Acknowledgement and General Information for 2020 **Entities That File Returns Electronically** Name(s) as shown on return Employer Identification Number LIVING WITH PURPOSE INC **-***4971 Entity address 8005 N BROADWAY Saint Louis, MO 63147 Thank you for participating in IRS e-file. 1. x 2020 8868-01 income tax return for Federal was filed electronically. The electronic filing services were provided by RONALD H. MILLER, PH.D. LLC 2. **x** 8868-01 income tax return was accepted on 05-03-2021 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is 4336312021123xmzvget PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

A	For t	he 2	020 calendar y	ear, or tax year begin	ning		, 2020, a	nd endi	ng		, 20	
В	Check	if app	olicable:	C Name of organizationLI	VING WITH PURPOS	E INC				D Emple	oyer identification number	
	Addres	s cha	ange	Doing business as							46-1704971	
	Name	chang	ge	Number and street (or P.0	D. box if mail is not delivered to st	not delivered to street address) Room/suite			ite	E Telephone number		
	Initial r	eturn		8005 N BROADWA	Y						(314)833-4185	
$\overline{\Box}$	Final re	eturn/	terminated	City or town, state or prov	rince, country, and ZIP or foreign	postal code				G Gross		
$\overline{\Box}$	Amend	ded re	eturn	Saint Louis, M	0 63147					\$	1,231,001	
$\overline{\Box}$	Applica	ation p	pending		ncipal officer: CALVIN GAR	NER			H(a) Is this a g	roup return t	for subordinates? Yes X No	
				Same as C abov	e				H(b) Are all s	ubordinate	es included? Yes No	
ı	Tax-ex	empt	status: X 501((c)(3) 501(c) () ◀ (insert no.) 4947	(a)(1) or 5	27		If "No," a	attach a lis	st. See instructions	
J	Websi	te: Þ	N/A		· · · · · · · · · · · · · · · · · · ·				H(c) Group e	xemption	number	
K	Form o	of orga	anization: X Corp	poration Trust Asso	ociation Other ►	L	Year of formation	on: 201	2 M S	state of leg	al domicile: MO	
Pa	rt I		Summary						'	_		
	1			the organization's missi	on or most significant acti	vities: TO I	MPROVE T	HE SO	CIAL CIV	VIC A	ND ECONOMIC	
		E	EXISTENCE C	OF UNDERSERVED	POPULATIONS WITH	·						
ce		A	REA. LIVI	NG W2ITH PURPO	SE SHALL PROVIDE	RELIEF TO	THE POO	R, DI	STRESSEI	D AND	UNDERPRIVILEGED	
nar		P			ROGRAMS AND/OR S							
Governance	2	2 0	Check this box	if the organization	discontinued its operation	ns or disposed o	f more than 2	25% of i	ts net asset	S.		
	3	S N	Number of voting	g members of the gove	rning body (Part VI, line 1	a)				3	5	
ა ბ თ	4				s of the governing body (F						5	
itie	5			=	calendar year 2020 (Part		 .				27	
Activities &	6			volunteers (estimate if r						6		
ď	7	a T	otal unrelated b	ousiness revenue from I	Part VIII, column (C), line	12				7a	0	
		b N	Net unrelated bu	isiness taxable income	from Form 990-T, Part I, I	ine 11				7b	0	
									Prior Year		Current Year	
	8	3 (Contributions and	d grants (Part VIII, line	1h)				1,205	,843	1,147,237	
ē	9) F	Program service	revenue (Part VIII, line	2g)						41,835	
Revenue	10	lı (nvestment incon	ne (Part VIII, column (A), lines 3, 4, and 7d)						0	
Re	11				es 5, 6d, 8c, 9c, 10c, and				34	,232	20,929	
	12	2 T	otal revenue - a	add lines 8 through 11 (i	must equal Part VIII, colun	nn (A), line 12)		. 🗆	1,240	,075	1,210,001	
	13	3 (Grants and simila	ar amounts paid (Part I	X, column (A), lines 1-3)						0	
	14	l E	Benefits paid to	or for members (Part IX	(, column (A), line 4)						16,241	
	15	5 8	Salaries, other co	ompensation, employee	benefits (Part IX, column	(A), lines 5-10)			821	,647	762,452	
Expenses	16	Sa P	Professional fund	draising fees (Part IX, o	column (A), line 11e)						0	
ens		b T	otal fundraising	expenses (Part IX, col	umn (D), line 25) ▶		0					
Ä	17	7 (Other expenses ((Part IX, column (A), lin	es 11a-11d, 11f-24e) .				290	,123	267,604	
	18	3 T	otal expenses.	Add lines 13-17 (must	equal Part IX, column (A)	, line 25)			1,111	,770	1,046,297	
	19) F	Revenue less ex	penses. Subtract line	18 from line 12				128	,305	163,704	
5	SS							Begi	nning of Curre	ent Year	End of Year	
ets (<u>E</u> 20) T	otal assets (Par	rt X, line 16)					220	,845	407,418	
Net Assets or	21	l T	otal liabilities (F	Part X, line 26)							0	
_		_	Net assets or fur	nd balances. Subtract	line 21 from line 20				220	,845	407,418	
Pa	rt II		Signature I	Block								
					n, including accompanying sched cer) is based on all information of			of my knov	wledge and beli	ef, it is		
	,	.,		((,					
C:-			CALVIN									
Sig			Signature of o	officer						Dat	te	
He	re			•	EXECUTIVE OFFICE	R						
			1	name and title			_					
_			Print/Type preparer	r's name	Preparer's signature		Date		Check	if	PTIN	
Pai			RONALD H.	MILLER, PH.D.			11-15-20		self-emp	oloyed	P01032101	
	par		Firm's name ▶		MILLER, PH.D. LL	С		F	irm's EIN 🕨			
Us	e Or	ιly	Firm's address ▶	12362 AR				P	hone no.			
					uis MO 63146-280					314-	807-2856	
May	the I	RS (discuss this retu	rm with the preparer sh	own above? (see instructi	ons)					🗌 Yes 🏻 🗓 No	

