Т

## EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.



Depa Interr	rtment al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and t	he latest in	formation.	Inspection				
			ar year, or tax year beginning and							
	heck if	le: C Name o	forganization		D Employer identific	ation number				
	Addr	ess TAV	IDA, INC.							
	Name		04-339625	5256						
	Initial									
	Initial return       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E       Telephone number         Final return/       120 MUNROE STREET       781-586-01									
	termi	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,266,937.				
	Amer returr		, MA 01901		H(a) Is this a group re	turn				
	Appli tion	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: ROBERT HILDRETH		for subordinates	? Yes X No				
	pend		AS C ABOVE		H(b) Are all subordinates inc	cluded? Yes No				
11	ax-ex	empt status:		or 📃 527	If "No," attach a	list. See instructions				
	Vebs		LAVIDASCHOLARS.ORG		H(c) Group exemption					
			X Corporation Trust Association Other	L Year	of formation: 1996 M	State of legal domicile: MA				
Pa	art I	Summary			<u> </u>					
e	1		e the organization's mission or most significant activities: $LA$ V.							
Governance			OW-INCOME, HIGH-ACHIEVING STUDENTS							
ern	2	Check this bo								
20	3					<u>    13</u> 13				
	4		lependent voting members of the governing body (Part VI, line 1b)			10				
Activities &	5		of individuals employed in calendar year 2023 (Part V, line 2a)			<u>10</u> 0				
tivi	6		of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12			0.				
Ac			business taxable income from Form 990-T, Part I, line 11			0.				
		Net uniciated		<u></u>	Prior Year	Current Year				
	8	Contributions	and grants (Part VIII, line 1h)		763,492.	1,249,754.				
nue	9		ce revenue (Part VIII, line 2g)		0.	0.				
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	4,109.				
œ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,400.	13,074.				
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		765,892.	1,266,937.				
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		359,676.	667,064.				
sus	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 73,22		0.	0.				
Expenses					216 201	425 004				
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		316,201.	435,204.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		675,877.	1,102,268.				
	19	Revenue less	expenses. Subtract line 18 from line 12		90,015. ginning of Current Year	<u>164,669.</u> End of Year				
Net Assets or	20	Total constru	Part V line 16)		557,785.	1,238,493.				
Asse Rala	20 21	Total assets (F			145,618.	612,888.				
let ∕	21		(Part X, line 26) fund balances. Subtract line 21 from line 20		412,167.	625,605.				
Pa	art II				<b>∃</b> ⊥⊿,⊥∨/•	023,003.				
			I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is				

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date								
-	ROBERT HILDRETH, PRESIDEN									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN				
Paid	CHRISTOPHER NASH	CHRISTOPHER	NASH	11/15	/24 self-employed	P01884824	4			
Preparer	Firm's name NASH CPAS LLC				Firm's EIN 47–	5208450				
Use Only	Firm's address 501 PROVIDENCE HW	Y								
	NORWOOD, MA 02062		Phone no. 781-286-1320							
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes	No			
LHA For	.HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2023) LA VIDA, INC. 04-3396256 Page	ge <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	LA VIDA INC.'S MISSION IS TO EQUIP LOW-INCOME, HIGH-ACHIEVING STUDENTS	
	IN LYNN AND CHELSEA, MA WITH THE RESOURCES AND PREPARATION THEY NEED TO ENTER COLLEGES, AND TO AWARD PARENTS WHO SAVE TOWARD COLLEGE WITH	
	MATCHED FUNDS AND THE TRAINING NECESSARY TO MAKE INFORMED DECISIONS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	No
	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?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 753,271. including grants of \$) (Revenue \$) (Revenue \$)	)
	LA VIDA, INC. IS A THREE-YEAR AFTER-SCHOOL COLLEGE PREPARATORY PROGRAM FOR LOW-INCOME, HIGH-ACHIEVING STUDENTS AND THEIR PARENTS WHO LIVE IN	
	THE CITIES OF LYNN AND CHELSEA, MASSACHUSETTS. STUDENT PARTICIPANTS	
	EVALUATE BEST COLLEGE FIT, COMPLETE FINANCIAL AID AND COLLEGE	
	APPLICATIONS, AND BEGIN TO PLAN THEIR FUTURE CAREER. PARENT	
	PARTICIPANTS MEET MONTHLY TO LEARN HOW TO SUPPORT THIER CHILDREN IN THE	
	COLLEGE SELECTION PROCESS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
40		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	Other program services (Describe on Schedule O.)	
14	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 753, 271.	
	Form <b>990</b> (2	2023)
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Form	990 (2023) LA VIDA, INC. 04-3396	256	Р	age <b>3</b>
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
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		X
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		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X 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		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		┝──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	Ι.		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X

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 Form 990 (2023)
 LA VIDA, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
-	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		v
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
20	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
28				
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a	х	
Ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	- 11	х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
U	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u>.</u> .		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on 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	
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Form	990 (2023) LA VIDA, INC.		04-3396	256	Pa	<sub>age</sub> 5					
Par	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
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	10								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	x					
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	y over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
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 Ac	count	s (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 transact	tion?		5b		Х					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the										
	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 contribution										
	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 service a payment in excess of \$75 made partly as a contribution and partly for goods and service as a	/ices p	rovided to the payor?	7a		Х					
		•		7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa										
	to file Form 8282?			7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
f											
g											
-											
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h							
-	sponsoring organization have excess business holdings at any time during the year?			8							
9	Sponsoring organizations maintaining donor advised funds.			-							
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a							
b				9b							
10	Section 501(c)(7) organizations. Enter:			0.0							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:	100									
	Gross income from members or shareholders	11a									
	Gross income from other sources. (Do not net amounts due or paid to other sources against	. 14									
, N	amounts due or received from them.)	11b									
129	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		,	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120									
	Is the organization licensed to issue qualified health plans in more than one state?			13a							
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			100							
h	Enter the amount of reserves the organization is required to maintain by the states in which the										
D	organization is licensed to issue qualified health plans	13b									
~	Enter the amount of reserves on hand	13c									
с 14а				14a		х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14a 14b							
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			140							
15				15		х					
	excess parachute payment(s) during the year?			15							
16	If "Yes," see the instructions and file Form 4720, Schedule N.	ineer	2	46		x					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ie?	16		~					
47	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17							
	If "Yes," complete Form 6069.				990	(2023)					
332005	12-21-23			rorm	330	(2023)					

Form	990 (2023) LA VIDA, INC.		04-3396	256	Р	age 6					
	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough									
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.				•						
	Check if Schedule O contains a response or note to any line in this Part VI					X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13								
	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 on line 1a, above, who are independent 1b 1										
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?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X					
6	Did the organization have members or stockholders?			6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or								
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or								
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:								
а	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code.)								
					Yes	No					
	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,									
	on Schedule O how this was done			12c	X	37					
13	Did the organization have a written whistleblower policy?			13		X					
14	Did the organization have a written document retention and destruction policy?			14		X					
15	Did the process for determining compensation of the following persons include a review and approval	by ind	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37					
	The organization's CEO, Executive Director, or top management official			15a		X					
b	Other officers or key employees of the organization			15b		X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem			10		X					
-	taxable entity during the year?			16a							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
800	exempt status with respect to such arrangements?			16b							
	List the states with which a copy of this Form 990 is required to be filed <u>MA</u>										
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	4 000	T (soction $501(c)(3)$		availat						
10		u 990		s or iry)	avallal	JIE					
	for public inspection. Indicate how you made these available. Check all that apply.           Own website         Another's website         X         Upon request         Other (explain)										
10			,	dfinon							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	mict 0	millerest policy, and	u innani	JIAI						
20	statements available to the public during the tax year.	ke en-	l rocordo								
20	State the name, address, and telephone number of the person who possesses the organization's boo <b>PETER A BARROS</b> $-781-586-0193$	no di lo									
	120 MUNROE STREET, LYNN, MA 01901										
332004	12-21-23			Form	990	(2023)					
332000	7			1011		(2020)					
111	15 151260 6256LAVI 2023.05010 LA VIDA,	INC			62	56L2					

