			** PUBLIC DISCLOSURE COPY	* *		
	Ω	00	Return of Organization Exempt From	Income Tax	(OMB No. 1545-0047
For	пУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2022
			Do not enter social security numbers on this form as it may			Open to Public
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lates			Inspection
AF	or th	e 2022 calend	ar year, or tax year beginning OCT 1, 2022 and ending	SEP 30, 202	23	
Β	heck if	C Name of	organization	D Employer iden	tificati	on number
a	pplicab	ONE	ON ONE			
	Addre	ge AKA	CHANGEDLIVES.ORG			
	Name Chang	pe Doing bi	usiness as	62-6083	L698	
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/su			
	Final returr termi		BOX 100	(423)85	/5-0	
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		4,092,558.
	returr		TANOOGA, TN 37401	H(a) Is this a grou		
	Appli tion pend	F Name a	nd address of principal officer: DALLAS H. GIBBONS	for subordina		
			EAST BROW ROAD, LOOKOUT MOUNTAIN, TN	3 H(b) Are all subordinat		
			X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 5 CHANGEDLIVES.ORG			See instructions
	Vebsi			H(c) Group exempt ear of formation: 1968		
	art I					ale of legal dofinicile. 11
	1		e the organization's mission or most significant activities: SEE STAT	MENT BELOW		
Governance	'	blieny describ				
nar	2	Check this bo	x if the organization discontinued its operations or disposed of m	ore than 25% of its ne	t asset	
ver	3		ing members of the governing body (Part VI, line 1a)		3	5
Ğ	4		ependent voting members of the governing body (Part VI, line 1b)		4	4
s S	5		of individuals employed in calendar year 2022 (Part V, line 2a)		5	2
/itie	6		of volunteers (estimate if necessary)		6	4
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		7a	0.
٩			business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year		Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)	89,279		83,670.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)).	0.
Sev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	135,44		141,621.
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)).	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	224,720		225,291.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	86,29		111,889.
	14		to or for members (Part IX, column (A), line 4)).	0.
ses	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	147,800).	159,173.
ens	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) <u>30,015.</u>		· ·	0.
Expenses				456,318		507,946.
_	1/		es (Part IX, column (A), lines 11a-11d, 11f-24e)	690,421		779,008.
	10		s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	-465,695		-553,717.
Ses	19	Revenue less		Beginning of Current Ye		End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)	4,441,450		4,289,927.
Ass Bal	20		(Part X, line 26)	201,572	2.	203,541.
Net			fund balances. Subtract line 21 from line 20	4,239,878		4,086,386.
	art II			_,,		,,
		U	declare that I have examined this return, including accompanying schedules and stat	ements, and to the best o	f my kno	owledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which prepa		,	· · · · · · · · · · · · · · · · · · ·
		1				
		Cignoture of of		Data		

Sign	Signature of officer		Date						
Here	DALLAS H. GIBBONS, PRESIDENT								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check PTIN						
Paid	DEAN KRECH	DEAN KRECH (01/05/24 self-employed P00639050						
Preparer		MURCHISON, P.C.	Firm's EIN 62-1046406						
Use Only	Firm's address 2215 OLAN MILLS D	RIVE							
	CHATTANOOGA, TN 3	7421	Phone no. $(423)756 - 0052$						
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	Yes No						

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

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-	1990 (2022) AKA CHANGEDLIVES.ORG	62-6081698 Page 2
Pa	rt III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: NONE	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	?Yes 🔀 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	• •
4a	CHRISTIAN INTERNET AND RADIO BROADCASTING THROUGH OVER U.S. AND WORLD LISTENERS; AND DISTRIBUTION OF BIBLES AN MATERIALS (FACEBOOK, BOOKS, EBOOKS, CDS, DVDS, SOCIAL M CHARGE TO RECIPIENTS. THE NUMBER OF PERSONS BENEFITED AND RADIO BROADCASTS IS NOT DETERMINABLE. BIBLES AND P MATERIALS WERE DISTRIBUTED TO OVER 50,000 INDIVIDUALS.	160 STATIONS TO ID CHRISTIAN IEDIA) AT NO BY THE INTERNET PRINTED CHRISTIAN
4b	(Code:) (Expenses \$ 111,889. including grants of \$ 111,889.) (Rever ASSISTANCE TO DOMESTIC ORGANIZATIONS AND INDIVIDUALS.	nue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 674,701.	- 000

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 Form 990 (2022)
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 Part IV
 Checklist of Required Schedules

I UI				
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
0	If "Yes," complete Schedule A	2	X	
2		2	21	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
-	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			v
_	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,	_		v
-	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			v
-	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?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,		х	
L	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
b	• •	11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			- 23
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	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	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	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			v
40	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? <i>If</i> "Yes,"			v
00	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
		<u> </u> 21		