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO IMPROVE THE SOCIAL CIVIC AND ECONOMIC EXISTENCE OF UNDERSERVED POPULATIONS WITHIN THE GREATER
	METROPOLITAN ST. LOUIS METROPOLITAN AREA. LIVING W2ITH PURPOSE SHALL PROVIDE RELIEF TO THE POOR,
	DISTRESSED AND UNDERPRIVILEGED POPULATIONS BY OFFERING PROGRAMS AND/OR SERVICES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 613,377 including grants of \$ 613,377) (Revenue \$ 20,835)
	LIVING WITH PURPOSE BOUGHT 3651 RIDEDALE AVE., ST. LOUIS, MO 63121, A SINGLE FAMILY HOME WITH
	THREE BEDROOMS AND THREE BATHROOMS TO EXPAND ITS SHARED LIVING PROGRAM.
41.	(Code:) (Function of the later 400 including quarter of the later 400 \ (Poursus the later 400 \)
4b	(Code:) (Expenses \$117,407 including grants of \$117,407) (Revenue \$)
	LIVING WITH PURPOSE REHIRED A TOTAL OF SIX STAFF MEMBERS IN 2020 TO ITS SHARED LIVING RESIDENTIAL
	PROGRAM AND IN OCTOBER 2020 HIRED A MARKETING ASSOCIATE/COMMUNITY ORGANIZER.
_	
4c	(Code:) (Expenses \$6,683 including grants of \$6,683) (Revenue \$)
4c	MAINTAINED THE SAFETY OF ALL LIVING WITH PURPOSE, INC. STAFF AND CONSUMERS THROUGH THE PANDEMIC.
4c	MAINTAINED THE SAFETY OF ALL LIVING WITH PURPOSE, INC. STAFF AND CONSUMERS THROUGH THE PANDEMIC. LIVING WITH PURPOSE, INC. PURCHASED PERSONAL PROTECTIVE EQUIPMENT FOR EACH INDIVIDUAL HOME TO
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	MAINTAINED THE SAFETY OF ALL LIVING WITH PURPOSE, INC. STAFF AND CONSUMERS THROUGH THE PANDEMIC. LIVING WITH PURPOSE, INC. PURCHASED PERSONAL PROTECTIVE EQUIPMENT FOR EACH INDIVIDUAL HOME TO ASSURE STAFF AND CONSUMERS WERE PROPERLY EQUIPPED TO HANDLE THE COVID-19 PANDEMIC. Other program services (Describe on Schedule O.)
4d	MAINTAINED THE SAFETY OF ALL LIVING WITH PURPOSE, INC. STAFF AND CONSUMERS THROUGH THE PANDEMIC. LIVING WITH PURPOSE, INC. PURCHASED PERSONAL PROTECTIVE EQUIPMENT FOR EACH INDIVIDUAL HOME TO ASSURE STAFF AND CONSUMERS WERE PROPERLY EQUIPPED TO HANDLE THE COVID-19 PANDEMIC.

46-1704971

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> 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		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Х
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		Λ
·	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
а	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	ı ıa	^	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	170		Λ
	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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form	1 990 (2020) LIVING WITH PURPOSE INC 46-1704	971	F	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			

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

19	Mote. All Form 990 mers are required to complete Schedule O.
Part V	Statements Regarding Other IRS Filings and Tax Compliance

						No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	27			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	x	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 27			
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 e-file (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?	5с		
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			
-1	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-		x
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		^
•	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			Λ
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 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15		Х
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	ii 100, complete i dilli 7/20, comedia O.			

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.					
	Check if Schedule O contains a response or note to any line in this Part VI		. X			
Section 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		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
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			Λ
Ū	the year by the following:			
a	The governing body?	8a	х	
a b	Each committee with authority to act on behalf of the governing body?	8b		v
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		Х
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		v
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Х
	This Section B requests information about policies not required by the internal Nevertue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		Λ
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ı ıu	А	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	120	Λ.	
·	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Λ.	х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	17		Λ
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		х
a b	Other officers or key employees of the organization	15b	х	Λ.
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	А	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Iou	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	100		Λ
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16b		
Sec	organization's exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X 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				
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LIVING WITH PURPOSE INC (314)833-4185, 8005 N BROADWAY, Saint Louis, MO 63147			

Form	990	(2020)

LIVING WITH PURPOSE INC

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 rela	ted organizat	ion co	mper	nsate	ed a	ny cur	rent	officer, director, or	trustee.	
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average hours per week	box,	unles	s per	son is	han one s both ar /trustee)		Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(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)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) KIMBERLY JONES	40.00									
CHIEF FINANCIAL OFFICER		x		х	х	х		78,100	0	0
(2) CALVIN GARNER	40.00									
CHIEF EXECUTIVE OFFICER		х		х	X			50,000	0	0
(3) NAKITA SADLER	50.00									
DIRECTOR		x						49,923	0	0
(4) KERMISHA GARNER	45.00									
SECRETARY		х		х				35,838	0	0
(5) JOHN MARTIN	2.00									
DIRECTOR		x						0	0	0
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