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<u>Form 990 (2</u>	2023) LA VII	A, INC.	04-3396256	Page 7
Part VII	Compensation of Office	s, Directors,	, Trustees, Key Employees, Highest Compensated	
	Employees, and Indeper	dent Contra	ctors	
	Check if Schedule O contains a	response or note	e to any line in this Part VII	
Section A.	Officers, Directors, Trustees,	Key Employees	s, and Highest Compensated Employees	
1a Comple	te this table for all persons requi	ed to be listed. F	Report compensation for the calendar year ending with or within the organization's ta	ax vear.

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)			
Name and title	Average	Position (do not check more than one					one	Reportable	Estimated				
	hours per	box, unless person is both a officer and a director/trustee					n an	compensation	compensation	amount of			
	week				r/trus	tee)	from	from related	other				
	(list any	rector						the	organizations	compensation			
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the			
	related	ustee	trust		99	ipens		(W-2/1099-MISC/	1099-NEC)	organization			
	organizations below	ual tr	ional		ploye	t corr		1099-NEC)		and related organizations			
	line)	ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations			
(1) PETER BARROS	40.00				~	1 0	<u> </u>						
EXECUTIVE DIRECTOR		1			х			158,077.	0.	0.			
(2) ROBERT HILDRETH	5.00												
PRESIDENT		x		X				0.	Ο.	0.			
(3) ALBERTO CALVO	1.00												
DIRECTOR		x						0.	0.	0.			
(4) ROBERT CASHMAN	1.00												
DIRECTOR		X						0.	0.	0.			
(5) MARY MITCHELL	5.00												
CLERK		Х		X				0.	0.	0.			
(6) DAVID LOPEZ	5.00												
TREASURER		X		X				0.	0.	0.			
(7) HUGO CARVAJAL	1.00												
DIRECTOR		X						0.	0.	0.			
(8) DEAN ATKINS	1.00												
DIRECTOR		X						0.	0.	0.			
(9) IVELISSE GONZALEZ	1.00									_			
DIRECTOR		X						0.	0.	0.			
(10) LEONARDO CASILLAS	1.00												
DIRECTOR		X						0.	0.	0.			
(11) BENJAMIN HILDRETH	1.00												
DIRECTOR		X						0.	0.	0.			
(12) JIM SANTIAGO	1.00												
DIRECTOR		X						0.	0.	0.			
(13) DONNA STEWARTSON	1.00												
DIRECTOR		X						0.	0.	0.			
(14) MICHAEL TUTEUR	1.00												
DIRECTOR		X						0.	0.	0.			
										<b>–</b> 000 (2222)			

332007 12-21-23

15011115 151260 6256LAVI

Form 990 (2023) LA VIDA,									04-339	9625	6	Page	8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B) (C) Average Position							(D)	(E)	(F)			
Name and title	Average hours per		not c	heck i	more	than o		Reportable	Reportable			nated	
	week					s both pr/trus		compensation from	compensation from related			unt of her	
	(list any	ctor						the	organizations	с		ensation	
	hours for	r direo				ed		organization	(W-2/1099-MISC		•	n the	
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)		•	nization	
	organizations	al trus	onal tr		loyee	comp		1099-NEC)				related	
	(list any hours for related     0000 related											izations	
													-
													_
													-
1b Subtotal								158,077.		).		0	
c Total from continuation sheets to Part VI								0.		<u>).</u>		0	
d Total (add lines 1b and 1c)								158,077.		).		0	•
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				1
compensation nom the organization											Y	es No	
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	ev e	empl	ove	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s				•	•					. 3	3	X	
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	),000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			<u> </u>	X	_
5 Did any person listed on line 1a receive or a							elate	ed organization or individ	lual for services				
rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors	plete Schedule	e J fo	or sl	ich i	oers	on .				5	5	X	_
1 Complete this table for your five highest co	mpensated ind	ene	nder	nt co	ontra	acto	rs th	nat received more than \$	100 000 of compe	nsation	from	<u>ו</u>	
the organization. Report compensation for		•							, ,	loadon	non	•	
(A)								(B)			(C)		
Name and business	address	NC	ONE	3				Description of s	ervices	Com	pens	ation	
							_						
							-						
													_
2 Total number of independent contractors (in \$100,000 of compensation from the organized sector) \$100,000 of compensation from the organized sector \$100,000 of compensation \$100,000 of compensation\$100,000 of compensation\$10	0	ot lin	nited	d to f	thos C		ted	above) who received mo	bre than				

Form 990 (2023)