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 Form 990 (2022)
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 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			v
	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	04-		
ام	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	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		- 23
a	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			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		v
00	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	1	L
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5		165	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c		
		-		<u> </u>

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Form	990 (2022) AKA CHANGEDLIVES.ORG 62-6081	698	Pa	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ua		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ud		
D		Gh		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.	-		x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

ıu	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	110	espo	nse
	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			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		v	
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	Na
10-	Did the eventiation have lead charters branches an efficience	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		- 23
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	12.0		
-	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $_{ m TN}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DALLAS H. GIBBONS - (423)875-0911 202 TREMONT STREET, CHATTANOOGA, TN 37405			

Form 990 (2022)

AKA CHANGEDLIVES.ORG

62-6081698

Page **6**

ONE	ON	ONE

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Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

(A) Name and title	(B) Average hours per week	(do no box, u officer		ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DALLAS H. GIBBONS PRES/CEO/DIRECTOR	40.00	x		x				100,000.	0.	0.
(2) JAMES F. STEFFNER, JR.	0.00							100,0000		
DIRECTOR		X						0.	0.	0.
(3) GLENN H. MORRIS, JR. DIRECTOR	0.00	x						0.	0.	0.
(4) PATRICIA CYR WATLINGTON DIRECTOR	0.00	x						0.	0.	0.
(5) H.G. BAGLEY	0.00									
DIRECTOR		x						0.	0.	0.
							-			
							-			
					•				•	- 000 (2222)

Form 300 (2022) AKA CHANCEDLIVES.ORG 62-608(158) Page B Part VIII Section A. Officers, Turustee, Key Perployee, and Highest Compensated Employee (control) (f) (f) (f) Name and tile (f) (f) (f) (f) (f) (f) Post of the regulation of the regenetion of the regulation of the regulation of the regu			g (าษณ	r					62-6	081	698	Par	8
(A) (B) (C) (C) (D) (E) (F) (F) Name and title Average and the per- location of the compensation of t						d Hi	iahe	st (Compensated Employe		001	0.00	Гац	je u
(lit any, for related organizations (W2/1008-MISC) comparizations (W2/1008-MISC) comparizations (W2/1008-MISC) comparizations and related organizations (W2/1008-MISC) comparizations (W2/1008-MISC) comparizations and related organizations (W2/1008-MISC) comparizations and related organizations (W2/1008-MISC) comparizations (W2/1008-MISC) comparization (W2/1008-MISC) comparization (W2/108-MISC)	(A)	(B) Average hours per	(do box	not c	(C Pos check ess pe	c) itior more rson) than is bot	one h an	(D) Reportable compensation	(E) Reportable compensatio	on	am	timated	
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000	(list any hours for related organizations below		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/	organizatior (W-2/1099-MI	is SC/	comp fro orga and	pensati om the anizatio I related	n d
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000														
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000														
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000														
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000														
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000														
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000														
d Total (add lines tb and tc) 100,000.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Image: Schedule J for such person Image: Schedule J f	d Total (add lines 1b and 1c)								100,000.),000 of reportab	0.			
 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) <li< td=""><td>compensation from the organization</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></li<>	compensation from the organization													
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) (A) (B) (C) Compensation (A) (B) Compensation (B) (C) Compensation (C) None Description of services Compensation (C) Compensation Compensation Compensation (C) Description of services Compensation Compensation (A) (B) (C) Compensation Compensation (A) (B) (C) Compensation Compensation (A) (B) (C) (C) Compensation (C)				-	-	-				•				
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Complete this table or provide to the calendar year ending with or within the organization's tax year. Image: Compensation of the calendar year ending with or within the organization of services Compensation Image: NONE Description of services Compensation Image: Compensation Image: None Image: Complete this table to the complete the c	4 For any individual listed on line 1a, is the	sum of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		3		
Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 0 </td <td>5 Did any person listed on line 1a receive or</td> <td>accrue compe</td> <td>nsat</td> <td>ion 1</td> <td>from</td> <td>any</td> <td>/ unr</td> <td>ela</td> <td>ted organization or indiv</td> <td>idual for services</td> <td>;</td> <td>4</td> <td></td> <td></td>	5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	/ unr	ela	ted organization or indiv	idual for services	;	4		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Compensation 0 0 Compensation 0 0 0 0 0 Compensation 0 0 0 0 0 Compensation 0 0 0 Compensation 0 0 0 0 Compensation 0 0 0 0 Compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <		mplete Schedul	e J f	for s	uch	pers	son .					5		X
(A) Name and business address NONE (B) Description of services (C) Compensation	1 Complete this table for your five highest of										npens	ation fr	rom	
	(A)					VILII			(B)		С			
			not li	mite	ed to		~	steo	d above) who received n	nore than				