Part VII

46-1704971 Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and title		box,	unles er and	Pos eck m s per	son is	haan one s both an (trustee) Highest compensate employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatic from relatec organizatior (W-2/1099-MIS	n d ns	con fr orgar	(F) ated amo of other npensatio om the nization an	n nd
(15)							ted							
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
<u>(22)</u>														
(23)														
(24)														
(25)														
С	Subtotal	ion A .						· -						
	Total (add lines 1b and 1c)								213,861		0			0
	Total number of individuals (including but not limit reportable compensation from the organization		sted a	bove	e) wh	no re	eceived	mo	re than \$100,000	of			Yes	0 No
	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedul</i>		-				-					3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable cor	npensa	ation	and	othe	er comp	oens	ation from the					
	individual											4		x
	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			_		tion or individual			5		x
	on B. Independent Contractors						•							
	Complete this table for your five highest compensation from the organization. Report comp										year.			
	(A) Name and business addres								(B) Description of service		-	(C) Compensa	ation	
	Total number of independent contractors (including received more than \$100,000 of compensation fro	-				ted a	above)	who)					

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Part VIII

Statement of Revenue

		Check if Schedule O contains a response	onse or n	ote to any line in thi	s Part VIII			[
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512–514
	1a	Federated campaigns	1a					Sections 512 511
	b	Membership dues						
nts its		Fundraising events						
3rai our	C	_						
ts, (Am	d	•		1 145 005				
iai	e	Government grants (contributions)	1e	1,147,237				
ons,	f	All other contributions, gifts, grants,						
utio er (and similar amounts not included above) 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in						
ည် ည		lines 1a-1f						
	h	Total. Add lines 1a-1f			1,147,237			
				Business Code				
an a	2a	GROSS RENTS		531110	41,835	41,835		
<u>Š</u>	b							
Ser	С							
š E	d							
Program Service Revenue	е							
P.	f	All other program service revenue	· · · ·					
	g	Total. Add lines 2a-2f			41,835			
	3	Investment income (including dividends,			_			
	"	other similar amounts)						
	4	Income from investment of tax-exempt b	eeds▶					
	5	·						
		· ·	Real	(ii) Personal				
	62		11,835	() 1 6166114.				
			21,000					
			20,835					
					20,835	20,835		
		` ′			20,635	20,635		
	7a	Gross amount nom	urities	(ii) Other				
		sales of assets						
	١.	other than inventory 7a						
	b	Less: cost or other basis						
an (and sales expenses 7b						
.ver		Gain or (loss)						
æ		Net gain or (loss)	• • • •					
Other Revenue	8a	Gross income from fundraising						
5		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	. 8a					
	b	Less: direct expenses	. 8b					
	С	Net income or (loss) from fundraising ev	ents					
	9a	Gross income from gaming						
		activities, See Part IV, line 19	. 9a					
	b	Less: direct expenses	. 9b					
	С	Net income or (loss) from gaming activit	ies					
	10a	Gross sales of inventory, less						
		returns and allowances	. 10a	1				
	b	Less: cost of goods sold	. 10k					
	1	Net income or (loss) from sales of inven						
			,	Business Code				
Ø	11a	INTEREST-FCB BANK		541900	94	94		
Miscellanous Revenue	b				71	71		
llar ent	C	-					1	
Sce Rev		All other revenue						
Ξ̈́		Total. Add lines 11a-11d			94			
		Total revenue. See instructions				62.764	0	0
		I STALL TO VOLITION OF THE HIGH HULLIUM A				02./04		

Part IX Statement of Functional Expenses

0		l - 1 - - 11 1 A 1 - 11		L / A \
Section Sulficial and Sulficial	organizations must compl	lete all collimns. All other o	raanizations mi ist comniet	e collimn (A)
Section 501(c)(3) and 501(c)(4)	organizations must compr	oto an oblamino. 7 in oti ioi o	garnzanono maoi compici	o oolallii (71).

	Check if Schedule O contains a response or note to	any line in this Part IX			<u>.</u>
Do n	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	ι σιαι σχροποθό	expenses	general expenses	expenses
1	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				
4	Benefits paid to or for members	16,241	16,241		
5	Compensation of current officers, directors,				
	trustees, and key employees	213,861	149,703	64,158	
6	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	501,928	351,350	150,578	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	46,663	32,664	13,999	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	80	56	24	
С	Accounting	80	56	24	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	6,848	4,794	2,054	
14	Information technology	200	140	60	
15	Royalties				
16	Occupancy	167,373	117,161	50,212	
17	Travel	20,000	14,000	6,000	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	612	612		
23	Insurance	7,100	4,970	2,130	
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	COMPANY VEHICLE PAYMENTS	27,073	18,951	8,122	
b	VEHICLE REPAIR & MAINTENANCE	6,233	4,366	1,867	
C	TRAINING EXPENSES	732	512	220	
d	MISCELLANEOUS (UNSPECIFIED)	30,232	21,162	9,070	
e	All other expenses	1,041	729	312	
25	Total functional expenses. Add lines 1 through 24e	1,046,297	737,467	308,830	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if				
	following SOP 98-2 (ASC 958-720)			I	

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	220,845	1	270,945
	2	Savings and temporary cash investments		2	113,715
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
_	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 23,370			
	b	Less: accumulated depreciation 10b 612		10c	22,758
	11	Investments - publicly traded securities		11	22,755
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	220,845	16	407,418
	17	Accounts payable and accrued expenses	220,015	17	107,110
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		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%			
ΞĘ		controlled entity or family member of any of these persons		22	
<u>:</u> "	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here	J		
		and complete lines 27, 28, 32, and 33.			
ces	27	Net assets without donor restrictions		27	
<u>la</u> n	28	Net assets with donor restrictions		28	
Ba		Organizations that do not follow FASB ASC 958, check here			
ဋ		and complete lines 29 through 33.			
ŕ	29	Capital stock or trust principal, or current funds		29	
ts o	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	220,845	31	407,418
Ĕ	32	Total net assets or fund balances	220,845	32	407,418
<u>8</u>	33	Total liabilities and net assets/fund balances	220,845	33	407,418
	JJ	i otal nabilitios and net assets/lund balances	220,045	JJ	40/,418