332008 12-21-23

Check If Schedule O contains a response or note to any line in the Part VII         (A)           (A)         Total revenue         Policity         (D)         (D)           (A)         Total revenue         Policity         (D)         (D) <th cols<="" th=""><th></th><th></th><th>(2023) LA VIDA, INC.</th><th></th><th></th><th></th><th>04-3396</th><th>256 Page <b>9</b></th></th>	<th></th> <th></th> <th>(2023) LA VIDA, INC.</th> <th></th> <th></th> <th></th> <th>04-3396</th> <th>256 Page <b>9</b></th>			(2023) LA VIDA, INC.				04-3396	256 Page <b>9</b>
Image: state in the ima	Pa	rt VI							
Total revenue     Pederated or exempt function revenue     Pederated function revenue			Check if Schedule O contains a response	or note to any lin		(B)	(C)		
Section         Control of a part								Revenue excluded	
age of the Forder state campaigns       1						function revenue	business revenue		
Box       Membership dues       the         Box       Performance of grants (contributions)       the         Box       Final Acid Sing events       the         Box       The Contributions in the set II       the         Box       The Contributions in the set II       the         Box       The Contributions in Contributin Contrend in Contro Contrend in Contributions in Con	<i>6</i> 0	1 -	Endorated campaigns					3001013 012 014	
Business Code     Business Code       a	ants	l d h							
Business Code     Business Code       a	un di				-				
Business Code     Image: Code state stat	ifts,								
Business Code     Image: Code state stat	nia	e		224,313.					
Business Code     Image: Code state stat	Sir	f		•					
Business Code     Image: Code state stat	buti			025,441.					
Business Code     Image: Code state stat	d Oi	g							
generative       2 a	a C	h			1,249,754.				
B				Business Code					
a       Total. Add lines 2a 2!         3       Investment income (including dividends, interest, and other similar amounts)       4, 109.         4       Income from investment of tax-exempt bond proceeds       4, 109.         5       Royatties       (i) Real         6       a Gross rents       (b)         b       Less: rental expenses.       (b)         c       Rental income or (loss)       (ii) Other         7       a       Gross amount from sales of assets other than inventory       (ii) Other         b       Less: cost or other bais and sales expenses       (ii) Other         a       a disale expenses       (iii) Other         c       Gain or (loss)       (iii) Other         d       National set of the sale of an or (loss)       (iii) Other         a       Gross income from fundraising events (not including 5	9	2 a	·						
a       Total. Add lines 2a 2!         3       Investment income (including dividends, interest, and other similar amounts)       4, 109.         4       Income from investment of tax-exempt bond proceeds       4, 109.         5       Royatties       (i) Real         6       a Gross rents       (b)         b       Less: rental expenses.       (b)         c       Rental income or (loss)       (ii) Other         7       a       Gross amount from sales of assets other than inventory       (ii) Other         b       Less: cost or other bais and sales expenses       (ii) Other         a       a disale expenses       (iii) Other         c       Gain or (loss)       (iii) Other         d       National set of the sale of an or (loss)       (iii) Other         a       Gross income from fundraising events (not including 5	e vi	b							
a       Total. Add lines 2a 2!         3       Investment income (including dividends, interest, and other similar amounts)       4, 109.         4       Income from investment of tax-exempt bond proceeds       4, 109.         5       Royatties       (i) Real         6       a Gross rents       (b)         b       Less: rental expenses.       (b)         c       Rental income or (loss)       (ii) Other         7       a       Gross amount from sales of assets other than inventory       (ii) Other         b       Less: cost or other bais and sales expenses       (ii) Other         a       a disale expenses       (iii) Other         c       Gain or (loss)       (iii) Other         d       National set of the sale of an or (loss)       (iii) Other         a       Gross income from fundraising events (not including 5	s c	c	·						
a       Total. Add lines 2a 2!         3       Investment income (including dividends, interest, and other similar amounts)       4, 109.         4       Income from investment of tax-exempt bond proceeds       4, 109.         5       Royatties       (i) Real         6       a Gross rents       (a)         6       a Gross rents       (b)         6       a Gross rents       (b)         6       a Gross rents       (b)         7       a Gross amount from sales of assets other than inventory       (i) Securities         7       a Gross amount from sales of assets other thasis and sales expenses       (j) Securities         6       a Gross income from fundraising events (not including S	ran <u></u> ev	c	l						
a       Total. Add lines 2a 2!         3       Investment income (including dividends, interest, and other similar amounts)       4, 109.         4       Income from investment of tax-exempt bond proceeds       4, 109.         5       Royatties       (i) Real         6       a Gross rents       (a)         6       a Gross rents       (b)         6       a Gross rents       (b)         6       a Gross rents       (b)         7       a Gross amount from sales of assets other than inventory       (i) Securities         7       a Gross amount from sales of assets other thasis and sales expenses       (j) Securities         6       a Gross income from fundraising events (not including S	Log	e							
3       Investment income (including dividends, interest, and other similar amounts)       4,109.       4,109.         4       Income from livestment of tax exempt bond proceeds       0       0         5       Royaties       0       0         6 a       Gross rents       6a       0         6 b       0       0       0         7 a       Gross amount from sales of assess other than inventory       0       Securities       0         7 a       Gross amount from sales of assess other than inventory       10       0       Securities       0         8 a       Gross income from tandraising events (not including s)       0       0       Securities       0         8 a       Gross income from fundraising events (not including s)       0       Securities       0       Securities         9 a       Gross income from gaming activities. See Part IV, line 18       Ba       Ba       Securities       Securities         9 a       Gross income from gaming activities. See       9       Securities       Securities       Securities         10 a       Gross sales of inventory, less returns and allowances       90       Securities       Securities       Securities         10 a       Gross sales of inventory, less returns and allowances       100	•								
a ther similar amounts)       4,109.       4,109.         4 income from investment of tax-exempt bond proceeds	_								
4       Income from investment of tax-exempt bond proceeds         5       Royatties       Image: Construction of the second sec		3			4 109			4 109	
5         Royatties         Image: Construction of the second of the seco		4						4,105.	
Bit Arrow Control									
Ga         Ga         Ga           b         Less: rental expenses         Gb         Gb           c         Rental income or (loss)         Gc         Gc           d         Net rental income or (loss)         Gc         Gc           d         Net rental income or (loss)         Gc         Gc           d         Net rental income or (loss)         (l) Securities         (l) Other           assets other than inventory         Ta         Ta         Gc           b         Less: cost or other basis         Tc         Gc         Gc           c         Gain or (loss)         Tc         Gc         Gc         Gc           d         Net gain or (loss)         Tc         Gross income from fundraising events (not including \$ or f         Gross income from gaming activities.         Gc           9         Gross income from gaming activities. See Part IV, line 18         Ba         Gc         Sc         Sc           9         Gross sales of inventory, less returns and allowances         9b         Sc         Sc         Sc           10         Gross sales of inventory, less returns and allowances         10a         Gc         Sc         Sc           10         Gross sales of inventory, less returns and allowances		5	(i) Real						
But Less: rental expenses       6b		6 a							
c       Rental income or (loss)       6c									
d       Net rental income or (loss)									
7 a Gross amount from sales of assets other than inventory       0) Securities       (ii) Other         b Less: cost or other basis and sales expenses       7a       7b         C Gain or (loss)       7c       7c         B a Gross income from fundraising events       7f       7f         B Less: core or other basis and sales expenses       6f       6f         B a Gross income from fundraising events       7f       7f         C not ribuitions reported on line 1c). See       8a       8a         Part IV, line 18       8a       8a         B a Gross income from gaming activities. See       8b       8a         C Net income or (loss) from fundraising events       9a       9a         9 a Gross income from gaming activities. See       9b       9a         D Less: direct expenses       9b       9b         C Net income or (loss) from gaming activities       9a       9a         0 a Gross sales of inventory, less returns and allowances       10a       10a         D Less: cost of goods sold       10b       10b       10c         c Net income or (loss) from sales of inventory       900002       13,074.       13,074.         B c d All other revenue       41 and ther revenue       41 and there revenue       41 and there				•					
Bit Less: cost or other basis and sales expenses       Tb Tb       Tb         c Gain or (loss)       Tc       Image: Cost of the transmission of transmission				(ii) Other					
and sales expenses       7b       7c         c       Gain or (loss)       7c			assets other than inventory <b>7a</b>						
d       Net gain or (loss)		b	Less: cost or other basis						
d       Net gain or (loss)	en								
contributions reported on line 1c). See       8a         Part IV, line 18       8a         b Less: direct expenses       8b         c Net income or (loss) from fundraising events       9a         9 a Gross income from gaming activities. See       9a         Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities.       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       9a         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       900002         11 a RENTAL INCOME       900002         b		c	Gain or (loss)						
contributions reported on line 1c). See       8a         Part IV, line 18       8a         b Less: direct expenses       8b         c Net income or (loss) from fundraising events       9a         9 a Gross income from gaming activities. See       9a         Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities.       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       9a         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       900002         11 a RENTAL INCOME       900002         b	Re		-	1					
contributions reported on line 1c). See       8a         Part IV, line 18       8a         b Less: direct expenses       8b         c Net income or (loss) from fundraising events       9a         9 a Gross income from gaming activities. See       9a         Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       9a         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       900002         11 a RENTAL INCOME       900002         b	ther	8 a							
Part IV, line 18       8a         b       Less: direct expenses       8b         c       Net income or (loss) from fundraising events	ō								
b       Less: direct expenses       8b       Image: constraint of the second									
c       Net income or (loss) from fundraising events					-				
9 a Gross income from gaming activities. See Part IV, line 19       9a       9a         b Less: direct expenses       9b       9b         c Net income or (loss) from gaming activities       9a       9b         10 a Gross sales of inventory, less returns and allowances       10a       10a         b Less: cost of goods sold       10b       10b         c Net income or (loss) from sales of inventory       900002       13,074.         11 a RENTAL INCOME       900002       13,074.       13,074.         b C G All other revenue       100       100       100				1					
Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       0         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         11 a RENTAL INCOME       900002       13,074.         b c d All other revenue       0       0									
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 800 c Net income or (loss) from sales of inventory 900002 13,074. 13,074. 13,074. 13,074.		58							
c       Net income or (loss) from gaming activities       Image: constraint of the second sec		F							
10 a Gross sales of inventory, less returns and allowances       10a       10a         b Less: cost of goods sold       10b       10b         c Net income or (loss) from sales of inventory       5       5         11 a RENTAL INCOME       900002       13,074.       13,074.         b c d All other revenue       100       100       100				1					
and allowances 10a b Less: cost of goods sold 10b _									
b Less: cost of goods sold 10b 10b 10b 10b 10b 10b 11 a RENTAL INCOME Business Code 900002 13,074. 13,074. 13,074 100100100100100			-						
c       Net income or (loss) from sales of inventory       Business Code       Image: Code         11 a       RENTAL INCOME       900002       13,074.       13,074.         b		b							
11 a       RENTAL INCOME       900002       13,074.       13,074.         b			-						
Best Stress         Best Stress         900002         13,074.         13,074.           best Stress	s								
d All other revenue	e eu	11 a	RENTAL INCOME	900002	13,074.	13,074.			
a     c	lane	b							
d All other revenue	Sev	C							
	Mis	C		<u> </u>					
e         Total. Add lines 11a-11d         13,074.           12         Total revenue. See instructions         1,266,937.         13,074.         0.         4,10						13 07/	0	4,109.	
	332000					,0/3•	. 0.	Form <b>990</b> (2023)	