Form	<u>1 99</u> 0	<u>) (</u> 2				DLI	VES.ORG			62-6081	698 Page 9
	rt V		Statement of Re								
			Check if Schedule O	conta	ains a resp	onse	or note to any lir	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
nts nts	1	а	Federated campaigns		1a						
an		b	Membership dues		1b						
ts, (Am		с	Fundraising events		1c						
Gifi İlar		d	Related organizations _		1d						
ns, Simi			Government grants (cont								
utio er S		f	All other contributions, gifts,								
Oth			similar amounts not included				83,670.				
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions included in	n lines	1a-1f 1g	\$		0.2 (70)			
aC		h	Total. Add lines 1a-1f				During of the	83,670.			
	•	_					Business Code				
Program Service Revenue	2										
Ser		b c									
am Svei		d									
Be		e									
Pro			All other program service	reve	nue						
		g	Total. Add lines 2a-2f				-				
	3	•	Investment income (inclu								
								120,084.	120,084.		
	4		Income from investment								
	5		Royalties	<u></u>							
					(i) Re	al	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses \ldots	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss	s) <u></u>	1		(1) 01				
	7	а	Gross amount from sales of		(i) Secur		(ii) Other				
			assets other than inventory	7a	3,752	,475.	136,329.				
e		b	Less: cost or other basis		2 967	267	0				
evenue		_	and sales expenses								
			Gain or (loss)					21,537.	21,537.		
er R			Net gain or (loss) Gross income from fundraisi								
Other	0	a	including \$								
•			contributions reported or								
			Part IV, line 18			8a					
		b	Less: direct expenses								
			Net income or (loss) from								
	9	а	Gross income from gamir	ng ac	tivities. Se	e					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gam	ing activiti	es <u>.</u>					
	10	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold				•				
		С	Net income or (loss) from	sales	s of invent	ory					
sn							Business Code				
ue ue	11										
ellar ven		b									
Miscellaneous Revenue		с С	All other revenue							+	
Σ			All other revenue Total. Add lines 11a-11d								
	12	0	Total revenue. See instruction					225,291.	141,621.	0.	0
								,	,,	*•	· · · · ·

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Form 990 (2022) AKA CHANGEDLIT

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

	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	65,129.	65,129.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	46,760.	46,760.		
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,	100 000	00.000	F 000	F 000
	trustees, and key employees	100,000.	90,000.	5,000.	5,000.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	24 000	24 000		
7	Other salaries and wages	24,000.	24,000.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		10 000	10 201	C11
9	Other employee benefits	25,687.	12,685.	12,391.	611.
10	Payroll taxes	9,486.	8,721.	383.	382.
11	Fees for services (nonemployees):				
а	Management	1 000	1 000		
b	F	1,900.	1,900.		
	• • • • • • • • • • • • • • • • • • •	17,853.		17,853.	
	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17	22 4 62		22 4 62	
f	Investment management fees	33,463.		33,463.	
g					
	column (A), amount, list line 11g expenses on Sch 0.)	75,168.	75 160		
12	Advertising and promotion	11,060.	75,168.	456.	
13	Office expenses	18,191.	10,604. 18,191.	430.	
14	Information technology	10,191.	10,191.		
15	Royalties	34,469.	32,745.	1,724.	
16		54,409.	52,745.	1,724.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	15,550.	14,779.	771.	
22	Depreciation, depletion, and amortization	11,611.	11,030.	581.	
23	Insurance Other expenses. Itemize expenses not covered	±±,0±±•	±±,050•		
24	above. (List miscellaneous expenses nol covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	RADIO TIME PURCHASED	76,690.	76,690.		
b	DIGITAL MASTER LIBRARY	53,761.	53,761.		
c	ONE ON ONE OUTREACH	32,000.	32,000.		
d	DATABASE PROJECT	28,500.	28,500.		
		97,730.	72,038.	1,670.	24,022.
25	Total functional expenses. Add lines 1 through 24e	779,008.	674,701.	74,292.	30,015.
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)				
	0 12-13-22				Form 990 (2022