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,	210,	001
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	046,	297
3	Revenue less expenses. Subtract line 2 from line 1	3			163,	704
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			220,	845
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				111
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			22,	,758
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			407,	418
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			· • •		<u>. 🗆</u>
			п		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other	_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	• •		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			_		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	• •	٠ ٠ ٠	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
_	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			_		
	Single Audit Act and OMB Circular A-133?		\cdots	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	• •		3b	200 /	
EEA				Form	990 (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

LIV	ING	WITH PURPOSE INC					46-170497	1				
Pa	rt I	Reason for Public Charity	y Status. (All o	rganizations must c	omplete	this par	t.) See instructions	S.				
The	orgar	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check only	y one box.)						
1		A church, convention of churches, or	association of chu	rches described in sect i	ion 170(b)	(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	r 990-EZ).	.)						
3		A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	A)(iii).						
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the					
		hospital's name, city, and state:										
5		An organization operated for the bene	efit of a college or u	university owned or opera	ated by a g	governmen	tal unit described in					
		section 170(b)(1)(A)(iv). (Complete	Part II.)									
6		A federal, state, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).						
7	x	An organization that normally receive	s a substantial part	of its support from a gov	ernmental	unit or from	m 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 colle										
		university:					-					
10	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross											
	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	e and unrelated bus	siness taxable income (le	ess section	n 511 tax) f	rom businesses					
		acquired by the organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)						
11		An organization organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).						
12		An organization organized and operat	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purposes	;				
		of one or more publicly supported org	ganizations describ	ped in section 509(a)(1)	or sectior	n 509(a)(2)	. See section 509(a)(3).				
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and 12	2g.				
	а	Type I. A supporting organization	n operated, superv	ised, or controlled by its	supported	l organizat	ion(s), typically by givir	ng				
		the supported organization(s) the	power to regularly	appoint or elect a major	ity of the c	directors or	trustees of the					
		supporting organization. You mu	ist complete Part	IV, Sections A and B.								
	b	Type II. A supporting organization	n supervised or co	entrolled in connection wi	th its supp	orted orga	nization(s), by having					
		control or management of the sup	porting organization	on vested in the same per	rsons that o	control or r	nanage the supported					
		organization(s). You must comp										
	С	Type III functionally integrated	. A supporting orga	anization operated in cor	nection w	ith, and fu	nctionally integrated wi	th,				
		its supported organization(s) (see										
	d	Type III non-functionally integr						n(s)				
		that is not functionally integrated.	The organization g	enerally must satisfy a di	istribution i	requiremer	nt and an attentiveness	,				
		requirement (see instructions). Y										
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III					
		functionally integrated, or Type III	non-functionally in	ntegrated supporting orga	anization.							
	f	Enter the number of supported organ										
	g	Provide the following information about	ut the supported or	ganization(s).								
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of				
				(described on lines 1-10	listed in you docum	r governing	support (see instructions)	other support (see instructions)				
				above (see instructions))	docum	lent?	instructions)	instructions)				
					Yes	No						
(A)												
<u></u>												
(B)												
(D)												
(C)												
(C)												
(D)												
(-)												
(E)												
Toto												

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

Se	ction A. Public Support						
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.")		377,972	862,074	1,205,843	1,147,237	3,593,126
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf		377,972	862,074	1,205,843	1,147,237	3,593,126
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3		755,944	1,724,148	2,411,686	2,294,474	7,186,252
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						7,186,252
Se	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		755,944	1,724,148	2,411,686	2,294,474	7,186,252
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		285	150			435
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						7,186,687
	Gross receipts from related activities, etc. (se				ı	12	
13	First five years. If the Form 990 is for the or	ganization's fi	rst, second, thir	d, fourth, or fift	h tax year as a	a section 501(c))(3)
	organization, check this box and stop here						▶ □
	ction C. Computation of Public Suppor						
14	Public support percentage for 2020 (line 6, c	olumn (f), divid	ded by line 11,	column (f))	. .	14	99.99 %
	Public support percentage from 2019 Sched					15	99.98 %
16a	33 1/3% support test - 2020. If the organization						
	box and stop here . The organization qualified						
k	33 1/3% support test - 2019. If the organiza						
	this box and stop here. The organization qu	-		-			
17a	10%-facts-and-circumstances test - 2020.	•					
	10% or more, and if the organization meets t				-	-	
	Part VI how the organization meets the facts	-and-circumsta	ances test. The	organization q	jualifies as a p	ublicly supporte	ed
	organization						
k	10%-facts-and-circumstances test - 2019.	-					
	15 is 10% or more, and if the organization m					-	
	in Part VI how the organization meets the fac-	cts-and-circum	stances test. T	he organizatior	n qualifies as a	publicly suppo	rted
	organization						▶ □
18	Private foundation. If the organization did n	ot check a box	x on line 13, 16	a, 16b, 17a, or	17b, check thi	s box and see	
	instructions						▶ □

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Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support		_		_		
Cal	endar year (or fiscal year beginning in)▶	(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 fumished 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						
	line 6.)						
	ction B. Total Support			T			
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	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 orga	∟ inization's first	second third	fourth or fifth	tax vear as a s	ection 501(c)(3)
	organization, check this box and stop here				-		
Sec	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 8, c			column (f)) .		15	%
	Public support percentage from 2019 Sched		-			16	%
	ction D. Computation of Investment Inc					1	
	Investment income percentage for 2020 (line			ine 13, column	n (f))	17	%
	Investment income percentage from 2019 Se		• •			18	%
	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	=	-	-	-		

Part IV Supporti

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 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?
- 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).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 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.)