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	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising 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				
5	Compensation of current officers, directors,				
	trustees, and key employees	158,077.	109,174.	41,672.	7,231.
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	360,421.	248,919.	95,014.	16,488.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	106,456.	77,403.	24,676.	<u>4,377.</u> 1,731.
10	Payroll taxes	42,110.	30,618.	9,761.	1,731.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	44 0.65		44 945	
С	Accounting	41,265.		41,265.	
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 Sch 0.)	2 7 0 2		0.00	150
12	Advertising and promotion	3,783.	2,767.	860.	156. 63.
13	Office expenses	15,884.	11,703.	4,118.	63.
14	Information technology	8,941.	8,941.		
15	Royalties	04 505	E0 071	22 044	2 670
16		<u>84,585.</u> 949.	58,871. 404.	23,044. 545.	2,670.
17	Travel	949.	404.	545.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	23,994.	22,251.	1,743.	
19	Conferences, conventions, and meetings	12.	<u> </u>	12.	
20	Interest	12.		12.	
21	Payments to affiliates Depreciation, depletion, and amortization	3,469.	2,394.	902.	173.
22		5,409.	2,394.	902.	1/3.
23 24	Insurance Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) OUTSIDE SERVICES	112,588.	56,150.	17,132.	39,306.
b	AWARDS	95,117.	95,117.	1,71520	
c	PRINTING, POSTAGE & PUB	13,983.	9,804.	3,539.	640.
d	COMMUNICATIONS	8,193.	7,010.	1,002.	181.
	All other expenses	22,441.	11,745.	10,494.	202.
25	Total functional expenses. Add lines 1 through 24e	1,102,268.	753,271.	275,779.	73,218.
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)				

LA VIDA INC Part IX Statement of Functional Expenses

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

332010 12-21-23

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11 2023.05010 LA VIDA, INC. Form 990 (2023)

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15011115 151260 6256LAVI

LA VIDA, INC.

Form 990 (2023)

Assets

Liabilities

Net Assets or Fund Balances

31

32

33

					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			141,716.	1	124,864.
	2	Savings and temporary cash investments			•	2	, , , , , , , , , , , , , , , , , , ,
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			313,128.	4	539,804.
	5	Loans and other receivables from any current or			· ·		
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit	ied per	ons sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		[		7	
	8	Inventories for sale or use				8	
	9	<b>–</b> ••• • • • • •			4,118.	9	21,651.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	34,881.	26,400.	10c	22,929.
	11	Investments - publicly traded securities	nvestments - publicly traded securities				
	12	Investments - other securities. See Part IV, line 1		12	504,094.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			72,423.	15	25,151.
	16	Total assets. Add lines 1 through 15 (must equa			557,785.	16	1,238,493.
	17	Accounts payable and accrued expenses	71,379.	17	108,425.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
	<b>00</b>	controlled entity or family member of any of thes		al as a still a s		22	· · · · · · · · · · · · · · · · · · ·
	23	Secured mortgages and notes payable to unrela				23	· · · · · · · · · · · · · · · · · · ·
	24 05	Unsecured notes and loans payable to unrelated		ſ		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines of Schedule D			74,239.	25	504,463.
	26	of Schedule D Total liabilities. Add lines 17 through 25			145,618.		612,888.
	20	Organizations that follow FASB ASC 958, che	ck here	e X	115,0100	20	012/0001
		and complete lines 27, 28, 32, and 33.		, []			
	27				412,167.	27	625,605.
	28	Net assets with donor restrictions			,	28	
		Organizations that do not follow FASB ASC 9					
		and complete lines 29 through 33.	-,				
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or ec				30	
						0.1	

625,605.

Form **990** (2023)

1,238,493.

31

32

33

412,167.

557,785.

 Part X
 Balance Sheet

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2023) LA VIDA, INC.	04-339	6256	Pag	<sub>ge</sub> 12
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>		
					_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,266		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,102		
3	Revenue less expenses. Subtract line 2 from line 1	3			69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	412	2,10	67.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	48	3,70	69.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	625	5,6	05.
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>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
					(0000)

Form **990** (2023)

SCHEDULE A	١
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(Form 990)