Form 990 (2022)
Part X Balance Sheet

	Check if Schedule O contains a response or note to any line	in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		169,324.	1	210,341
2	Savings and temporary cash investments		2		
3	Pledges and grants receivable, net		3		
4	Accounts receivable, net			4	
5	Loans and other receivables from any current or former offic				
	trustee, key employee, creator or founder, substantial contri	butor, or 35%			
	controlled entity or family member of any of these persons			5	
6	Loans and other receivables from other disqualified persons	as defined			
	under section 4958(f)(1)), and persons described in section	4958(c)(3)(B)		6	
3 7	Notes and loans receivable, net			7	
8	Inventories for sale or use		128,745.	8	128,91
έ 9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D 10a	227,228.			
Ь	Less: accumulated depreciation 10b	183,174.	53,631.	10c	44,054
11	Investments - publicly traded securities		3,862,054.	11	3,690,70
12	Investments - other securities. See Part IV, line 11			12	
13	Investments - program-related. See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11	227,696.	15	215,91	
16	Total assets. Add lines 1 through 15 (must equal line 33)		4,441,450.	16	4,289,92
17	Accounts payable and accrued expenses		18,897.	17	32,64
18	Grants payable		18		
19	Deferred revenue		19		
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of Sc			21	
	Loans and other payables to any current or former officer, d				
22	trustee, key employee, creator or founder, substantial contri				
	controlled entity or family member of any of these persons			22	
23	Secured mortgages and notes payable to unrelated third pa	F		23	
24	Unsecured notes and loans payable to unrelated third partie	F		24	
25	Other liabilities (including federal income tax, payables to rel	F			
	parties, and other liabilities not included on lines 17-24). Cor				
	of O - h - a - h - h - D	·	182,675.	25	170,89
26	Total liabilities. Add lines 17 through 25		201,572.	26	203,54
	Organizations that follow FASB ASC 958, check here	X	- / -		, .
	and complete lines 27, 28, 32, and 33.				
27	Net assets without donor restrictions		3,820,531.	27	3,673,81
28	Net assets with donor restrictions		419,347.	28	412,56
	Organizations that do not follow FASB ASC 958, check h		- , -		
	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 equipment fur			30	
31	Retained earnings, endowment, accumulated income, or oth			31	
27 28 29 30 31 32			4,239,878.	32	4,086,38
33	Total net assets or fund balances Total liabilities and net assets/fund balances		4,441,450.	33	4,289,92
33	10tan navinties and het assets/10110 valances		-,,	00	Form 990 (20

	ONE ON ONE				
Form	990 (2022) AKA CHANGEDLIVES.ORG	62-608	1698	Pa	ge 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			91.
2	Total expenses (must equal Part IX, column (A), line 25)	2			08.
3	Revenue less expenses. Subtract line 2 from line 1	3	-55		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4,23		
5	Net unrealized gains (losses) on investments	5	40	0,2	25.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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	4,08	6,3	86.
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				v
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	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			х	
b	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
_	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			х	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
0.5	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	ieaule O.			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				x
F	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u></u>
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHE											OMB No. 1545-0047
(Form						rity Status an					つりつつ
			C	omplete if the		nization is a section 50°			or a section		ZUZZ
Department of the Treasury				4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.						Open to Public	
Internal Revenue Service				Go to www.irs		Form990 for instruction			formation.		Inspection
Name o	f the organizati	on	ONE	ON ONE	-					Employer	identification number
			AKA	CHANGED	LIV	'ES.ORG				6	2-6081698
Part	Reason	for F	Public	Charity Sta	tus.	(All organizations must o	omplete ti	nis part.) S	See instruction	าร.	
The org	anization is not a	a priva	ate found	dation because	it is:	(For lines 1 through 12, c	heck only	one box.)			
1 Ľ	7	-				on of churches described	•				
2	7					Attach Schedule E (Forn					
3	A hospital or	a coc	perative	hospital servio	ce org	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4	A medical res	search	n organiz	zation operated	l in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
	city, and state	e:									
5	An organizati	on op	erated f	or the benefit o	of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
	section 170	(b)(1)	(A)(iv). (0	Complete Part	II.)						
6		te, or	local go	vernment or g	overnr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizati	on th	at norma	ally receives a s	substa	antial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part I	I.)						
8						(1)(A)(vi). (Complete Par					
9						l in section 170(b)(1)(A)(
	or university o	or a n	on-land-	grant college o	f agrio	culture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
	university:										
10 🗆						than 33 1/3% of its sup					
				-	-	ct to certain exceptions;					-
						e (less section 511 tax) fr	om busine	sses acqu	lired by the o	rganization	after June 30, 1975.
				mplete Part III.		i ya ku ta taat fay ay biin aa	fat. Caa		O(-)(A)		
11			-	-		sively to test for public sa	-			orm (out the	numpered of one or
12 🗆						sively for the benefit of, to ed in section 509(a)(1) o					
						of supporting organizatio					
a		-			• •	supervised, or controlled		-		-	aivina
u _				-		egularly appoint or elect a	•	-			
			-			ections A and B.					
ь				-		d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving
						anization vested in the s			-		-
	organizatio	n(s). `	ou mus	st complete Pa	art IV,	Sections A and C.					
с [Type III fur	nctior	ally inte	egrated. A sup	portin	g organization operated	in connec	tion with,	and functiona	Illy integrate	ed with,
_	its supporte	ed org	ganizatio	on(s) (see instru	iction	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d	Type III no	n-fun	ctionall	y integrated. A	A supp	porting organization oper	ated in co	nnection \	with its suppo	rted organi	ization(s)
	that is not f	functi	onally in	tegrated. The o	organi	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
_	requiremen	it (see	instruct	tions). You mu	st cor	nplete Part IV, Sections	A and D,	and Part	V .		
e	Check this	box i	the org	anization recei	ved a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
						onally integrated support					
g Pi	ovide the followi (i) Name of supp		formatio	n about the su (ii) EIN	pporte	ed organization(s).	(iv) is the orga	nization listed	(v) Americant a	function	(ui) Amount of other
	organization					(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ii	-	(vi) Amount of other support (see instructions)
	9	-				above (see instructions))	Yes	No		,	
				1							
Total											

