent contra	 ctors who ead	h rec	eived r	more tha	in
	(a)	Name and business address of each independent	ent contractor	(b) Type of	service		c) Com	pensation	n	
none				-						_
						<del></del>				_
	<del></del>							<del>-</del>		_
<b></b>										
										_
52	Did t	number of other independent contraction complete Schedul	_		. ▶rganization					
	<u> </u>	leted Schedule A	<del>_</del>	ving schedules and star		<del></del>	. <b>▶</b> ✓. knowled	_	No belief, it is	_
rue, con	rect, and	d complete Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	rer has any ki	nowledge.	- 20			_
Sign Here		Signature of officer  Robert Drumheller Vice Chair and T	reasurer			Date				_
Paid		Type or print name and title Print/Type preparer's name	Preparer's signature		Date	Check Self-empl	J #	PTIN	_	_
Prepa Jse C		Firm's name ►				Firm's EIN ▶				_
		Firm's address ▶ discuss this return with the orenarer.	shown above? See ::	nstructions		Phone no	▶ ┌	Vac	□ No	_

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Vame	of the organization			<u>.</u>		Employer identification	n number	
_ive-	ve-Evermore inc 46-5633232							
	Reason for Public Char						ons	
The o	organization is not a private founda						~ ^	
1	A church, convention of church						19	
2	A school described in section		•				0 1	
3	A hospital or a cooperative hos						G:: Entartha	
4	A medical research organization hospital's name, city, and state	•	onjunction with a nosp	onal desc	noed in s	section frotb)(f)(A)	(m). Enter the	
5								
6	A federal, state, or local govern		montal unit described	l in secti	an 170/h)	(1\(Δ\(ω)		
7	An organization that normally described in section 170(b)(1)(	receives a subs	tantial part of its sup				n the general public	
8	A community trust described in			Part II \				
9	An agricultural research organiz				erated in	conjunction with a l	and-grant college	
Ŭ	or university or a non-land-granuniversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or	
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fu income and uni iter June 30, 197	nctions—subject to c related business taxal 75. See <b>section 509(</b> a	ertain exc ble incom <b>a){2).</b> (Coi	ceptions, ie (less se mplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 33¹/₃% of its	
11	_ •							
12								
	of one or more publicly suppo Check the box in lines 12a throi	ugh 12d that des	scribes the type of sup	porting o	organizato	on and complete line	es 12e, 12f, and 12g	
а	Type I. A supporting organithe supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	ijority of t	rted organization(s), he directors or trust	typically by giving ees of the	
b	☐ <b>Type II.</b> A supporting organicontrol or management of the organization(s). <b>You must c</b>	he supporting o	rganization vested in	the same	with its s persons	supported organizati that control or man	on(s), by having age the supported	
c	7 M 4	rated. A support	ting organization oper	rated in c			ally integrated with,	
4							orted organization(s)	
đ	that is not functionally integrequirement (see instruction	rated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an		
е	<ul> <li>Check this box if the organi functionally integrated, or T</li> </ul>	zation received ype III non-func	a written determination	on from ti oporting (	ne IRS tha organizati	at it is a Type I, Type ion.	e II, Type III	
f	Enter the number of supported o							
g	Provide the following information		orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
A)								
B)								
C)							<u> </u>	
<del>-</del>								
D}								
E)								
otal		ellende bellengere	Ruges and Artificial	The Control of the	Secretary of			