	Yes	No
	1 62	NO
1		
_		
2		
3a		
3b		
30		
_		
3с		
4a		
41.		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
0-		
9a		
9b		
9с		
4.5		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)	Vaa	NI-
11	Has the argenization accepted a gift or contribution from any of the following parents?	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		
а	11c below, the governing body of a supported organization?		
h	A family member of a person described in line 11a above?		
	A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	1	
·	detail in Part VI.	:	
Sec	tion B. Type I Supporting Organizations		
	71 11 0 0	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.		
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.		
Sec	tion C. Type II Supporting Organizations	1	
		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		
500	the supported organization(s). 1 tion D. All Type III Supporting Organizations		
Sec	tion b. 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	163	NO
•	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?		
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)		
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		
Sec	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 instruc	ctions).
а	The organization satisfied the Activities Test. Complete line 2 below.		
b			,
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
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? <i>If</i> "Yes," <i>then in</i> Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

(see instructions).

Sched	ule A (Form 990 or 990-EZ) 2020 LIVING WITH PURPOSE INC		46-17049	71 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 <i>(explain i</i>	in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizations	s must complete Sections	A through E.
Sar	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	Mon A - Adjusted Net income		(A) I Hol Teal	(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		
800	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
Je(CION B - Millimum Asset Amount		(A) I IIOI I Gai	(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		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction 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	ated Type III supporting or	ganization

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

Schedule A (Form 990 or 990-EZ)	2020 LIVING WITH	PURPOSE INC	46-1704971
Part V Type III	Non-Functionally Intec	grated 509(a)(3) Si	upporting Organizations (continued)

rype iii Non-Functionally integrated 509(a)(3) Supporting Organizations (Continued)									
Sec	ction D - Distributions		Current Year						
1	Amounts paid to supported organizations to accomplish exempt purposes	1							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported								
	organizations, in excess of income from activity	2							
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3							
4	Amounts paid to acquire exempt-use assets	4							
5	Qualified set-aside amounts (prior IRS approval required) - provide 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 responsive								
	(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							
Sec	ction E - Distribution Allocations (see instructions)	ons	(iii) Distributable						

10	Line 8 amount divided by line 9 amount		10	
Sec	etion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable 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.			
_ 3	Excess distributions carryover, if any, to 2020			
	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	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:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			
			0-1	/

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.)
01. Other income (Part II, line 10 or Part III, line 12)
FROM 2014 - 2016 THERE WAS NO INCOME FOR LIVING WWITH PURPOSE, INC. THE BOARD MET TO
ESTABLISH THE ORGANIZATION DURING THOSE YEARS.
EDITIDATED THE CHARMATERITOR DONARD THERE.
02. General Explanation Attachment
IN PART I., LINE 7 THE GOVERNMENTAL ENTITY THAT FUNDS PROGRAMS AND SERVICES OF LIVING WITH
PURPOSE, INC. IS THE MISSOURI DEPARTMENT OF SOCIAL SERVICES, P.O. BOX 1116, JEFFERSON
CITY, MO 65102-1116. THE EIN IS 43-1754897 AND THE FUNDING PROVIDED IN 2020 WAS
\$1,147,236.61.
12 /2

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.

b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

2020

OMB No. 1545-0047

Inspection

Open to Public

T T37	THE MITTH DIDDOCE THE	46 1704071
-	ING WITH PURPOSE INC rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accou	46-1704971
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	iii.s.
		(b) For de and other accounts
4	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	□ v □ v.
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
Da	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		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 con	servation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	. 2c
d	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 organ	nization during the
	tax year •	
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?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
_	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
_	\$	(5) (1)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	t describes the
Da	organization's accounting for conservation easements.	har Cimilar Aposto
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Ot	ner Similar Assets.
4-	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	la a a a la a ata ul a
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	nce of public
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.	a about weeks of
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:	. 0
	(i) Revenue included on Form 990, Part VIII, line 1	-
_	(ii) Assets included in Form 990, Part X	
2	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:	. •
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$

Schedu	e D (Form 990) 2020 LIVING WITH PU	RPOSE INC			46-17049	71	Pa	age 2
Par	III Organizations Maintaining	Collections of	Art, Historical	Treasures, or O	ther Similar Ass	ets (c	ontini	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the foll	lowing that make sign	ificant use of its			
	collection items (check all that apply):							
а	Public exhibition		d Loan	or exchange program	ns			
b	Scholarly research		e Other	r				
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further the	organization's exemp	t purpose in Part			
	XIII.							
5	During the year, did the organization solicit or	receive donations o	f art, historical treasu	res, or other similar				
	assets to be sold to raise funds rather than to	be maintained as p	art of the organization	n's collection?		Ye:	s 🗌	No
Par	IV Escrow and Custodial Arra							
	Complete if the organization	answered "Yes"	on Form 990, P	art IV, line 9, or r	eported an amou	ınt on F	orm	
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for contributions o	r other assets not				
	included on Form 990, Part X?					. 🗌 Yes	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
					Amou	unt		
С	Beginning balance			1	С			
d	Additions during the year			1	d			
е	0 ,							
f	Ending balance							
2a	Did the organization include an amount on Fo			•		Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	cplanation has been p	rovided on Part XIII				
Par			F					
	Complete if the organization							
	Denie de marteure habene	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
لد	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
,	End of year balance							
g 2	Provide the estimated percentage of the curre	ent year end halance	(line 1g. column (a))	held as:				
a	Board designated or quasi-endowment	%	(iiiic rg, coldiiii (a))	nou as.				
b		%						
C	Term endowment ► %	,,						
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.						
3a	Are there endowment funds not in the posse		ation that are held and	l administered 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 organization					3b		
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equip							

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land	4,674			4,674		
b	Buildings	18,696		612	18,084		
С	Leasehold improvements						
d	Equipment						
e	Other						
Total Add lines 1a through 1e (Column (d) must equal Form 990 Part X column (B) line 10c)							

