Form **990**

Return of Organization Exempt From Income Tax

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

tions) ZUZU

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

<u>A</u>	For the	e 2020 calendar y	ear, or tax year beginn	ing		, 2020, a	nd endir	ng		, 20				
В	Check if	applicable:	C Name of organization I	WILL SURVIVE INC					D Empl	oyer identification number				
П	Address	change	Doing business as							27-5430698				
Ħ	Name ch	-). box if mail is not delivered to street a	ıddress)		Room/suit	_	F Telen	hone number				
Ħ		_	,		iddi C33)				- icicp					
H	Initial ret		5879 NEW PEACHT				I	'		(404) 483-8503				
H		urn/terminated		rince, country, and ZIP or foreign postal	I code			G Gross receipts						
片	Amende	d return	ATLANTA, GA 303				-		\$ 378,098					
Ш	Applicati	ion pending	F Name and address of prir	ncipal officer: ANISA PALMER				H(a) Is this a g	group return	for subordinates? Yes X No				
			SAME AS C ABOVE					H(b) Are all s	subordinat	es included?				
<u> </u>	Tax-exer	mpt status: X 501	(c)(3) 501(c) ((insert no.) 4947(a)(1)) or 52	27		If "No,"	attach a lis	st. See instructions				
J	Website	www.I	WILLSURVIVEINC.	ORG				H(c) Group e	exemption	number				
K	Form of	organization: X Cor	poration Trust Ass	ociation Other	L	Year of formation	on: 201	0 м s	State of leg	gal domicile: GA				
Pa	art I	Summary								_				
	1	Briefly describe t	he organization's missic	n or most significant activities:	TO P	ROVIDE E	CONOM	C SUPP	ORT,	PREVENTION AND				
ø		HEALTH & WI	ELLNESS SERVICE	S TO THOSE AT HIGHE										
Governance		HEALTH & WELLNESS SERVICES TO THOSE AT HIGHER RISK AND THOSE IMPACTED BY BREAST CANCER												
Пa														
Ş.	2	Check this box	if the organization	discontinued its operations or	disposed of r	more than 25	5% of its i	net assets						
တိ	3		_ ~	ning body (Part VI, line 1a)	•				1 1	-				
∞ఠ			-	of the governing body (Part V						7				
ties	4		ŭ	0 0 , 1	,				_	7				
⋛	5			calendar year 2020 (Part V, lin	,				5	0_				
Activities	6		volunteers (estimate if n	• /					6					
•	7a			art VIII, column (C), line 12					· 7a	0_				
	b	Net unrelated bu	siness taxable income f	rom Form 990-T, Part I, line 11	1		<u></u>		. 7b	0				
								Prior Year		Current Year				
Revenue	8	Contributions an	d grants (Part VIII, line 1	h)			-			378,098				
	9	Program service	revenue (Part VIII, line	2g)						0_				
Ver	10	Investment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)						0				
Re e	11	Other revenue (F	Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)						0				
	12	•	` '	nust equal Part VIII, column (A						378,098				
	13				<i>,,</i> , , , , , , , , , , , , , , , , , ,					0				
	14		or for members (Part IX,	` '						0				
	15	•	ompensation, employee			0								
es	160	•	draising fees (Part IX, co				·			0				
Expenses	100		• ,	· ,· , <u> </u>			•			U				
ă	۱ م	•	expenses (Part IX, colu	` ' '						24 4				
Ш		•	(Part IX, column (A), lin	•			-			361,716				
	18	•	,	equal Part IX, column (A), line 2	25) • • •		•			361,716				
	19	Revenue less ex	penses. Subtract line 1	8 from line 12			•			16,382				
ō	. J.Ces						Begin	ning of Curre	ent Year	End of Year				
sets	<u> </u> 20	Total assets (Par	rt X, line 16)				•	50	,410	234,897				
Net Assets or	[21	Total liabilities (P	art X, line 26)				-	50	,410	218,515				
e	∄ 22		nd balances. Subtract li	ne 21 from line 20						16,382				
Pa	art II	Signature	Block											
				n, including accompanying schedules a per) is based on all information of which			f my knowle	dge and belie	f, it is					
	e, correct,	, and complete. Declarat	lorr or preparer (other than only	cer) is based on an information of which	i preparei nas ai	iy kilowledge.								
		ANISA I	PALMER											
Siç	gn	Signature of	officer						Da	ite				
He	re	ANISA I	PALMER, EXECUTI	VE DIRECTOR										
			name and title											
		Print/Type prepare	r's name	Preparer's signature		Date		Check	X if	PTIN				
Pa	id			•			21		_					
	epare		ERVICE INC	C DUGINERO PRINCES		04-07-20		self-emp	pioyea ■	P01085288				
	e Onl	1		& BUSINESS ADVISORS	э, шшС	rm's EIN								
US	e Oill	Firm's address		BERLAND PKWY SE			Pt	none no.						
			Atlanta						678-	213-1141				
May	the IR	S discuss this retu	rn with the preparer sho	wn above? (see instructions)						Yes X No				