Part	II Support Schedule for Organiza	ations Desci	ribed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	i)/
	(Complete only if you checked the						álify under
<del></del>	Part III. If the organization fails to	o qualify unde	er the tests li	sted below, p	lease comple	ete Part III.) /	
	ion A. Public Support			1,0040	1	1 1 1 2 2 2 2	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 20,18	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not				}		
	include any "unusual grants.")					/	
2	Tax revenues levied for the				<del>                                     </del>	<del>  /                                   </del>	
	organization's benefit and either paid				1	<i>y</i> 1	
	to or expended on its behalf				i /	1	
3	The value of services or facilities						
	furnished by a governmental unit to the	i			} /	l i	
	organization without charge				/		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by		}	}			
	each person (other than a				/		
	governmental unit or publicly			i ,	Y		
	supported organization) included on			/	}	i .	
	line 1 that exceeds 2% of the amount			/			
_	shown on line 11, column (f)			<del>                                     </del>			
6 Sooti	Public support, Subtract line 5 from line 4 on B. Total Support	. <u> </u>		<del></del>	<u> </u>	<u> </u>	<del></del>
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 7	Amounts from line 4	(a) 2014	(6) 2013	10,2010	(4) 2017	(e) 2010	(i) Total
8	Gross income from interest, dividends,	<del>-</del>	<del></del>	<del> </del>			·· <del></del> ·
۰	payments received on securities loans,						
	rents, royalties, and income from						
	sımılar sources			ļ			
9	Net income from unrelated business						
	activities, whether or not the business		/	:			
	is regularly carried on		<u>/</u>				
10	Other income. Do not include gain or	/					
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	(ann shortsusatus	-==>				<del></del>
12 13	Gross receipts from related activities, etc. <b>First five years.</b> If the Form 990 is for the	· ,	-	d thurd fourth	or fifth toy w	12	o 501/a)/2)
13	organization, check this box and stop her	, -	i s ilist, secon	a, trilla, loarti	, or man tax ye	an as a section	1 30 1(c)(3)
Secti	on C. Computation of Public Suppor	/	<u>,</u>	· · · · · ·		<del>, , , , ,</del> ,	<u> </u>
14	Public support percentage for 2018 (line/6			1, column (fl)	,	14	%
15	Public support percentage from 2017 Sch		•			15	%
16a	331/3% support test-2018. If the organiz	zation did not	check the box		nd line 14 is 33	1/3% or more,	
	box and stop here. The organization qual	-		_			▶ 🗆
b	331/3% support test-2017. If the organiz					ıs 331/3% or mo	ore, check
	this box and stop here. The organization	qualifies as a j	oublicly suppo	rted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "I	acts-and-circi	umstances" te	st. The organi	zation qualifies	as a publicly	supported
_	organization						
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization of						
	Explain in Part VI how the organization in supported organization	ieets the mact	s-and-circums	starices test.	me organizatio	on quanties as	a publicly
18	Private foundation. If the organization did	not check of	hay an line 12	16a 16b 17a	or 17h check	this hoved s	· · - 🗀
	instructions	A HOLOHECK A I			, or typ, check	tina box and s	,
	<del></del>		<u> </u>		Sah	edule A (Form 990	or 990-E71 2019
	,				0611		ENIO

# 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.)

Secti	on A. Public Support					·	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 20 <u>15</u>	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees		•				
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise	10506	16100	49957	81417	165732	297106
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						_
•	organization's tax-exempt purpose	0	0	0	0		0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	إ	n.	۵			0
		0	0.	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf	o	o	اه	0	o	0
5	The value of services or facilities	- 1			<u>.</u>		
•	furnished by a governmental unit to the					ļ	
	organization without charge	o	o	o	o	o	0
6	Total. Add lines 1 through 5	10506	16100	49957	81417	165732	297106
7a	Amounts included on lines 1, 2, and 3			-			<u> </u>
	received from disqualified persons .	10506	5623	5423	8734	9900	4018 <u>6</u>
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
C	Add lines 7a and 7b	10506	5623	5423	8734	9900	40186
8	Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support	l				!	
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	10506	16100	49957	81417	165732	297106
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	0	0	0	0	0	0
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses					ļ	
	acquired after June 30, 1975	0	0	. 0	0	0	0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on	_					
40	· · · · · · · · · · · · · · · · · · ·	- 0	0	0		U,	<u>U</u>
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	o	o	o	o	0	0
13	Total support. (Add lines 9, 10c, 11,	-			1		
	and 12.)	10506	16100	49957	81417	165732	297106
14	First five years. If the Form 990 is for the		's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her				<u> </u>		🕨 🗸
Section	on C. Computation of Public Suppor					··r ,	
15	Public support percentage for 2018 (line 8		•			15	<u>%</u>
16	Public support percentage from 2017 Sch				<u> </u>	16	<u>%</u>
	on D. Computation of Investment Inc			1. 40 1	(0)	1 4 7 1	
17	Investment income percentage for 2018 (I			•		17	<u>%</u>
18	Investment income percentage from 2017 331/3% support tests—2018. If the organi					<b>18</b>   ore than 33½%	% and line
19a	17 is not more than 33½%, check this box						
ь	331/3% support tests—2017. If the organiz		_				
5	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	-	-	-			_