Schedule D (Form		INC			46	-1704971	Page	
Part VII	Investments - Other Securities. Complete if the organization answered "Yes	es" on Form !	990. Part	IV. line 1	1b. See Fori	m 990. Part X. li	ine 12.	
	(a) Description of security or category (including name of security)		(b) Book val			(c) Method of valuation: or end-of-year market val		
(1) Financial	derivatives							
(2) Closely-he	eld equity interests							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	▶						
Part VIII	Investments - Program Related.							
	Complete if the organization answered "Ye	es" on Form 9	990, Part	IV, line 1	1c. See Forr	m 990, Part X, li	ine 13.	
	(a) Description of investment		(b) Book val	ue	Cost	(c) Method of valuation: or end-of-year market val	ue	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.)	▶						
Part IX	Other Assets.							
	Complete if the organization answered "Ye	m 990, Part X, I	ine 15.					
	(a) Description	ion				(b) Book	value	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(8)								
(9)	on (h) must squal Form 000. Port V sol (P) line 45							
Part X	nn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.				· · · · · · · · · · · · ·			
Fait A	Complete if the organization answered "Ye	es" on Form (000 Part	I\/ line 1	1e or 11f Sa	ae Form 990 Pr	art Y	
	line 25.	C3 OII I OIIII	550, i ait		10 01 111. 00			
1.	(a) Description of liability	(b) Book value						
	income taxes							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

	ule D (Form 990) 2020 LIVING WITH PURPOSE INC	46-1704	<u>- </u>
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Retui	rn.
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	rt XIII Supplemental Information.		
Prov	de 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	l; Part X, lin	ie
2; Pa	art 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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

46-1704971

Department of the Treasury Internal Revenue Service Name of the organization

LIVING WITH PURPOSE INC

01. Officer, directors, etc. family relationship (Part VI, line 2) CALVIN GARNER, CEO OF LIVING WITH PURPOSE, INC. HAS A MATERNAL NIECE, KERMISHA GARNER, WHO IS BOARD SECRETARY. 02. Committee meeting documentation (Part VI, line 8b) COMMITTEES ARE DISCUSSED IN ARTICLE V. OF THE LIVING WITH PURPOSE INCORPORATED BY-LAWS. "NO COMMITTEE APPOINTED BY THE BOARD SHALL BE EMPOWWERED TO TAKE ANY AFFIRMATIVE ACTION OR TO BIND THE BOARD OR THE CORPORATION WITHOUT CONSENT OF THE BOARD". THIS SENTENCE IN THE BY-LAWS IS WHY PART VI., LINE 8B WAS CHECKED AS NO. COMMITTEES MUST REPORT TO THE BOARD WHICH APPROVES ANY NEEDED ACTIONS OR POLICY CHANGES. 03. Form 990 governing body review (Part VI, line 11) BEFORE FORM 990 IS SIGNED BY THE CEO AND SUBMITTED TO THE INTERNAL REVENUE SERVICE, THE BOARD AT A REGULAR MEETING EXAMINES AND DISCUSSES FORM 990 RESPONSES. A MOTION TO ACCEPT WILL OCCUR AFTER DISCUSSION EITHER WITH OR WITHOUT CHANGES.

BY-LAWS OF LIVING WITH PURPOSE INCORPORATED HAS SECTIONS UNDER ARTICLE III. BOARD OF DIRECTORS THAT ADDRESS CONFLICT OF INTEREST POLICY COMPLIANCE. SECTION 3.9 MAKES "BOARD MEMBERS STATE THEIR CONFLICT AND VOLUNTARILY EXCUSE HIM/HERSELF AND NOT DISCUSS OR VOTE ON THAT ITEM". IN SECTION 3.12 (E) UNDER STANDARDS "ANY MANAGING AGENT CONFLICT WITH ANY FIRM PROVIDING GOODS OR SERVICES TO THE CORPORATION MUST IMMEDIATELY INFORM THE BOARD". SECTION 3.10 GIVES THE BOARD THE AUTHORITY TO DO "ANYTHING NOT SPECIFIED IN THE ARTICLES

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

Schedule O (Form 990 or 990-EZ) (2020) Page 2 Name of the organization Employer identification number LIVING WITH PURPOSE INC 46-1704971 05. Other officer or key employee compensation (Part VI, line 15b ARTICLE III. OF LIVING WITH PURPOSE INCORPORATED BY-LAWS GIVES THE BOARD OF DIRECTORS "THE AUTHORITY TO DETERMINE POLICY ON ALL EMPLOYEE COMPENSATION". 06. Governing documents, etc, available to public (Part VI, line 19) ACTIVITIES AND INFORMATION ABOUT LIVING WITH PURPOSE INCORPORATED WAS SHARED ON ITS FACEBOOK SITE. FORM 990S ARE NOW ON THE WEBSITE AND GOVERNING AND OTHER DOCUMENTS OF LIVING WITH PURPOSE INCORPORATED ARE AVAILABLE UPON REQUERST. 07. Significant program services not listed on prior year return (Part III, line 2) Living With Purpose, Inc. in 2020 created a new service to deal with the pandemic by providing supplies and training to consumers and staff. 08. Explanation of other changes in net assets or fund balances (Part XI, line 9) Part XI, Line 9-The change in net assets was from the purchase of 3551 Ridgedale Ave., St. Louis, MO 63121 for \$23,370.00 less first year depreciation of \$612.00.