361,716

) (Revenue \$

(Expenses \$

27-5430698

0) I WILL SURVIVE INC Checklist of Required Schedules Part IV

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

Form 990 (2020) I WILL SURVIVE INC 27-5430698 Page 4 Part 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 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a through 24d and complete Schedule K. If "No," go to line 25a Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 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? 25b Х 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 x

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Statements Regarding Other IRS Filings and Tax Compliance

Did the organization comply with backup withholding rules for reportable payments to vendors and

19? Note: All Form 990 filers are required to complete Schedule O.

Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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

reportable gaming (gambling) winnings to prize winners?

	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	х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	х
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	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		
	conservation contributions? If "Yes," complete Schedule M	30	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		
	complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		
	or IV, and Part V, line 1	34	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		

EEA

38

Part V

27

28

Yes

No

37

38

0

0

1a

27

20) I WILL SURVIVE INC
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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			
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 on 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?	5b		х
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		Х
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		Х
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		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		х
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		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	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			
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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
46	If "Yes," see instructions and file Form 4720, Schedule N.	4.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

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 · · · · · · · · · · · · · · · · · · ·			
	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			
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			
	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.)			
			Yes	No
I0a	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,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	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		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
l6a	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		х
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 Georgia			
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			
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			
	ANTSA PALMER (404)483-8503 5879 NEW PEACHTREE RD ATLANTA CA 30340			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List all of the organization's current key employees, if any. See 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.

		(C)								
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and title	Average					nan one s both ar		Reportable	Reportable	Estimated amount
realle and the	hours			•		/trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any hours for	or or	lns	Q	<u>~</u>	유표	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	related	direc	stituti	Officer	y en	ghes ploy	Former	(11 2, 1000 111100)	, ,	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	t cor /ee				
	below	uste	trus		/ee	nper				
	dotted line)	е	tee			Highest compensated employee				
						Ď.				
(1) SHARON WILINGHAM	1.00									
DIRECTOR		х						0	0	0
(2) HENRY OELSNER	1.00									
TREASURER		х						0	0	0
(3) SABRINA CLARK	1.00									
DIRECTOR		х						0	0	0
(4) FEIJI MCKAY	1.00									
DIRECTOR		х						0	0	0
(5) FELICIA KENAN	1.00									
DIRECTOR		х						0	0	0
(6) TUNIEKA BROWN	1.00									
SECRETARY		х						0	0	0
(7) MOLLY HOPKINS	1.00									
PRESIDENT		х						0	0	0
(8) PATRICE WATLEY-WILLIAMS	1.00									
DIRECTOR		х						0	0	0
(9) CHARLES ATKINSON	1.00									
VICE PRESIDENT		х						0	0	0
(10)ANISA PALMER	40.00									
EXECUTIVE DIRECTOR				х	х			0	0	0
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
(14)										