Ра	rt II Support Schedule for	-					•	
	(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	s listed below, plea	se complete Part	III.)				
	ction A. Public Support				1	1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	01 1 000	240 600	011 000		0.0 6 7 0	051 500	
	include any "unusual grants.")	217,038.	349,608.	211,938.	89,279.	83,670.	951,533.	
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	217,038.	349,608.	211,938.	89,279.	83,670.	051 522	
4	Total. Add lines 1 through 3	217,030.	549,000.	211,930.	09,219.	03,070.	951,533.	
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)							
~							951,533.	
	Public support. Subtract line 5 from line 4.						JJT, JJJ.	
		(-) 0010	(1-) 0010	(-) 0000	(4) 0001	(-) 0000		
	ndar year (or fiscal year beginning in)	(a) 2018 217,038.	(b) 2019 349,608.	(c) 2020 211,938.	(d) 2021 89,279.	(e) 2022 83,670.	(f) Total 951,533.	
	Amounts from line 4	217,030.	545,000.	211,950.	05,275.	05,070.	<u> </u>	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	110 637	113,599.	100,127.	109,619.	120,084.	554,066.	
•	and income from similar sources	110,057.	113,355.	100,127.	105,015.	120,004.	334,0001	
9	Net income from unrelated business							
	activities, whether or not the							
10	business is regularly carried on Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
44	Total support. Add lines 7 through 10						1505599.	
	Gross receipts from related activities,	etc. (see instruction	one)			12	10000000	
	First 5 years. If the Form 990 is for th							
10	organization, check this box and stop	•						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2022 (-	column (f))		14	63.20 %	
15	Public support percentage from 2021						68.43 %	
	33 1/3% support test - 2022. If the o							
b	stop here. The organization qualifies as a publicly supported organization <u>X</u> b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the fact							
	meets the facts-and-circumstances te			-	-	.		
b	10% -facts-and-circumstances tes	-		• • • •	-			
	more, and if the organization meets th							
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization		
18	Private foundation. If the organization							

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or 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							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support				•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total	
9	Amounts from line 6							
	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							
c	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					1		
	or loss from the sale of capital							
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is for th	ne organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section	- 501(c)(3) or	ganization.	
	check this box and stop here	-						
Sec	ction C. Computation of Publ							
	Public support percentage for 2022 (column (f))		15	%	
	Public support percentage from 2021					16	%	
	ction D. Computation of Inve	,						
	Investment income percentage for 20					17	%	
18	Investment income percentage from					18	%	
	33 1/3% support tests - 2022. If the							
	more than 33 1/3%, check this box a							
b								
	b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization							
	23 12-09-22		,	,			edule A (Form 990) 2022	

(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

AKA CHANGEDLIVES.ORG Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

Schedule A (Form 990) 2022 AKA 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.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

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1

2

Yes No

Yes No

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion l	B. Type I Supporting Organizations			
			_	Yes	No
1	more direct effect	the governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, stors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported dization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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 supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	I ype II	Supporting	Organizations	
-				

Schedule A (Form 990) 2022

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 yea(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.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 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 played by the organization in this regard.*

232025 12-09-22

2a

2b

3a

1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus	st complete	A through E.	(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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

ONE ON ONE

Schedule A (Form 990) 2022 AKA CHANGEDLIVES.ORG Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2022

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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions				Current Year				
1	Amounts paid to supported organizations to accomplish exe		1						
2	Amounts paid to perform activity that directly furthers exempt								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	he organization is responsive	9						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
		(i)	(ii)		(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	IS	Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
а	From 2017								
b	From 2018								
с	From 2019								
d	From 2020								
е	From 2021								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2022 distributable amount								
i	Carryover from 2017 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2022 distributable amount								
с	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2018								
b	Excess from 2019								
с	Excess from 2020								
d	Excess from 2021								
е	Excess from 2022								