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment

Sequence No. 179 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number LIVING WITH PURPOSE INC FORM 990 - 1 46-1704971 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions)......... 3 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (b) Cost (business use only) (a) Description of property 7 8 8 9 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . 11 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 15 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. h Residential rental S/I 27.5 yrs. MM property 27.5 yrs. MM S/I 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year MM Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the

23

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A - D	epreciation a	ind Other I	Informa	ition (C	aution	: See tl	ne inst	ructions f	or limits	for pa	assenge	er autoi	nobiles.)
24a	Do you have eviden	ce to support the b	ousiness/inves	tment use	claimed	?	Yes	☐ No	24b If '	Yes," is	the evi	dence w	ritten?	Yes	S No
T	(a) ype of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use	Cost o	(d) r other bas		(e) asis for dep usiness/inv		(f) Recovery period	(Meth Conve			(h) ciation	Elected se	ection 179
	,		percentage		d l		use o	• • • • • • • • • • • • • • • • • • • •	period	Oonve		dedd	Cuon	00	J.
	Special depreciation the tax year and us										25				
	Property used more					e. See III	Siluction	ъ		• • •					
20	1 Toperty used mor	e than 50 /6 in a	%							T		Τ			
			%												
			%												
27	Property used 50%	or less in a qua		1								1			
	Troporty about 5076	7 01 1000 III a qaa	%							S/L-					
			%							S/L-					
_			%							S/L-					
28	Add amounts in col	umn (h), lines 2			ere and	on line 2	1. page	1		_	28				
	Add amounts in col		-										29		
		(),							Vehicles						
Con	nplete this section fo	or vehicles used	by a sole pr	oprietor.	partner.	or other	"more t	han 5%	owner," o	r related	person	. If you p	orovided	vehicles	
	our employees, first		-												
	, , ,	'			a)		b)		(c)	<u> </u>			(e)	(1	F)
30	Total business/inve	estment miles dri	iven during	Vehic	cle 1	Vehic	le 2	Veh	icle 3	Vehicl	e 4	Vehi	icle 5	Vehic	le 6
	the year (don't inc		_												
	Total commuting m	-	•												
32	Total other persona	I (noncommuting	g)												
		· · · · · · · ·													
33	Total miles driven of	during the year.	Add												
	lines 30 through 32	• •													
34	Was the vehicle av			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty	hours?													
	Was the vehicle us														
	than 5% owner or r														
	Is another vehicle a	•	sonal use?												
		Section C - Q		or Emp	loyers	Who P	rovide	Vehic	les for U	se by	Their E	Employ	ees		
Ans	swer these questi			_	-					-				es who a	aren't
	re than 5% owne						•								
37	Do you maintain a	written policy sta	atement that	prohibits	all pers	onal use	of vehic	les, inc	luding com	muting,	by			Yes	No
	your employees? .														
38	Do you maintain a	written policy sta	atement that	prohibits	persona	l use of	vehicles	, ехсер	t commuti	ng, by yo	our				
	employees? See th	e instructions for	r vehicles us	ed by co	rporate	officers,	director	s, or 1%	or more	owners.					
39	Do you treat all use	e of vehicles by	employees a	s person	al use?										
40	Do you provide mo	re than five vehi	cles to your	employee	es, obtai	n informa	ation fror	n your e	mployees	about th	е				
	use of the vehicles	, and retain the i	nformation re	eceived?											
41	Do you meet the re	quirements cond	cerning qualit	fied auto	mobile o	lemonstra	ation use	e? See	instruction	s					
	Note: If your answ	er to 37, 38, 39,	40, or 41 is	"Yes," d	on't con	nplete Se	ection B	for the	covered v	ehicles.					
Pa	art VI Amort	ization													
	(a) Description of	costs	Date amo	(b) ortization gins		() Amortizabl	c) e amount		(d) Code sec	tion	(e Amortiz period percen	ation f or	Amortiza	(f) tion for this	year
42	Amortization of cos	sts that begins d	uring your 20)20 tax ve	ear (see	instructio	ns):				-	-			
	651 RIDGEDALI		02-14-2		000,		23,3	70	248			35			612
				<u> </u>			-,-		-			-			
43	Amortization of cos	sts that began be	efore your 20	20 tax ye	ar							43			
	Total. Add amount	-	•	•								44			612
EEA													F	orm 456 2	

Eorm 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning ______, and ending

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

2020

OMB No. 1545-0047

Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number LIVING WITH PURPOSE INC 46-1704971 Name and title of officer or person subject to tax CALVIN GARNER, CHIEF EXECUTIVE OFFICER Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► 3a Form 1120-POL check here 4a Form 990-PF check here ► **b** Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ► X 6a Form 990-T check here► 7a Form 4720 check here ► Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that \quad \text{I am an officer of the above organization or \quad \text{I am a person subject to tax with respect to} (name of organization) , (EIN) . and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only lauthorize RONALD H. MILLER, PH.D. LLC to enter my PIN 71528 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 11-15-2021 Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 433631 12101 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

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

990	Overflow Statement	2020 Page 1
Name(s) as shown on return LIVING WITH PURPOS	E INC	FEIN 46-1704971
Description		Amount
FCB BANKS INTEREST	BEARING CHECKING ACCT. BALANC	E 12/31 \$ 113,715 Total: \$ 113,715

Depreciation Detail Listing

Program Services

2020

PAGE 1

See "UBIA" in lower right corner.

Name(s) as shown on return

* Item is included in UBIA for Section 199A calculations.