Part VII Section A. Officers, Directors, Trustees,		yees, a	nd F	ligh	est (Comp	ensa	ated Employees (c		7-5430	050		aye o
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	able ation ated	(F) Estimated an of othe compensa from the		er ation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099-		orga	rom me nization d organi	and
<u>(15)</u>													
(16)													
(17)													
(18)													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b Subtotal			 	 	 		•	0		0			0
2 Total number of individuals (including but not limite reportable compensation from the organization	d to those list	ted abo	ove)	who	rece	eived r	nore	than \$100,000 of					0
3 Did the organization list any former officer, director employee on line 1a? <i>If "Yes," complete Schedule J</i>	-		/ee, (-			sated			3	Yes	No X
4 For any individual listed on line 1a, is the sum of re organization and related organizations greater than	portable com \$150,000? <i>If</i>	npensa f "Yes,"	com	plet	e Sc	hedule	J fo	or such					
 individual	compensatio	n from	any	unre	late	d orga					5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensa	tod indonon	lont oo	ntro	otoro	that	rossi	rod i	more than \$100.00	n of				
Complete this table for your five highest compensation from the organization. Report comp										year.			
(A) Name and business addres	s							(B) Description of service	es		(C) Compens	ation	
Total number of independent contractors (including received more than \$100,000 of compensation from the contractors).				liste	d ab	ove) v	vho						

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Part VIII Statement of Revenue

		Check if Schedule O co	ntains a response	e or no	te to any line in this	Part VIII ••			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns •		1a					
(0	b	Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events • •		1c					
ي ق	d	Related organizations		1d					
fts,				1e					
<u>a</u> <u>ë</u>	e	Government grants (contr		16					
Sir	f	All other contributions, gift	-						
e uti		and similar amounts not ir		1f	378,098				
흕	g	Noncash contributions inc							
on Sign				1g					
	h	Total. Add lines 1a-1f				378,098			
					Business Code				
ø	2a								
. <u>₹</u>	b								
Se	С								
E Š	d								
<u> </u>	е								
Program Service Revenue	f	All other program service re	evenue	 .					
	g	Total. Add lines 2a-2f							
		Investment income (includi							
	•	other similar amounts)							
	4	Income from investment of							
	5	Royalties							
	•	rtoyanioo	(i) Rea		(ii) Personal				
	62	Gross rents			(II) Fersonal				
			 						
		Less: rental expenses	6c						
		Rental income or (loss)							
	a	Net rental income or (loss)							
	7a	Gross amount from	(i) Securiti	es	(ii) Other				
		sales of assets							
		other than inventory	7a						
40	b	Less: cost or other basis							
ď		and sales expenses							
Revenue		Gain or (loss)							
	d	Net gain or (loss)		· <u></u>					
Other	8a	Gross income from fundrais	ising						
ŏ		events (not including \$ _		_					
		of contributions reported or	n line						
		1c). See Part IV, line 18		8a					
	b	Less: direct expenses .		8b					
	С	Net income or (loss) from f	fundraising events	; <u> </u>					
	9a	Gross income from gaming	g						
		activities, See Part IV, line	-	9a					
	b	Less: direct expenses .		9b					
		Net income or (loss) from g							
	าบล	Gross sales of inventory, le returns and allowances		10a					
	h	Less: cost of goods sold		10a					
		•			<u> </u>				
	С	Net income or (loss) from s	sales of inventory	• •	Duainess Cada				
w					Business Code				
e e	11a								
Miscellanous Revenue	b								
cel eve	С								
<u>≅</u> R	d	All other revenue							
		Total. Add lines 11a-11d							
	12	Total revenue. See instruc-	tions			378,098	0	0	0

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Part IX

27-5430698 Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b, 7b, (A) (B) (C) Total expenses Program service Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): Legal b Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 330,541 330,541 12 12,708 12,708 13 16,866 16,866 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а RENT 1,435 1,435 UTILITIES 166 166 С d e All other expenses Total functional expenses. Add lines 1 through 24e 25 361,716 361,716 0 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Page 11

Part X Ba

Balance Sheet

(A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1,877 93,799 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 5,899 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) 6 7 Notes and loans receivable, net 7 117,399 8 Inventories for sale or use 8 48,533 17,800 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c b 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 50,410 16 234,897 Accounts payable and accrued expenses 17 17 77,615 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 116,900 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 50,410 24,000 26 **Total liabilities.** Add lines 17 through 25 26 50,410 218,515 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds . 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 16,382 32 Total net assets or fund balances 0 16,382 33 50,410 234,897