Schedule A (Form 990) 2022

O-h h h h	(5	ONE			62-6081698 Page 8
Schedule A	(Form 990) 2022			NGEDLIVES.ORG	
	Part IV, Section A, lines 1, line 1; Part IV, Section D,	, 2, 3b, 3 lines 2 aı	c, 4b, 1d 3; F	ide the explanations required by Part II, line 10; Part II, line 17a of 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section E, lines 2, 5, and 6. Also complete this part for any additi	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

62-6081698

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Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

	B (Form 990) (2022)		Page 2
ONE O	rganization N ONE		Employer identification number
AKA C	HANGEDLIVES.ORG		62-6081698
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
1		\$6,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
2		\$7,5	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		\$5,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4		\$5,0	Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2022)		Page 3
Name of o	rganization		Employer identification number
	HANGEDLIVES.ORG		62-6081698
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is neede	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)		Page 4									
	organization		Employer identification number									
	ON ONE		62, 6001,600									
	HANGEDLIVES.ORG	one to organizations described in so	62-6081698 ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year									
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	through (e) and the following line entry haritable, etc., contributions of \$1,000 or less	/ For organizations									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
		(e) Transfer of gift										
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
		(e) Transfer of gift										
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
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Intervention Code to www.irs.gov/Form@90 for instructions and the latest information. Inspection Name of the organization ONE ON ONE ARA CHANGEDLIVES.ORG Employer identification number 0.2-c 0 081698 Part1 Organizations Multitahing Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization number at end dyser (a) Donor advised funds (b) Funds and other accounts 1 Total number at end dyser (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of contributions to (during yea) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of grants from (during yea) (b) Funds and other accounts (b) Funds and other accounts 5 Det the organization inform all donors and donor advisors in writing that part the accounts (b) Runds and the accounts (b) Runds and the accounts 6 Det the organization inform all grantes, donors, and donor advisors in writing that grant hands can be used only for charitable private barefit? (b) Runds and the accounts (b) Runds and the accounts 7 Propersition fund the public use (b) the organization in during the accounts (c) Runds and the last at the accounts (c) Runds and the last at the accounts 6 Det the organization haceounts had by the organization in during thast analyser	SCHEDULE D (Form 990) Supplemental Financial Statements Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.							OMB No. 1545-0047 2022 Open to Public				
AKA CHANGEDLTVES-ORG 62-6081698 Part Organizations Minitahing Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 980, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts Aggregate value of during year) (c) Donor advised funds (c) Funds and other accounts Aggregate value of during year) (c) Donor advised funds (c) Funds and other accounts Construction fund (c) preservation funds (c) Preservation funds (c) Preservation funds Protection of nation property, subject to the organization requirements (c) Preservation of a historically important land area (c) Preservation of a historically important land area Protection of nation property adject to example, increation or education (c) Preservation of a conservation assements (c) Addition (c) A			0111		0 for instructions and the latest informa	tion.		Inspection				
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 A Number of states where property subject to conservation easement is located	3		vation easem	ents modilied, transferred, re	leased, extinguished, or terminated by the	organi	zation u	uning the tax				
 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 answered "Yes" on Form 990, Part IV, line 8. 1a If the organization answered "Yes" on Form 990, Part IV, line 8. 1a 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 in Part XIII the text of the footnote to its financial statements 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 these items: i) Revenue included on Form 990, Part XIII, line 1 § (i) Revenue included on Form 990, Part XIII, line 1 § 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts relating to these items: a Revenue included on Form 990, Part XIII, line 1 § b Assets included in Form 990, Part XIII, line 1 b Assets included in Form 990, Part X<!--</th--><th>4</th><th>·</th><th>whore proper</th><th>ty subject to conservation or</th><th>soment is located</th><th></th><th></th><th></th>	4	·	whore proper	ty subject to conservation or	soment is located							
 violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia 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 X 2 if the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to the												
 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 in Fars MSD 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 X (j) Revenue included on Form 990, Part X (j) Revenue included on Form 990, Part X (j) Assets inc	5	•		. ,								
 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	6											
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	Ū						in casen	ients during the year				
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	7	Amount of expens	es incurred in	monitoring inspecting han	dling of violations, and enforcing conservat	tion eas	sements	during the year				
and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia 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 \$	•			r nopeeting, nopeeting, nam		lion out		daning the year				
and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia 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 \$	8	Does each conser	vation easem	ent reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B))(i)					
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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 X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X 	-							Yes No				
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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:												
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 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 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 	1a	If the organization	elected, as p	ermitted under FASB ASC 9	58, not to report in its revenue statement a	nd bala	ance she	et works				
 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 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 												
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:		service, provide in	Part XIII the	text of the footnote to its fina	ncial statements that describes these item	IS.						
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:	b	If the organization	elected, as p	ermitted under FASB ASC 9	58, to report in its revenue statement and t	calance	sheet w	vorks of				
 provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1												
 (i) Revenue included on Form 990, Part VIII, line 1\$ (ii) Assets included in Form 990, Part X\$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1\$ b Assets included in Form 990, Part X\$ 					· · · ·		•					
 (ii) Assets included in Form 990, Part X\$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1\$ b Assets included in Form 990, Part X\$ 		•	•	•			\$					
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$												
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$	2	.,										
a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$						- · ·						
b Assets included in Form 990, Part X	а						\$					
								hedule D (Form 990) 2022				