#### Part IV Supporting Organizations

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

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 Part VI how the supported organizations are designated. If designated by		<u> </u>	
	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			
	organization was described in section 509(a)(1) or (2).	2	<u> </u>	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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 tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	J	1	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	<del> </del>	Ĭ
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	_	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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	_	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <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.			
<b>5</b> ~	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		
5a	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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		
þ	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
¢	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		L
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	<u> </u>	·
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
Þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
¢	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	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	_	
ь	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

Part	N 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)	ļ		
	below, the governing body of a supported organization?	11a		Щ.
þ	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		
<u>Secti</u>	ion B. Type I Supporting Organizations		,	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ļ
	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.			
	organizations and what conditions of restrictions, it any, applied to such powers during the tax year.	1_	<u> </u>	L
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		
<u>Secti</u>	on 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			ĺ
	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		<u> </u>
Secti	on D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <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.	<u> </u>	—	
<u> </u>		3		
	on E. Type III Functionally Integrated Supporting Organizations	4	. 47	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruc	ctions	5)
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (it			1
С 2	Activities Test. Answer (a) and (b) below.		Yes	
	**	<b>,</b>	res	INO
а	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 <b>Part VI identify</b>			
	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.	2a	—	
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	-Za		
,	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.	23		
3		2b		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		—
L		Ja	$\dashv$	
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 <b>Part VI</b> the role played by the organization in this regard.	3b	·	
	and appearance of government in the control in a control		,	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	<u>gan</u>	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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	<u> </u>	
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	$\Box$		
emergency temporary reduction (see instructions).	6		İ
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supportii	ng organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D-Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations		
4	Amounts paid to acquire exempt-use assets			<u> </u>	
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.		· · · · · · · · · · · · · · · · · · ·		
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive		
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Sect	on E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2018				
a	From 2013		· · · · · · · · · · · · · · · · · · ·		
ь	From 2014	·			
c	From 2015				
q	From 2016				
é	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years	-			
h	Applied to 2018 distributable amount	· · · · · ·		<u> </u>	
j	Carryover from 2013 not applied (see instructions)				
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
b_	Applied to 2018 distributable amount	<u></u>	<u></u>		
¢	Remainder, Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, if			i	
	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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2019, Add lines 31 and 4c.				
8	Breakdown of line 7:				
a	Excess from 2014 .				
b	Excess from 2015				
¢	Excess from 2016				
d	Excess from 2017				
е	Excess from 2018				

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

## **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Attach to Form 990 or Form 990-EZ. Complete if the organization is described below. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	pation E01(a)(4) (5) or (6) or						
	of organization	ganizations Complete Part III.	<del></del>	Employer ide	ntification number		
Live-Evermore, Inc				46-5633232			
		ne organization is exempt u	nder section 501	(c) or is a section 527			
1		of the organization's direct and	•	· · · · · · · · · · · · · · · · · · ·	_		
2		rity expenditures (see instruction	e)	<b>.</b>	\$		
3		tical campaign activities (see ins			" O		
		ne organization is exempt u					
1		excise tax incurred by the orga			\$ (		
2	-	excise tax incurred by organiza			\$ (		
3	-	red a section 4955 tax, did it file	-				
4a	Was a correction made		· ·	,	<b>一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一</b>		
b	If "Yes," describe in Par	t IV.					
Part	I-C Complete if the	ne organization is exempt u	nder section 501	(c), except section 501	l(c)(3).		
1		tly expended by the filing orga		n 527 exempt function	3		
2	Enter the amount of the	e filing organization's funds con	itributed to other or	rganizations for section			
3	Total exempt function	expenditures. Add lines 1 and	2. Enter here and	d on Form 1120-POL,	;		
4		on file Form 1120-POL for this ye			. Yes No		
5	organization made payn the amount of political of	sses and employer identification nents. For each organization liste contributions received that were d fund or a political action comm	ed, enter the amount promptly and directle	t paid from the filing organ ly delivered to a separate p	ization's funds. Also enter political organization, such		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-		
(1)							
(2)	_						
(3)							
(4)							
(5)							
(6)							