Part XI	Reconciliation of Net Assets				age 12
	1100011011101101110110010				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 Total rev	enue (must equal Part VIII, column (A), line 12)	. 1		378,	098
2 Total exp	penses (must equal Part IX, column (A), line 25)	. 2		361,	
3 Revenue	e less expenses. Subtract line 2 from line 1	. 3			382
4 Net asse	ets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4			
5 Net unre	alized gains (losses) on investments	. 5			
6 Donated	services and use of facilities	. 6			
7 Investme	ent expenses	. 7			
8 Prior per	iod adjustments	. 8			
9 Other ch	nanges in net assets or fund balances (explain on Schedule O)	. 9			0
	ets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
32, colu	mn (B))	. 10		16,	382
	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
	,			Yes	No
1 Account	ing method used to prepare the Form 990: X Cash Accrual Other				
If the ord	panization changed its method of accounting from a prior year or checked "Other," explain in				
Schedul					
2a Were th	e organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
	check a box below to indicate whether the financial statements for the year were compiled or				
	d on a separate basis, consolidated basis, or both:				
	arate basis X Consolidated basis				
	e organization's financial statements audited by an independent accountant?		2b		х
	check a box below to indicate whether the financial statements for the year were audited on a				
	e basis, consolidated basis, or both:				
—	arate basis Consolidated basis Both consolidated and separate basis				
	o line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	i, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	ĺ
	panization changed either its oversight process or selection process during the tax year, explain on				
Schedul					
	ult of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	udit Act and OMB Circular A-133?		3a		x
•	did the organization undergo the required audit or audits? If the organization did not undergo the				

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required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

EEA

IRS e-file Signature Authorization for an Exempt Organization

	_	_	
calendar year 2020, or fiscal year beginning			. and ending

Department of the Treasury

Do not send to the IRS. Keep for your records.

2020

OMB No. 1545-0047

Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.	
Name of exempt organization or pe	rson subject to tax	Taxpayer identification number
I WILL SURVIVE IN	С	27-5430698
Name and title of officer or person s	subject to tax	
ANISA PALMER, EXE		
Part I Type of R	eturn and Return Information (Whole Dollars Only)	
	n for which you are using this Form 8879-EO and enter the applicable amount, if any, fro	•
•	, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this	
	, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entere applicable line below. Do not complete more than one line in Part I.	ed -U- on the
return, then enter -0- on the	applicable line below. Do flot complete more than one line in Farth.	
1a Form 990 check here		1b <u>378,098</u>
2a Form 990-EZ check he		-
3a Form 1120-POL check		
4a Form 990-PF check he		4b
5a Form 8868 check here		
6a Form 990-T check here		
7a Form 4720 check here Part II Declaration	b Total tax (Form 4720, Part III, line 1)	
Under penalties of perjury, I (name of organization)		·
·	, (EIN) and that I had accompanying schedules and statements, and, to the best of my knowledge and b	
	I further declare that the amount in Part I above is the amount shown on the copy of the	•
•	nediate service provider, transmitter, or electronic return originator (ERO) to send the ret	
	an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason	
` ,	and, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its desi	
	ic funds withdrawal (direct debit) entry to the financial institution account indicated in the	
-	federal taxes owed on this return, and the financial institution to debit the entry to this ac	
• •	he U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior	
• •	horize the financial institutions involved in the processing of the electronic payment of ta	• •
` ,	essary to answer inquiries and resolve issues related to the payment. I have selected a	
	as my signature for the electronic return and, if applicable, the consent to electronic fund	•
PIN: check one box only		
_		
X I authorize <u>L</u> B	TAX & BUSINESS ADVISORS to enter my PIN 30698 ERO firm name Finter five numbers, but	as my signature
	ERO firm name Enter five numbers, but do not enter all zeros	
on the tax year 202	0 electronically filed return. If I have indicated within this return that a copy of the return	is being filed with a
3 , ,	egulating charities as part of the IRS Fed/State program, I also authorize the aforementi	oned ERO to enter my
PIN on the return's	disclosure consent screen.	
As an officer or per	son subject to tax with respect to the organization, I will enter my PIN as my signature o	on the tax year 2020
	eturn. If I have indicated within this return that a copy of the return is being filed with a s	•
•	as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure con	
Signature of officer or person subje	ct to tax Date	04-02-2021
	ion and Authentication	04 02 2021
	r six-digit electronic filing identification	
•		3394 51111
, , ,		Do not enter all zeros
Loomifuthat the electric	orio antra io ma DINI subiob io massaignotano de 45 - 0000 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ad above Leanfirms
•	eric entry is my PIN, which is my signature on the 2020 electronically filed return indicate	
•	rn in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Informations and Paturna.	on for Authorized
IRS <i>e-file</i> Providers for Busi	ness reluits.	
ERO's signature	Date	04-07-2021