<u>Total</u>

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

I	OMB No. 1545-0047
	2023
	Open to Public

Department of the Treasury Internal Revenue Service		Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection	
Name of the organ	zation							identification number	
		/IDA, INC.		04-3396256					
Part I Reas	on for Public	Charity Status.	(All organizations must o	complete t	his part.) S	See instruction	1S.		
The organization is	ot a private found	dation because it is: (	For lines 1 through 12, c	heck only	one box.)				
1 A church	, convention of ch	nurches, or associatio	on of churches described	l in <b>sectio</b>	on 170(b)( <sup>-</sup>	1)(A)(i).			
2 A schoo	described in sec	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990).)					
3 A hospit	l or a cooperative	e hospital service orga	anization described in <b>s</b>	ection 170	)(b)(1)(A)(ii	ii).			
4 A medic	I research organiz	zation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	<b>(iii).</b> Enter	the hospital's name,	
city, and	state:								
	-		llege or university owned	d or operat	ed by a go	overnmental u	init describe	ed in	
section	170(b)(1)(A)(iv). (	Complete Part II.)							
	-	-	nental unit described in						
-		-	intial part of its support f	rom a gove	ernmental	unit or from t	he general p	public described in	
	1 <b>70(b)(1)(A)(vi).</b> (0								
	2	.,	(1)(A)(vi). (Complete Par	,					
-		-	in section 170(b)(1)(A)(		-		-	-	
		grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	e or	
universit									
-		•	than 33 1/3% of its supp					•	
			t to certain exceptions;					-	
			(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	after June 30, 1975.	
	i <b>on 509(a)(2).</b> (Co								
	-	-	ively to test for public sa	•					
-	-	-	ively for the benefit of, to	-			-		
-		-	ed in section 509(a)(1) o					Direck the box on	
	-	•••	of supporting organization		-		-		
		-	supervised, or controlled	•	-				
			gularly appoint or elect a	i majority c	of the direc	ctors or truste	es of the su	apporting	
		complete Part IV, Se		tion with it		d organizatio	n(a) by bay	in a	
			d or controlled in connect			-		-	
	0		anization vested in the s	arrie perso	ns that co	ntroi or mana	ge the supp	Joned	
		st complete Part IV,		in connoc	tion with	and functions	lly intograte	od with	
	-		ig organization operated				iny integrate	a with,	
	•	. , .	b). You must complete l porting organization oper				rtad araani:	zation(a)	
							•	. ,	
			zation generally must sat nplete Part IV, Sections				Janallenin	Veness	
·		•	written determination fro						
	e e		nally integrated supporti			турет, туре	п, туре п		
	ber of supported				ation.				
		n about the supporte	ed organization(s).						
(i) Name of	v	(ii) EIN	(iii) Type of organization		anization listed	(v) Amount o	of monetary	(vi) Amount of other	
organi	ation		(described on lines 1-10 above (see instructions))	Yes	ing document?	support (see i	nstructions)	support (see instructions)	
		1	1	1	1	1		1	

	edule A (Form 990) 2023 L	A VIDA, I	NC.			04-339			
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)									
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization									
	fails to qualify under the tests listed below, please complete Part III.)								
Se	ction A. Public Support	1			1				
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11, column (f)								
6	·····								
	Public support. Subtract line 5 from line 4. ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4	(a) 2013	(b) 2020		(u) 2022	(e) 2023			
8	Gross income from interest,								
•	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12			
13	First 5 years. If the Form 990 is for the	•	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)			
	organization, check this box and stop								
-	ction C. Computation of Publi								
	Public support percentage for 2023 (I					14	%		
15	Public support percentage from 2022 a 33 1/3% support test - 2023. If the o					<b>15</b>	%		
108									
	stop here. The organization qualifies 33 1/3% support test - 2022. If the o		-			ar mara chack thi			
	and stop here. The organization qual								
17:	10% -facts-and-circumstances test		• •						
	and if the organization meets the fact								
	meets the facts-and-circumstances te			-	-	vinte organiz			
ł	10% -facts-and-circumstances test	-		• • • •					
	more, and if the organization meets th								
	organization meets the facts-and-circl								
18	<b>18</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990) 2023

332022 12-21-23

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	462,748.	599,396.	733,531.	716,169.	1249754.	3761598.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		2,600.	2,400.	2,400.	17,183.	24,583.
3	Gross receipts from activities that		-	-	-	-	
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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	462,748.	601,996.	735,931.	718,569.	1266937.	3786181.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
	amount on line 13 for the year						0.
	Public support. (Subtract line 7c from line 6.)						3786181.
	ction B. Total Support						0/001010
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	462,748.	601,996.	735,931.	718,569.	1266937.	3786181.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	462,748.	601,996.	735,931.	718,569.	1266937.	3786181.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatic	'n,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage			r - r	
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))			100.00 %
	Public support percentage from 2022 ction D. Computation of Inves					16	100.00 %
17	Investment income percentage for 20	<b>)23</b> (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	.00 %
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	<b>33 1/3% support tests - 2023.</b> If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar	-	-				X
b	33 1/3% support tests - 2022. If the	•					
	line 18 is not more than 33 1/3%, che			-		-	
	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins		
33202	23 12-21-23		16			Schedule A	(Form 990) 2023

LA VIDA, INC.
---------------

1

2

3a

Зb

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	(Form 990) 2023		VIDA,	
Part IV	Supporting Orgar	nization	S (continu	ed)

2

1

Yes No

#### Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 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 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

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

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

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

## Section D. All Type III Supporting Organizations

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

## Section E. Type III Functionally Integrated Supporting Organizations

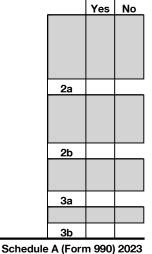
- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		] The organization supported a go	overnmental entity. Describe	in Part VI how you suppo	rted a governmental entit	y (see instruction <u>s).</u>
---	--	-----------------------------------	------------------------------	--------------------------	---------------------------	-------------------------------

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

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

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



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Sche	edule A (Form 990) 2023 LA VIDA, INC.		(	04-3396256 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

Schedule A (Form 990) 2023

Part V

# 6256LAV1

Schedule A (Form 990) 2023

04-3396256 Page 7

Sect	ection D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5				
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6					
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which th	ne organization is responsive					
	(provide details in <b>Part VI</b> ). See instructions.		8				
9	Distributable amount for 2023 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
а	From 2018						
b	From 2019						
с	From 2020						
d	From 2021						
е	From 2022						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2023 distributable amount						
i	Carryover from 2018 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2023 distributable amount						
с	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						
	Excess from 2023						

(Form 990) 2023 LA VIDA, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Part VI S	orm 990) 2023 Supplemental Info Part IV, Section A, lines	LA VIDA	vide the explanations required by Part II, line	04-3396256 Pag
S	ne 1; Part IV, Section Section D, lines 5, 6, ar	s 1, 2, 3b, 3c, 4b, D, lines 2 and 3; I	4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Par	t IV, Section B, lines 1 and 2; Part IV, Section C, b; Part V, line 1; Part V, Section B, line 1e; Part V,
(5	See instructions.)			
				Schedule A (Form 990) 2