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	ONE ON O								-			
		NGEDLIVES.						608169				
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	reasures, o	or Other	Similar As	ssets(cont	inued)		
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	e following that	at make sig	nificant use o	of its				
	collection items (check all that apply):											
а	Public exhibition	d			change progra							
b	Scholarly research e Other											
С	c Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n how th	ney further f	the organizati	on's exem	pt purpose in	Part XIII.				
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	asures, or oth	er similar a	ssets		_	_		
	to be sold to raise funds rather than to be ma							Yes		No		
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" on F	orm 990, Parl	t IV, line 9, c	vr			
	reported an amount on Form 990, Par	t X, line 21.										
1a	Is the organization an agent, trustee, custodi								_	_		
	on Form 990, Part X?							Yes	L	No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:								
								Amour	nt			
с	Beginning balance						1c					
	Additions during the year						1d					
	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on Fe						?	Yes		No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatic	on has beer	n provided on	Part XIII			<u>. </u>			
Par	t V Endowment Funds. Complete in	f the organization ar	swered	"Yes" on F	orm 990, Part	t IV, line 10						
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three years b	ack (e) Fou	ır year	s back		
1a	Beginning of year balance											
	Contributions											
	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
	End of year balance											
2	Provide the estimated percentage of the curr	rent vear end baland	e (line 1	a. column (a)) held as:	I						
	Board designated or quasi-endowment		%	9, 00.000								
b	Permanent endowment	%										
c		,°										
•	The percentages on lines 2a, 2b, and 2c sho	-										
3a	Are there endowment funds not in the posse	-	ation the	at are held a	and administe	ered for the						
ou	organization by:								Yes	No		
	(i) Unrelated organizations							3a(i)	<u> </u>	+		
	(ii) Related organizations								<u> </u>	+		
h	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on S	chedule R2	······ >			3b	<u> </u>	-		
4	Describe in Part XIII the intended uses of the				·				<u> </u>	_		
	t VI Land, Buildings, and Equipm	0	Willont									
	Complete if the organization answere). Part IV	/. line 11a. 9	See Form 990). Part X. lir	ne 10.					
	Description of property	(a) Cost or o	<u> </u>	-	t or other		umulated	(d) Boo				
		basis (investr			(other)	• •	eciation	(4) 800	n va	uo		
19	Land	· · · · ·	,	22010	、/							
	Land											
	Buildings Leasehold improvements				37,478.		16,119.	2	1	359.		
					39,750.		57,055.			<u>695.</u>		
	EquipmentOther			<u> </u>		± (.,		/ (
	Add lines 1a through 1e. (Column (d) must e		X colun	nn (R) line	10c)			4	4.(054.		
iudi		9441 I OIIII 000, I all	,,un						- / `			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 AKA CHANGEDI Part VII Investments - Other Securities.	JIVES.ORG	62	-6081698 _{Page}
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	a 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) 🛙	Description		(b) Book value
(1) INVENTORY DEPOSITS			16,649
(2) SECURITY DEPOSITS			2,250
(3) ANNUITY - DEFERRED COMPENS	SATION		189,792
(4) CONSTRUCTION IN PROGRESS -	- WEBSITE		7,225
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		215,916
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED COMP. RETIRED LT	EMPLOYEE		170,895
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	25)		170,895
Liability for uncertain tax positions. In Part XIII, provide			

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... X Schedule D (Form 990) 2022

Sche	AKA CHANGEDLIVES.ORG			62-	6081698	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With				0
	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	592	053.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	400,225.			
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	. 2d				
е	Add lines 2a through 2d			2e		225.
3	Subtract line 2e from line 1			3	191,	828.
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	. 4 a	33,463.			
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c		463.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		291.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total expenses and losses per audited financial statements			1	745	545.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a				
b	Prior year adjustments	. 2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)					
d e		2d		2e		0.
a e 3	Other (Describe in Part XIII.)	2d		2e 3	745,	0.
-	Other (Describe in Part XIII.) Add lines 2a through 2d	2d		3	745,	
3	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2d		3	745,	
3 4	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2d		3		545.
3 4	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2d 4a 4b	33,463.	3 4c	33,	463.
3 4 b 5	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2d 4a 4b	33,463.	3	33,	545.

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.