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number WILL SURVIVE INC 27-5430698 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total

990 or 990-EZ) 2020 I WILL SURVIVE INC 27-5430698
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

00	ction A. I abile Support						
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	368,708	406,082	504,177	476,403	379,098	2,134,468
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	368,708	406,082	504,177	476,403	379,098	2,134,468
5	The portion of total contributions by	,	ŕ	·	,	·	<u> </u>
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						2,134,468
Sec	ction B. Total Support					•	
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	368,708	406,082	504,177	476,403	379,098	2,134,468
8	Gross income from interest, dividends,			·			
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,134,468
12	Gross receipts from related activities, etc. (se	ee instructions)				12	<u> </u>
13	First five years. If the Form 990 is for the org	anization's first	, second, third,	fourth, or fifth	tax year as a s	ection 501(c)(3)
	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppor	t Percentage)				
14	Public support percentage for 2020 (line 6, co	olumn (f), divide	ed by line 11, c	column (f))		14	100.00 %
15	Public support percentage from 2019 Schedu	ule A, Part II, lir	ne 14			15	100.00 %
16a	33 1/3% support test - 2020. If the organizati	on did not ched	k the box on li	ne 13, and line	14 is 33 1/3%	or more, check	this
	box and stop here. The organization qualifies	s as a publicly s	supported orga	nization			· · · · · 🔳 🕱
b	33 1/3% support test - 2019. If the organizati	ion did not ched	ck a box on line	e 13 or 16a, and	d line 15 is 33	1/3% or more, c	heck
	this box and stop here. The organization qua	lifies as a publi	cly supported o	organization			
17a	10%-facts-and-circumstances test - 2020.	f the organizati	on did not ched	ck a box on line	e 13, 16a, or 16	b, and line 14 is	—
	10% or more, and if the organization meets the	ne facts-and-cir	cumstances te	st, check this b	ox and stop h e	ere. Explain in	
	Part VI how the organization meets the facts-	-and-circumsta	nces test. The	organization q	ualifies as a pu	ublicly supporte	d
	organization						
b	10%-facts-and-circumstances test - 2019.	f the organizati	on did not ched	ck a box on line	e 13, 16a, 16b,	or 17a, and line	•
	15 is 10% or more, and if the organization me	ets the facts-ar	nd-circumstand	es test, check	this box and st	op here. Expla	in
	in Part VI how the organization meets the fac	ts-and-circums	stances test. Th	ne organizatior	n qualifies as a	publicly suppo	rted
	organization						
18	Private foundation. If the organization did no	ot check a box o	on line 13, 16a,	16b, 17a, or 1	7b, check this l	oox and see	
	instructions						■ □