For your records only

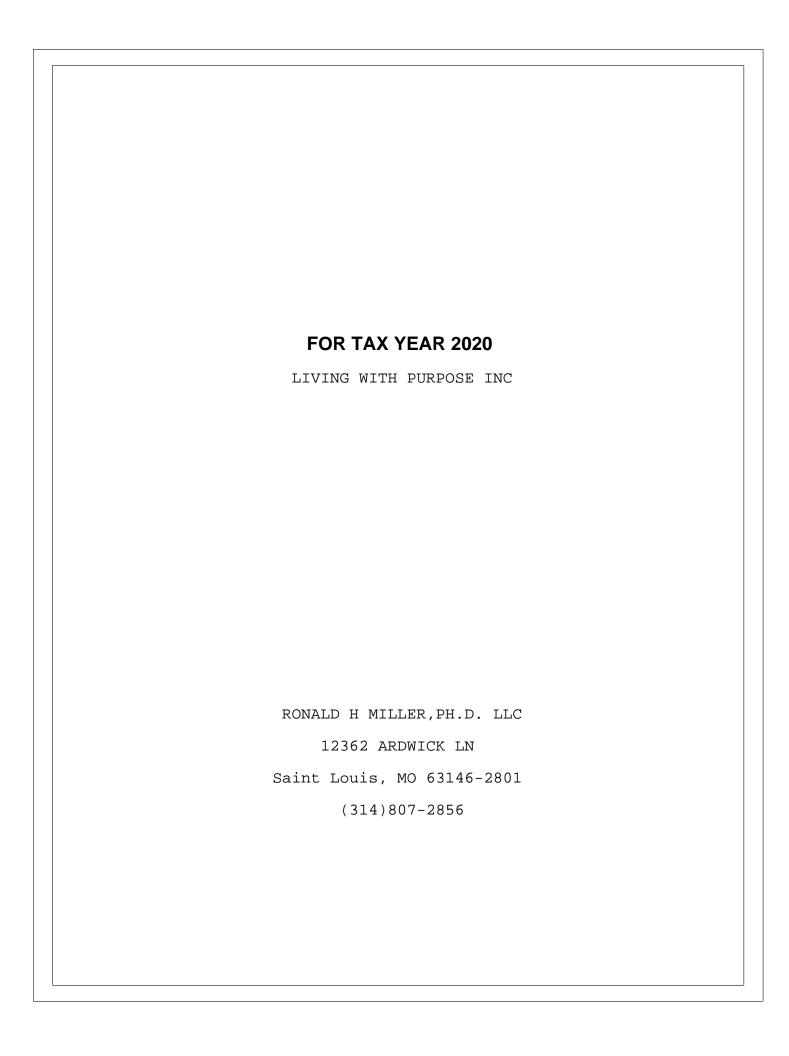
Social security number/EIN

I	LIVING WITH PURPOSE IN	IC	1	ı			T-	1		T		46	5-1704971		
lo.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	3651 RIDGEDALE AVE, S	02142020	23,370		100.00			23,370	35	AMT-248	2.619		612	612	612
	Totals		23,370					23,370					612	612	612

Massi Massi	. Damma alatian	Manhalasa.
Next Year's	s Depreciation	Worksheet

2020

(Keep for your records) Tax ID Number Name(s) as ahown on return LIVING WITH PURPOSE INC 46-1704971 Deduction Form Multi-Form Description Date Basis Method Life PRG 3651 RIDGEDALE AVE, SAIN 02-14-2020 23,370 AMT 35 668 TOTAL 668



2020 Form 8879-EO Filing Instructions LIVING WITH PURPOSE INC Tax year ending 12-31-2020

Form filed:

Form 8879-EO

Due date:

05-17-2021

Transaction method:

The federal tax return cannot be e-filed with the IRS until this office has received a signed Form 8879-EO. Review the tax return, sign and date Form 8879-EO, and return it to the address below as soon as possible. Do not mail your federal tax return to the IRS.

Mail-to address:

RONALD H MILLER, PH.D. LLC 12362 ARDWICK LN Saint Louis, MO 631462801

RONALD H MILLER, PH.D. LLC

12362 ARDWICK LN Saint Louis, MO 63146-2801

Phone: (314)807-2856 | Fax:

November 15, 2021

LIVING WITH PURPOSE INC 8005 N BROADWAY Saint Louis, MO 63147

Subject: Preparation of 2020 Tax Returns

LIVING WITH PURPOSE INC:

Thank you for choosing RONALD H MILLER, PH.D. LLC to assist with the 2020 taxes for LIVING WITH PURPOSE INC. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2020 federal and state income tax returns for LIVING WITH PURPOSE INC. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of LIVING WITH PURPOSE INC, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2020 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (314)807-2856.
Sincerely,
RONALD H. MILLER, PH.D. RONALD H MILLER,PH.D. LLC
Accepted By:
Officer
Date

RONALD H MILLER, PH.D. LLC

12362 ARDWICK LN Saint Louis, MO 63146-2801

Phone: (314)807-2856 | Fax:

November 15, 2021

LIVING WITH PURPOSE INC 8005 N BROADWAY Saint Louis, MO 63147

LIVING WITH PURPOSE INC:

Enclosed is the 2020 federal return for a tax-exempt organization, prepared for LIVING WITH PURPOSE 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 (314)807-2856.

Sincerely,

RONALD H. MILLER, PH.D. RONALD H MILLER, PH.D. LLC

RONALD H MILLER, PH.D. LLC

12362 ARDWICK LN Saint Louis, MO 63146-2801

Phone: (314)807-2856 | Fax:

November 15, 2021

LIVING WITH PURPOSE INC 8005 N BROADWAY Saint Louis, MO 63147

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (314)807-2856.

Sincerely,

RONALD H. MILLER, PH.D. RONALD H MILLER, PH.D. LLC

Tax Exempt Diagnostic Summary Name Employer Identification # 46-1704971

Demographics

Mailing Address: Phone: (314)833-4185

8005 N BROADWAY

Saint Louis, MO 63147

Resident State: MO

Diagnostics

Preparer: RONALD H. MILLER, Invoice: Date: 11-15-2021

Return Information

Mana an Datum	2020	2019 Federal
Item on Return	Federal	(If available)
Total Revenue	1,210,001	1,240,075
Total Expenses	1,046,297	1,111,770
Net Excess (Deficit)	163,704	128,305
Net Assets or Fund		
Balances	407,418	220,845

State/City Information

State/City	Taxable	Total	Change Fund	<u>UBIT</u>	<u>Total</u>	Refund/
	Revenue	Expenses	<u>Balance</u>		<u>Tax</u>	(Balance Due)