CHEDULE D	Supplementa	I Financial Statement	S		OMB No. 1	545-0047
orm 990)		nization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12			20	23
artment of the Treasury	At	ttach to Form 990.				Public
nal Revenue Service	-	) for instructions and the latest inform	ation.			
me of the organiza	LA VIDA, INC.			Empi	loyer identificatio 04-33962	
art I 📔 Organiz	ations Maintaining Donor Advised	d Funds or Other Similar Funds	or Acc	count		
organizati	on answered "Yes" on Form 990, Part IV, line	e 6.				
		(a) Donor advised funds	(b	) Fund	ds and other accou	unts
Total number at e	end of year					
	of contributions to (during year)					
Aggregate value	of grants from (during year)					
Aggregate value	at end of year					
Did the organizat	ion inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds	6		
		and the lateral standard IO			Yes	
are the organizat	on's property, subject to the organization's e	exclusive legal control?				
-		-				
Did the organizat	on's property, subject to the organization's e ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or	dvisors in writing that grant funds can be	e used onl	ly		
Did the organizat	ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or	dvisors in writing that grant funds can be	e used onl conferrin	ly ng		
Did the organizat for charitable pur impermissible pri	ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or	dvisors in writing that grant funds can be donor advisor, or for any other purpose	e used onl conferrin	ly ng		
Did the organizat for charitable pur impermissible pri art II Conser	ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or vate benefit?	dvisors in writing that grant funds can be donor advisor, or for any other purpose anization answered "Yes" on Form 990,	e used onl conferrin	ly ng		
Did the organizat for charitable pur impermissible pri art II Conser Purpose(s) of cor	ion inform all grantees, donors, and donor ad poses and not for the benefit of the donor or vate benefit? vation Easements. Complete if the org	dvisors in writing that grant funds can be donor advisor, or for any other purpose anization answered "Yes" on Form 990, on (check all that apply).	e used onl conferrin Part IV, li	ly ng ine 7.		
Did the organizat for charitable pur impermissible pri art II Conser Purpose(s) of con Preservation	ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or vate benefit? vation Easements. Complete if the org pservation easements held by the organization	dvisors in writing that grant funds can be donor advisor, or for any other purpose anization answered "Yes" on Form 990, on (check all that apply).	e used onl conferrin Part IV, li	ly ng ine 7. ically ir	mportant land are	
Did the organizat for charitable pur impermissible pri art II Conser Purpose(s) of cor Preservation Protection	ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or vate benefit? vation Easements. Complete if the org nservation easements held by the organization of land for public use (for example, recreat	dvisors in writing that grant funds can be donor advisor, or for any other purpose panization answered "Yes" on Form 990, on (check all that apply). tion or education)	e used onl conferrin Part IV, li	ly ng ine 7. ically ir	mportant land are	
Did the organizat for charitable pur impermissible pri art II Conser Purpose(s) of cor Preservation Protection Preservation	ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or vate benefit? vation Easements. Complete if the org nservation easements held by the organization of land for public use (for example, recreat of natural habitat	dvisors in writing that grant funds can be donor advisor, or for any other purpose anization answered "Yes" on Form 990, on (check all that apply). ion or education)	e used onl conferrin Part IV, li of a histori	ly ine 7. ically ir ed hist	mportant land area	
Did the organizat for charitable pur impermissible pri art II Conser Purpose(s) of cor Preservation Protection Preservation	ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or vate benefit? vation Easements. Complete if the org iservation easements held by the organization of land for public use (for example, recreat of natural habitat on of open space a through 2d if the organization held a qualifi	dvisors in writing that grant funds can be donor advisor, or for any other purpose anization answered "Yes" on Form 990, on (check all that apply). ion or education)	e used onl conferrin Part IV, li of a histori	ly ine 7. ically ir ed hist	mportant land area	a ne last
Did the organizat for charitable pur impermissible pri art II Conser Purpose(s) of con Preservatio Protection Preservatio Complete lines 2 day of the tax ye	ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or vate benefit? vation Easements. Complete if the org iservation easements held by the organization of land for public use (for example, recreat of natural habitat in of open space a through 2d if the organization held a qualifi ar.	dvisors in writing that grant funds can be donor advisor, or for any other purpose <u>anization answered "Yes" on Form 990,</u> on (check all that apply). don or education) Preservation o Preservation o ed conservation contribution in the form	e used onl conferrin Part IV, li of a histori of a certifie	ly ine 7. ically ir ed hist	mportant land are toric structure	a ne last
Did the organizat for charitable pur impermissible pri art II Conser Purpose(s) of con Preservation Protection Preservation Complete lines 2 day of the tax ye a Total number of o	ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or vate benefit? vation Easements. Complete if the org pservation easements held by the organization of land for public use (for example, recreat of natural habitat on of open space a through 2d if the organization held a qualifi ar.	dvisors in writing that grant funds can be donor advisor, or for any other purpose anization answered "Yes" on Form 990, on (check all that apply). ion or education) Preservation o Preservation o ed conservation contribution in the form	e used onl conferrin Part IV, li of a histori of a certifie	ly ine 7. ically ir ed hist	mportant land are toric structure	a ne last
Did the organizat for charitable pur impermissible pri art II Conser Purpose(s) of cor Preservatio Protection Preservatio Complete lines 2 day of the tax ye Total number of of b Total acreage res	ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or vate benefit? vation Easements. Complete if the org pservation easements held by the organization of land for public use (for example, recreat of natural habitat on of open space a through 2d if the organization held a qualifi ar.	dvisors in writing that grant funds can be donor advisor, or for any other purpose ganization answered "Yes" on Form 990, on (check all that apply). (ion or education) Preservation o Preservation o ed conservation contribution in the form	e used onl conferrin Part IV, li of a histori of a certifie	ly ng ine 7. ically ir ed hist servati	mportant land are toric structure	a ne last
Did the organizat for charitable pur impermissible pri art II Conser Purpose(s) of cor Preservatio Protection Preservatio Complete lines 2 day of the tax ye a Total number of o b Total acreage res c Number of conservation	ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or vate benefit? vation Easements. Complete if the org inservation easements held by the organization of land for public use (for example, recreat of natural habitat on of open space a through 2d if the organization held a qualifi ar. conservation easements tricted by conservation easements rvation easements on a certified historic strue	dvisors in writing that grant funds can be donor advisor, or for any other purpose ganization answered "Yes" on Form 990, on (check all that apply). (ion or education) Preservation o Preservation o ed conservation contribution in the form	e used onl conferrin Part IV, li of a histori of a certifie	ly ine 7. ically ir ed hist servati 2a 2b	mportant land are toric structure	a ne last
Did the organizat for charitable pur impermissible pri art II Conser Purpose(s) of con Preservation Protection Preservation Complete lines 2 day of the tax ye a Total number of of b Total acreage res c Number of consec d Number of consec	ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or vate benefit? vation Easements. Complete if the org inservation easements held by the organization on of land for public use (for example, recreat of natural habitat on of open space a through 2d if the organization held a qualifi ar. conservation easements tricted by conservation easements rvation easements on a certified historic stru rvation easements included on line 2c acqui	dvisors in writing that grant funds can be donor advisor, or for any other purpose <u>anization answered "Yes" on Form 990,</u> on (check all that apply). ion or education) Preservation o Preservation o ed conservation contribution in the form incture included on line 2a red after July 25, 2006, and not	e used onl e conferrin Part IV, li of a histori of a certifie	ly ine 7. ically ir ed hist servati 2a 2b	mportant land are toric structure	a ne last
Did the organizat for charitable pur impermissible pri art II Conser Purpose(s) of con Preservation Protection Protection Preservation Complete lines 2 day of the tax ye a Total number of of Total acreage res Number of conse on a historic stru	ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or vate benefit? vation Easements. Complete if the org iservation easements held by the organization of land for public use (for example, recreat of natural habitat on of open space a through 2d if the organization held a qualifi ar. conservation easements tricted by conservation easements included on line 2c acqui	dvisors in writing that grant funds can be donor advisor, or for any other purpose <u>anization answered "Yes" on Form 990,</u> on (check all that apply). tion or education) Preservation o Preservation o ed conservation contribution in the form reture included on line 2a red after July 25, 2006, and not	e used onl conferrin Part IV, li of a histori of a certifie	ine 7. ically ir ed hist servati 2a 2b 2c 2d	important land area toric structure ion easement on the Held at the End of the	a ne last
Did the organizat for charitable pur impermissible pri art II Conser Purpose(s) of con Preservatio Protection Preservatio Complete lines 2 day of the tax ye a Total number of conse Number of conse on a historic stru Number of conse	ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or vate benefit? vation Easements. Complete if the org inservation easements held by the organization on of land for public use (for example, recreat of natural habitat on of open space a through 2d if the organization held a qualifi ar. conservation easements tricted by conservation easements rvation easements on a certified historic stru rvation easements included on line 2c acqui	dvisors in writing that grant funds can be donor advisor, or for any other purpose <u>anization answered "Yes" on Form 990,</u> on (check all that apply). tion or education) Preservation o Preservation o ed conservation contribution in the form reture included on line 2a red after July 25, 2006, and not	e used onl conferrin Part IV, li of a histori of a certifie	ine 7. ically ir ed hist servati 2a 2b 2c 2d	important land area toric structure ion easement on the Held at the End of the	a ne last
Did the organizat for charitable pur impermissible pri art II Conser Purpose(s) of con Preservatio Protection Preservatio Complete lines 2 day of the tax ye a Total number of conse to Number of conse on a historic stru Number of conse year	ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or vate benefit? vation Easements. Complete if the org iservation easements held by the organization of land for public use (for example, recreat of natural habitat on of open space a through 2d if the organization held a qualifi ar. conservation easements tricted by conservation easements included on line 2c acqui	dvisors in writing that grant funds can be donor advisor, or for any other purpose <u>anization answered "Yes" on Form 990,</u> on (check all that apply). ion or education) Preservation o Preservation o ed conservation contribution in the form incture included on line 2a red after July 25, 2006, and not eased, extinguished, or terminated by the	e used onl conferrin Part IV, li of a histori of a certifie	ine 7. ically ir ed hist servati 2a 2b 2c 2d	important land area toric structure ion easement on the Held at the End of the	a ne last
Did the organizat for charitable pur impermissible pri art II Conser Purpose(s) of con Preservatio Protection Preservatio Complete lines 2 day of the tax ye a Total number of conse to Number of conse on a historic stru Number of conse year Number of states	ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or vate benefit? vation Easements. Complete if the org iservation easements held by the organization of land for public use (for example, recreat of natural habitat in of open space a through 2d if the organization held a qualifi ar. conservation easements tricted by conservation easements rvation easements on a certified historic strue rvation easements included on line 2c acquir cture listed in the National Register rvation easements modified, transferred, rele	dvisors in writing that grant funds can be donor advisor, or for any other purpose <u>manization answered "Yes" on Form 990,</u> on (check all that apply). ion or education) Preservation o Preservation o ed conservation contribution in the form et conservation contribution in the form recture included on line 2a red after July 25, 2006, and not eased, extinguished, or terminated by the ement is located	e used onl Part IV, li Part IV, li of a histori of a certific of a cons of a cons of a cons of a cons	ine 7. ically ir ed hist servati 2a 2b 2c 2d	important land area toric structure ion easement on the Held at the End of the	a ne last
Did the organizat for charitable pur impermissible pri art II Conser Purpose(s) of con Preservation Protection Protection Preservation Complete lines 2 day of the tax ye a Total number of conse Number of conse on a historic stru Number of conse year Number of states Does the organiz	ion inform all grantees, donors, and donor ac poses and not for the benefit of the donor or vate benefit? vation Easements. Complete if the org iservation easements held by the organization of land for public use (for example, recreat of natural habitat in of open space a through 2d if the organization held a qualifi ar. conservation easements tricted by conservation easements rivation easements on a certified historic stru- rivation easements included on line 2c acquir cture listed in the National Register rivation easements modified, transferred, rele	dvisors in writing that grant funds can be donor advisor, or for any other purpose <u>anization answered "Yes" on Form 990,</u> on (check all that apply). ion or education) Preservation o Preservation o ed conservation contribution in the form ed conservation contribution in the form red after July 25, 2006, and not eased, extinguished, or terminated by the ement is located odic monitoring, inspection, handling of	e used onl conferrin Part IV, li of a histori of a certifie of a cons of a cons of a cons e organiza	ine 7. ically ir ed hist servati 2a 2b 2c 2d ation d	important land area toric structure ion easement on the Held at the End of the during the tax	a ne last