PART X, LINE 2:

THE	ORGAN	IZATI	ON DOES	S NOT	BELIE	IVE TH	IERE	ARE	ANY	MATER	IAL	UNCERT.	ΑΙΝ ΤΑΣ	ζ
POS	ITIONS	AND,	ACCORI	DINGL	Y, IT	WILL	NOT	RECO	GNIZ	E ANY	LIA	BILITY	FOR	
UNC	ERTAIN	TAX	POSITI	ONS. I	FOR TH	IE YEA	AR EN	DED	SEPT	EMBER	30,	2023,	THERE	WERE
NO	INTERES	ST OR	PENAL	TIES 1	RECORI	DED OR	R INC	LUDE	DIN	ITS	FINA	NCIAL	STATEM	ENTS.
THE	RETURI	NS FO	R 2019	AND I	BEYONI	REMA	IN S	UBJE	СТ Т	O EXA	MINA	TION.		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service								
Name of the organization ONE ON OI								
J	AKA CHANGEDLIVES.ORG							
Part I General Information on Grants	and Assistance							
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's p 	istance?							
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
CHILDREN'S NUTRITION PROGRAM PO BOX 3720 CHATTANOOGA, TN 37404	20-1394468	501(C)3	60,129.	0.	N/A	N/A	HAITI CHILDREN	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OOD, SHELTER, CLOTHING, MEDICAL	0	44,260.	0.		
DIRECT CASH ASSISTANCE - INDIGENT	0	2,500.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 62-6081698

FORM 990, PART VI, SECTION B, LINE 11B:

ONE ON ONE

AFTER COMPLETED FORM 990 HAS BEEN RECEIVED FROM THE ACCOUNTANTS, EACH

MEMBER OF THE GOVERNING BODY IS NOTIFIED THAT THE RETURN IS AVAILABLE FOR

THEIR REVIEW INCLUDING ANSWERING ANY QUESTIONS RAISED.

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FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND DIRECTORS CONVENE THREE TIMES EACH YEAR FOR BOARD MEETINGS.

IT IS REQUIRED TO DISCLOSE ANY INTEREST AT THAT TIME THAT MIGHT POSE OR BE

A POTENTIAL CONFLICT. A CONFLICT WOULD RESULT IN THE BOARD REQUESTING A

GIVEN DIRECTOR TO SUBMIT HIS RESIGNATION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF TRUSTEES, USUALLY ACTING AS A BODY, WOULD USE THEIR EXPERIENCE AS BUSINESSMEN, TO DETERMINE AN APPROPRIATE COMPENSATION LEVEL.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION DOES MAKE SUCH DOCUMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: JAMES F. STEFFNER, JR. - 238 WEST BROW ROAD, LOOKOUT MOUNTAIN, TN 37350 GLENN H. MORRIS, JR. - 1192 CUMBERLAND ROAD, CHATTANOOGA, TN 37419 PATRICIA CYR WATLINGTON - 14561 SCENIC HWY, LOOKOUT MOUNTAIN, GA 30750 H.G. BAGLEY - 1245 COOPER DRIVE, LEXINGTON, KY 40502

Schedule O (Form 990) 2022 Name of the organization ONE ON ONE AKA CHANGEDLIVES.ORG	Page 2 Employer identification number 62-6081698
BOOKS, LITERATURE, ETC:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	21,193.
TOTAL EXPENSES	21,193.
STORAGE:	
PROGRAM SERVICE EXPENSES	20,555.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,555.
TELEPHONE :	
PROGRAM SERVICE EXPENSES	18,055.
MANAGEMENT AND GENERAL EXPENSES	950.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	19,005.
MAILING SERVICE:	
PROGRAM SERVICE EXPENSES	8,891.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,829.
TOTAL EXPENSES	11,720.
MISCELLANEOUS EXPENSE:	
PROGRAM SERVICE EXPENSES	11,692.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
232212 10-28-22	Schedule O (Form 990) 202

Schedule O (Form 990) 2022 Name of the organization ONE ON ONE AKA CHANGEDLIVES.ORG	Page Employer identification number 62-6081698
TOTAL EXPENSES	11,692
MOVING EXPENSE:	
PROGRAM SERVICE EXPENSES	5,795
MANAGEMENT AND GENERAL EXPENSES	305
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	6,100
TAXES, LICENSES & FEES:	
PROGRAM SERVICE EXPENSES	3,145
MANAGEMENT AND GENERAL EXPENSES	166
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	3,311
DUES & SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	2,904
MANAGEMENT AND GENERAL EXPENSES	153
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	3,057
REPAIRS & MAINTENANCE:	
PROGRAM SERVICE EXPENSES	734
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	734

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PROGRAM SERVICE EXPENSES

Schedule O (Form 990) 2022 Name of the organization ONE AKA CHANGEDLIVES.ORG	Page 2 Employer identification number 62-6081698
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	267.
BOARD MEETINGS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	96.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	96.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 97,730.