_	-
Page	

	ino i) o alaba	1 330 Or 330-EZ) 2010					rage 🕰
	rt II-A	Complete if the organization section 501(h)).					
A	Check ▶	☐ if the filing organization befor address, EIN, expenses, and				iliated group membe	r's name,
В	Check ▶	If the filing organization chec	ked box A and '	"limited control" pr	ovisions apply.		
	<u> </u>		bying Expendit		•	(a) Filing	(b) Affiliated
		(The term "expenditures" m		<del></del>		organization's totals	group totals
		obbying expenditures to influence				- 0	0
		obbying expenditures to influence	-	·		0	0
		obbying expenditures (add lines 1	-			0	0
		exempt purpose expenditures .				0	0
		exempt purpose expenditures (ad ing nontaxable amount. Enter				0	0
	f Lobby colum	*	the amount ii	om the following	iable in boin		o
		mount on line 1e, column (a) or (b) is	The lebbuing	nontaxable amoun	l ie		
		er \$500,000		nount on line 1e.	115.		
	<del></del>	600,000 but not over \$1,000,000		15% of the excess	over \$500,000.		
		,000,000 but not over \$1,500,000		10% of the excess			
		,500,000 but not over \$17,000,000	-	5% of the excess o			į
		7,000,000	\$1,000,000.				i
		oots nontaxable amount (enter 2	5% of line 1f)			0	0
	h Subtra	ct line 1g from line 1a. If zero or l	ess, enter -0-			0	0
	i Subtra	ct line 1f from line 1c. If zero or le	ess, enter -0-			0	0
	j If then	e is an amount other than zero	on either line	1h or line 1i, did	the organization	file Form 4720	—
	reporti	ng section 4911 tax for this year				<u> </u>	Yes No
	(Som	e organizations that made a se See the	ction 501(h) ele separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five column:	s below.
		Lobbying	Expenditures	During 4-Year Av	eraging Period	<del>.                                      </del>	
	Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2	a Lobby	ing nontaxable amount				0	0
		ng ceiling amount of line 2a, column (e))					0
	c Total le	obbying expenditures				0	0
_	d Grassr	oots nontaxable amount				o	0
		oots ceiling amount of line 2d, column (e))					0
	f Grassr	oots lobbying expenditures				0	0

Schedule C (Form 990 or 990-EZ) 2018

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	led	Form	5768	1	
or e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	3)		(b)	
		Yes	No	A	тоил	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a b	Volunteers?		1			
С	Media advertisements?		1			
d	Mailings to members, legislators, or the public?		1			
е	Publications, or published or broadcast statements?		1			
f	Grants to other organizations for lobbying purposes?		<b>V</b>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		7			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		1		_	
i	Other activities?		1		_	
i	Total, Add lines 1c through 1					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		$\overline{}$	_		
b	If "Yes," enter the amount of any tax incurred under section 4912	T	ľ			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ţ			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				_	
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(	5), c	r sec	tion		
	501(c)(6).				1	T
_	National of the standard to the control of the cont				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-	1	-	<del> </del>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	├─-	-
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the p			3	l	<u> </u>
art	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."				line -	3, is
1	Dues, assessments and similar amounts from members	. [	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	. [	2a			
b	Carryover from last year	.	2b			
С	Total	. 1	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	. [	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of ti excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyi	he				
	and political expenditure next year?	. [	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	<u>.                                    </u>	5			
Part						
	e the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grou instructions); and Part II-B, line 1. Also, complete this part for any additional information.	p list	); Part	II-A, I	ines 1	and
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schedule C (Fon	m 990 or 990-EZ) 2018	Page 4
Part IV	Supplemental Information (continued)	* 1.
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

Live Evermore Inc	46-5633232
990-EZ line 24 year end 2019 \$1205 of office equioment	
	1
990-EZ line 26 year end 2019 \$1050 of accounts payable	
990-EZ line 16 year end 2019 \$14564 travel, insurance, depeciation, other	
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