8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	Yes	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and		

	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the					
	organization's accounting for conservation easements.					
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

#### b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990 Part VIII line 1 ¢

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	(ii) Assets included in Form 990, Part X	\$
	(i) Nevenue included on Form 350, Fait Vill, line T	Ψ

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29 2023.05010 LA VIDA, INC. No

Sche	dule D (Form 990) 2023 LA VIDA	, INC.					04-33	96256	Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	l Treasures, c	or Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any o	f the following tha	it make s	ignificant ι	use of its			
	collection items (check all that apply).									
а	Public exhibition	c		or exchange prog						
b	Scholarly research	e	e 🛄 Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they fur	her the organizati	on's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historica	I treasures, or oth	er simila	r assets	_	-		-
	to be sold to raise funds rather than to be many							Yes		No
Par	t IV Escrow and Custodial Arran		te if the organ	zation answered	'Yes" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							٦		٦
-	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					A		
								Amount		
C	Beginning balance									
d	Additions during the year									
e	Distributions during the year									
T	Ending balance Did the organization include an amount on F					<b>1f</b>		Yes		
	•		-			IILY ?	L			<b>∣No</b> ∣
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete in	the organization and	swered "Ves" (	peen provided in processory of Part	IV line 1	0	<u></u>			
		(a) Current year	(b) Prior ye			(d) Three y	/ears back	(e) Four	vears	back
1a	Beginning of year balance		(2)		are such	(,	ouro suon	(0) ! 0	jeure	Juon
h	Contributions									
c c	Net investment earnings, gains, and losses									
о Ь	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
a	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1a. colu	mn (a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are h	eld and administe	red for th	ne		_		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Schedu	le R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par										
	Complete if the organization answere		<u> </u>		r i					
	Description of property	(a) Cost or c basis (investr		) Cost or other basis (other)		Accumulate epreciation	ed	<b>(d)</b> Book	value	Ð
1a	Land									
	Buildings									
	Leasehold improvements			34,423.		13,7				18.
d	Equipment			18,387.		17,2		1	.,14	
e	Other			5,000.		3,93	38.	1	_	52.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	<u>X. line 10c.  cc</u>	olumn (B))	<u></u>				,92	
							Cale a duda	D (F	000	~~~~

Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023 LA VIDA, INC	2.	04	-3396256 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) SHORT TERM INVESTMENTS	504,094.	COST	
(A) SHORT TERM INVESTMENTS (B)	504,054.	0001	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	504,094.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" c (a) Description of investment	( <b>b)</b> Book value	(c) Method of valuation: Cost or end	
	(b) BOOK value	(C) Method of Valuation. Cost of end	D-OI-year market value
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	n Form 000 Dort IV line :	11d See Form 000 Dart V line 15	
Complete if the organization answered "Yes" o	Description	The See Form 990, Part X, line 15.	(b) Book value
	Description		(b) DOOK Value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	<u>(B))</u>		
Part X Other Liabilities Complete if the organization answered "Yes" of	on Form 000 Port IV line -	11. or 11f Soc Form 990 Part X line 25	
	on Form 390, Fait IV, line	116 01 111. See F0111 990, Fait A, inte 25	. (b) Book value
1.         (a) Description of liability           (1) Federal income taxes			
(1) CURRENT LEASE LIABILITIES			24,453.
(3) LONG-TERM DEBT, CURRENT			12,894.
(4) LONG TERM DEBT			467,116.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.			504,463.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements the	nat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ....