Part III

(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)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
6	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						
50.	tine 6.)						
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	(a) 2010	(b) 2017	(6) 2010	(u) 2019	(e) 2020	(I) Total
	Gross income from interest, dividends,						
IVa	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 5 years. If the Form 990 is for the organ	ization's first,	second, third, f	ourth, or fifth ta	x year as a sec	tion 501(c)(3))
	organization, check this box and stop here						
	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 8, c	. , .	•	` ''		15	%
	Public support percentage from 2019 Schedu					16	%
	ction D. Computation of Investment Inc				(5)	1 4= 1	
17	Investment income percentage for 2020 (line					17	%
18	Investment income percentage from 2019 Sc					18	%
19a	33 1/3% support tests - 2020. If the organiza						
	17 is not more than 33 1/3%, check this box a	-	_	-		-	
D	33 1/3% support tests - 2019. If the organization 19 is not more than 23 1/2%, should this be						
20	line 18 is not more than 33 1/3%, check this be Private foundation. If the organization did not	-					
~v	i iivate iouiiaatioii. II tile olaalikatioli ala lit	σε σεισσικά μυλ		a. OL 100. UHCU	, 11113 DUA AHU 31	こし ロコスロロしけしける	

Schedule A (Form 990 or 990-EZ) 2020 I WILL SURVIVE INC 27-5430698 Page 4

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Bid the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **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.*
 - **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.)

	uit t	•,	
		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	-		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
(F -	10b	000 5	7) 0000

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	Cupperaing Organizations (commissed)			
			Yes	No
	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, 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	7 11 0 11			
	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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion 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 instr	uctio	1 s).	
a				
b				
С		e insti		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
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.	3b		

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganiza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			•
	instructions. All other Type III non-functionally integrated supporting organiz	zations r	nust complete Sections	A through E.
Sec	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
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		
Sec	etion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting	organization
	(see instructions)			

EEA Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020 I WILL SURVIVE INC 27-5430698 Page 7

	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz			7090 Tago 7
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exem			1	
2	Amounts paid to perform activity that directly furthers exempt	ourposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	of supported organizati	ons	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - pro	vide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	organization is respons	ive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution	าร	Distributable
	Di til til til til til til til til til ti		Pre-2020		Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.			_	
	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years			_	
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7:				
	Applied to underdistributions of prior years			_	
	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				

EEA Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE 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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization I WILL SURVIVE INC 27-5430698 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure 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. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	collection items (check all that apply).										
а	Public exhibition		d		Loan or excha	ange progr	rams				
b	Scholarly research		е		Other						_
С	Preservation for future generations										
4	Provide a description of the organization's coll-	ections and explain how t	they fu	urther	the organization	on's exem	pt pui	pose in Part			
	XIII.										
5	During the year, did the organization solicit or i	receive donations of art, I	nistori	cal tre	easures, or oth	er similar					
	assets to be sold to raise funds rather than to	be maintained as part of	the or	ganiz	ation's collection	on?			Yes	; 🔲	No
Pa	rt IV Escrow and Custodial Arra	ngements.									
	Complete if the organization 990, Part X, line 21.	answered "Yes" on	Forr	n 99	00, Part IV,	line 9, o	r rep	oorted an amou	nt on F	orm	
1a	Is the organization an agent, trustee, custodial	n or other intermediary fo	r cont	ributio	ons or other as	sets not					
	•								Yes	, n	No
b	, , , , , , , , , , , , , , , , , , ,										,
			,					Amou	nt		
С	Beginning balance						1c				
d	* 1 110						1d				
е	3 ,					-	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on For	rm 990. Part X. line 21. fc	r escr	ow o	r custodial acc	ے ount liabilit			Yes	\Box	No
b							•		_	. П	j
	ert V Endowment Funds.										<u></u>
	Complete if the organization	answered "Yes" on	Forr	n 99	00, Part IV,	line 10.					
	·	(a) Current year		Prior ye		o years back		(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance	,,,,	. ,		` `			` ,	. ,		
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е											
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt year end balance (line	1g, co	olumr	(a)) held as:			•			
а	Board designated or quasi-endowment	%									
b	Permanent endowment										
С	Term endowment %										
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.									
3a	Are there endowment funds not in the possess	sion of the organization th	at are	held	and administe	red for 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 organizati	ions listed as required on	Sche	dule l	۹?				3b		
4	Describe in Part XIII the intended uses of the o	organization's endowmen	t fund	S							
Pa	rt VI Land, Buildings, and Equip	ment.									
	Complete if the organization	answered "Ves" on	Forr	m 00	n Part IV	lina 11a	20	a Form 000 Pa	rt X lir	1 مر	1