Schedule D (Form 990) 2023

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Sche	edule D (Form 990) 2023 LA VIDA, INC.		04-3	396256 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenu	ie per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,266,937.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,266,937.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			1,266,937.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	•	ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total expenses and losses per audited financial statements		1	1,102,268.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	<b>2</b> a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,102,268.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			1,102,268.
D-	rt XIII Supplemental Information			

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

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Schedule D (Form 990) 2023

SCHEDULE J (Form 990)		Compensation Information	I	OMB No. 1	545-004	47		
		For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	2023				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	ployees					
Depa	tment of the Treasury	Attach to Form 990.		Open to		ic		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	Name of the organization Employer identif							
Da	rt I Question	LA VIDA, INC. s Regarding Compensation	04	339625	b			
Га		s negaraling compensation			N.			
4	Chaoli the energy	ate hav(as) if the experimation are vided any of the following to as fer a nerson listed on Ferm	000		Yes	No		
a		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,					
	First-class or c							
	Travel for com	— ° · ·						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur, ch							
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or								
				1b				
2								
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?							
3	<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation	committee Written employment contract						
	Independent of	ompensation consultant						
	Form 990 of o	ther organizations	ommittee					
4	5 , , , , , , , , , , , , , , , , , , ,							
	organization or a related organization:					37		
a						X X		
b						X		
С								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the r							
а	•			5a		x		
b	Any related organiz	ation?		5b		X		
		r 5b, describe in Part III.						
6								
	contingent on the net earnings of:							
а		-		6a		Х		
		ation?				X		
		r 6b, describe in Part III.						
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	\$					
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	е			1		
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		id the organization also follow the rebuttable presumption procedure described in		9				
Regulations section 53.4958-6(c)?						<u> </u>		
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n <b>990</b> )	2023		

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Schedule J (Form 990) 2023 LA VIDA,	DA	, INC.			04-3396256	256		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.	nploy	/ees, and Highest C	ompensated Empl	oyees. Use duplicat	Use duplicate copies if additional space is needed	space is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	oe rep orm 9	orted on Schedule J 90, Part VII.	, report compensati	on from the organize	tion on row (i) and fror	n related organization	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	bd ind	ividual must equal th	e total amount of Fc	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (I	=) amounts for that indi-	vidual.
		(B) Breakdown of W-2 and corr	2 and/or 1099-MISC compensation	and/or 1099-MISC and/or 1099-NEC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PETER BARROS	Ξ	158,077.	.0	0.	.0	.0	158,077.	.0
EXECUTIVE DIRECTOR	: E	•0	.0	0.	.0	•0	•0	.0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
							Schedt	Schedule J (Form 990) 2023

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Schedule J (Form 990) 2023 LA VIDA, INC.	04-3396256 Page 3
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	e this part for any additional information.
	Schedule J (Form 990) 2023

SCHEDULE L		Tra	insactior	ıs V	Vith	Interested	Pe	ersons			ON	ИВ No	545-004	47
(Form 990)	290) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.							2023						
Department of the Treasury						90 or Form 990-EZ					Open to Public			
Internal Revenue Service		o ww	/w.irs.gov/Form	1990 f	or inst	ructions and the lat	test i	nformation.				spect		
Name of the organization											ident		on nu	mber
	LA VID										962	56		
Part I Excess I	Benefit Trans	actio	ons (section 5	01(c)(3	8), secti	on 501(c)(4), and se	ection	501(c)(29) orga	nizatio	ons on	ly)			
Complete i	f the organization	ansv	vered "Yes" on	Form 9	990, Pa	rt IV, line 25a or 25t	o; or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqual	ified person	(b) F	Relationship bet person and o			ified (	c) De	escription of trar	sactic	n			Corre es	cted? No
(1)														
(2)														
(3)												_		
(4)												_		
(5)														
(6)														
	-		-							\$				
<b>3</b> Enter the amount o	f tax, if any, on li	ne 2, a	above, reimburs	ed by	the org	ganization				\$				
Part II Loans to	and/or Fron	1 Int	erested Pers	sons										
	f the organizatior n amount on Forr					Part V, line 38a, or	Form	n 990, Part IV, lir	ne 26;	or if th	ne orga	anizati	on	
(a) Name of	(b) Relatio		(c) Purpose	1	an to or	(e) Original	(f	Balance due	(a	<b>)</b> In		proved	(i) W	/ritten
interested person								ment?						
					From		Yes No		Yes	No	Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Total	·····	<u></u>				\$								
	or Assistance		-											
Complete i	f the organizatior	ansv	vered "Yes" on	Form 9	990, Pa	rt IV, line 27.								
(a) Name of interested person			(b) Relationship between interested person and the organization			(c) Amount of assistance								F
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

LHA 332131 11-06-23

(8) (9) (10)

t IV Business Transactions Involving Interested Persons								
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.								
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?				
				Yes	No			
(1)ROBERT CASHMAN	BOARD MEMBER	0.	LA VIDA HAS		Х			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								

Part V Supplemental Information

Schedule L (Form 990) 2023

(9) (10)

Provide additional information for responses to questions on Schedule L. See instructions.

LA VIDA, INC.

#### SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

#### (A) NAME OF PERSON: ROBERT CASHMAN

#### (D) DESCRIPTION OF TRANSACTION: LA VIDA HAS BANK ACCOUNT AT METRO

#### SAVINGS BANK, WHERE ROBERT IS CEO/PRESIDENT

Schedule L (Form 990) 2023

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332132 11-30-23

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990. Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ							
Name of the organization	LA VIDA, INC.	Employer identification number $04 - 3396256$							
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:							
WITH THE RES	OURCES AND PREPARATION THEY NEED TO ENTER COLL	EGES, AND TO							
AWARD PARENT	S WHO SAVE TOWARD COLLEGE WITH MATCHED FUNDS A	ND THE							
TRAINING NEC	ESSARY TO MAKE INFORMED DECISIONS REGARDING TH	EIR CHILD'S							
HIGHER EDUCA	FION.								
FORM 990, PA	RT III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:							
REGARDING THEIR CHILD'S HIGHER EDUCATION.									
FORM 990, PA	RT VI, SECTION A, LINE 2:								
BOARD MEMBERS ROBERT HILDRETH AND DEAN ATKINS HAVE A BUSINESS RELATIONSHIP.									
FORM 990, PA	RT VI, SECTION A, LINE 2:								
BOARD MEMBERS ROBERT HILDRETH AND BENJAMIN HILDRETH HAVE A FAMILIAL									
RELATIONSHIP.									
FORM 990, PA	RT VI, SECTION B, LINE 11B:								
A COPY OF FO	RM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVE	RNING BODY BEFORE							
IT WAS FILED	•								
FORM 990, PA	RT VI, SECTION B, LINE 12C:								
THE ORGANIZA	TION ANNUALLY MONITORS AND ENFORCES COMPLIANCE	WITH ITS							
CONFLICT OF	INTEREST POLICY.								
FORM 990, PA	RT VI, SECTION C, LINE 19:								
AVAILABLE UP	ON REQUEST.								
For Paperwork Reduct	on Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023							

LHA 332211 11-14-23