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment				
е	Other				
Total	Add lines 1a through 1e. (Column (d) must equal For	m 990 Part X column (R)	line 10c)		

Schedule D (Form 9		NC			27-	5430698	Page 3
Part VII	Investments - Other Securities. Complete if the organization answere	d "Ves" on For	m 000 Part	1\/ line 11h	See Form	000 Part Y	lina 12
	(a) Description of security or category	u les offici	(b) Book va) Method of valuation	
	(including name of security)		(2) 2001.74			end-of-year market v	
(1) Financial de	erivatives						
(2) Closely-held	d equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.)						
Part VIII	Investments - Program Related. Complete if the organization answere	d "Voo" on Eon	m 000 Bort	IV/ line 11c	Soo Form	000 Bort V	lino 12
	Complete if the organization answere	u tes on For	III 990, Part	IV, IIIIe IIC	. See Form	990, Part A,	ille 13.
	(a) Description of investment		(b) Book va	lue) Method of valuation end-of-year market v	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9) Tatal (Oaksan	(h) manufacture (5 mm 200 Bart V and (D) line (0)						
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.						
FaitiX	Complete if the organization answere	d "Ves" on For	m 000 Part	1\/ line 11c	l See Form	000 Part Y	line 15
			111 990, 1 art	iv, iiie iie	1. 000 1 01111		ok value
(1)	(a) D	Description				(b) BC	lok value
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(b) must equal Form 990, Part X, col. (B) line 15.)						
Part X	Other Liabilities.						
	Complete if the organization answere line 25.	d "Yes" on For	m 990, Part	IV, line 11e	or 11f. See	Form 990, F	Part X,
1.	(a) Description of liability	(b) Book	/alue				
(1) Federal in		(,					
(2)COMPANY			24,000				
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 24,000 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the Schedule D (Form 990) 2020 I WILL SURVIVE INC 27-5430698 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a b 2b 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2h b С 2c Other (Describe in Part XIII.) 2d е Add lines 2a through 2d 2e 3 3 Amounts included on Form 990. Part IX. line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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.

EEA Schedule D (Form 990) 2020

Statement of Program Service Accomplishments	2020 PG01
Name(s) as shown on return	Your Social Security Number
I WILL SURVIVE INC	27-5430698

FORM 990-PART III(A) Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$0
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0
PROGRAM SERVICES REVENUE \$0

EXPLANATION

ECONOMIC SUPPORT PROGRAM (FINANCIAL ASSISTANCE) PARTNER WITH HOSPITALS, INSURANCE COMPANIES, AND OTHER COMMUNITY ORGANIZATIONS TO PROVIDE PREVENTION EDUCATION THROUGH HEALTH FAIRS AND HEALTH WORKSHOPS IN THE COMMUNITY. WE PARTNER WITH EDUCATIONAL INSTITUTIONS TO REACH THE YOUTH ON PREVENTATIVE MEASURES TO INCREASE EARLY DETECTION AND AWARENESS.

MILL SURVIVE INC 27-5430698	990 Overflow State	ement 2020 Page 1
Description		
SETT IN KIND DONATIONS \$ 258,258 758	I WILL SURVIVE INC	27-5430698
Manual	GIFT IN KIND DONATIONS GRANT SPONSORSHIP	
S 16 16 16 16 17 18 18 18 18 18 18 18		61,544 31,598 Total: \$378,098
Payroll	INSURANCE FORBES NONPROFIT COUNCIL PROGRAM SUPPLIES HEALTH WORKSHOPS	\$ 166 1,000 1,107 1,676
Sample S	G & A	319,794 2,772 4,026 Total: \$330,541
Total: \$ 16,86 Total: \$ 16,86 Description BBA LOAN \$ 117,39	EVENTS HEALTH AND WELLNESS PROGRAM	\$ 3,936 3,156 5,616
SBA LOAN \$ 117,39	Description CONOMIC SUPPORT	Amount \$ 16,866 Total: \$ 16,866
	Description SBA LOAN	\$ 117 , 399

990	Overflow Statement		2020 Page 2
me(s) as shown on return WILL SURVIVE INC		FEIN	27-5430698
escription			Amount
OMPANY		Total: \$	17,800 17,800
escription BA LOAN			Amount 116,900 116,900
		iocai. Ÿ	110,300

L B TAX & BUSINESS ADVISORS, LLC

2255 CUMBERLAND PKWY SE Atlanta, GA 30339 UPDATES@LBTAXSERVICE.COM Phone: (678)213-1141 | Fax: (678)427-7170

April 07, 2021

I Will Survive Inc 5879 New Peachtree Rd, Ste D Atlanta, GA 30340

I Will Survive Inc:

Enclosed is the 2020 federal return for a tax-exempt organization, prepared for I Will Survive Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (678)213-1141.

Sincerely,

L B Tax Service Inc L B TAX & BUSINESS ADVISORS, LLC

L B TAX & BUSINESS ADVISORS, LLC

2255 CUMBERLAND PKWY SE Atlanta, GA 30339 UPDATES@LBTAXSERVICE.COM Phone: (678)213-1141 | Fax: (678)427-7170

Invoice Date: 04/07/2021

I Will Survive Inc 5879 New Peachtree Rd, STE D Atlanta, GA 30340

Your 2020 tax return was prepared by L B Tax Service Inc.

Description		 <u>Fee</u>
Federal and Supple	emental Forms	
Form 990	- Return of Org Exempt from Income Tax, page 1	\$ 450.00
Form 990 pg 2	- Return of Org Exempt from Income Tax, page 2	
Form 990 pg 3	- Return of Org Exempt from Income Tax, page 3	
Form 990 pg 4	- Return of Org Exempt from Income Tax, page 4	
Form 990 pg 5	- Return of Org Exempt from Income Tax, page 5	
Form 990 pg 6	- Return of Org Exempt from Income Tax, page 6	
Form 990 pg 7	- Return of Org Exempt from Income Tax, page 7	
Form 990 pg 8	- Return of Org Exempt from Income Tax, page 8	
Form 990 pg 9	- Return of Org Exempt from Income Tax, page 9	
Form 990 pg 10	- Return of Org Exempt from Income Tax, page 10	
Form 990 pg 11	- Return of Org Exempt from Income Tax, page 11	
Form 990 pg 12	- Return of Org Exempt from Income Tax, page 12	
Schedule A	- Organization Exempt Under Sec 501(c)(3), page 1	
Schedule A pg 2	- Organization Exempt Under Sec 501(c)(3), page 2	
Schedule A pg 3	- Organization Exempt Under Sec 501(c)(3), page 3	
Schedule A pg 4	- Organization Exempt Under Sec 501(c)(3), page 4	
Schedule A pg 5	- Organization Exempt Under Sec 501(c)(3), page 5	
Schedule A pg 6	- Organization Exempt Under Sec 501(c)(3), page 6	
Schedule A pg 7	- Organization Exempt Under Sec 501(c)(3), page 7	
Schedule A pg 8	- Organization Exempt Under Sec 501(c)(3), page 8	
Schedule D	- Supplemental Financial Statement, page 1	
Schedule D pg 2	- Supplemental Financial Statement, page 2	
Schedule D pg 3	- Supplemental Financial Statement, page 3	
Schedule D pg 4	- Supplemental Financial Statement, page 4	
Schedule O	- Supplemental Information, page 1	
Form 8879E0	- E-file Signature Auth for an Exempt Org	
Stmt Services	- Statement of Service Accomplishments	
Overflow	- Itemized Listing Attachment	
Overflow	- Itemized Listing Attachment	
Total Forms : 29	Forms Subtotal	\$ 450.00
Adjustments		
Brian's Vip Discount		 (50.00
	Subtotal	\$ 400.00
	Total Balance Due	\$ 400.00