| | | | ** 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)

| | ONE ON ONE | |
|----|---|---|
| - | 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)
 AKA
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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**

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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. |
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| 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 | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | 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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| AKA | CHANGEDLIVES.ORG |

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

AKA CHANGEDLIVES.ORG

Schedule A (Form 990) 2022

62-6081698 Page 2

| 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

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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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| AKA | CHANGEDLIVES.ORG |
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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, |
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** 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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|-----|-----|----------------|
| AKA | CHZ | ANGEDLIVES.ORG |

| 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 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | |
| | 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 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | | | | | |
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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 | | | | |
| Pert Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization asswered 'Yes' on Form 990, Part IV, line 6. 1 Total number at end of year. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of combinitions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of campitotions to (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of campitotions colduring year) (c) Donor advised funds (c) Funds and other accounts 5 Did the organization's property subject to the organization's exclusive legal control? (c) Ne (c) Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charatable private benefit? (c) Ne Ne Part IL Composition and for the benefit of the donor advisor or donor advisor. (c) for any other purpose orfering impersaviton classments benefits? (c) Preservation of a historically important land area 1 Protocoly of conservation easements head by the organization conservation casement or a conservation assement is backed (c) Donos the organization have a conservation assement is backed 2 Compositio lines 2 at morupi 7 public use (f) conservation | Nam | e of the organizati | • | | Da | | Employ | | | | | |
| organization answered 'Yes' on Form 990, Part IV, Ine 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at and of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (b) (c) (c) 3 Aggregate value of ants from (during year) (c) (c) (c) (c) 4 Aggregate value of ants from (during year) (c) (c) </th <th>De</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> | De | | | | | | | | | | | |
| 1 Total number at end of year (a) Denor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Aggregate value of contributions to (during year) (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (c) Aggregate value at end of year (c) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that grant funds can be used only for charatistic purposes, oncore, and donor advisors in writing that grant funds can be used only for charatistic purposes and to for the benefit? No 6 Did the organization inform all grantees, donors, and donor advisor, or for any other purpose confering important land area Proceedition of advisor in writing that grant funds can be used only. (e) Preservation of land for public use (for example, recreation or advisor, or for any other purpose confering important land area Proceedition of advisor in advisor, or for any other purpose confering important land area 1 Proceedition of advisor appendix Preservation of a historically important land area Preservation of open space 2 Complete lines 2: althrough 2: the organization contribution in the form of a conservation assements included in (a) 2d 2d 4 Number of conservation easements included in (a) 2d 2d 2d 5 Total number of states where property subject to conservation | Pa | | | - | | or A | ccount | S.Complete if the | | | | |
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| 2 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Dot the organization inform all donors and conor advisors in writing that the assets held in donor advised funds are the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor of roor any other purpose conferring importantial branches, donors, and donor advisors in or mriting that grant funds can be used only for chartable purposes and not for the benefit of the donor of roor any other purpose conferring important benefit? Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Protection of natural habitat Protection of open space 2 Complete lines 2 at twoids 2 of the organization in education or education Proservation of a conservation easements held by the organization cellucation cellucation of a conservation easement in the last day of the tax year. 2 Total annote of conservation easements included in (a) acquired after July 25,2006, and not on a historic structure listed in the National Register 3 Number of conservation easements included in (a) acquired after July 25,2006, and not on a historic structure listed in the nonitioning, inspection, handling of violations, and enforcement proceed the conservation easements in locitad 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in locitad 5 Does the organization answered 'Yes' on Form 990, Part IV, line 3, 5 Term 900, Part IV, line 4, 5 Does each conservation easements in locitage, estimations, and enforcing conservation easements during the year 5 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 5 Amount of expenses incurred in monitoring, inspecting, handling of vi | | | | | | | | | | | | |
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| 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 | | | | |
| 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 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 | 9 | | | | | | | | | | | |
| 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 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 included on Form 990, Part X included in Form 990, Part X | | | | • | - | | | bes the | | | | |
| 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: | | | | | | | | | | | | |
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (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 | Pa | | | | f Art, Historical Treasures, or O | ther S | Similar | Assets. | | | | |
| 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 | | Complete if | f the organiza | tion answered "Yes" on Forn | n 990, Part IV, line 8. | | | | | | | |
| 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 | | | | |

232051 09-01-22

| | 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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62-6081698

Page 2

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. | | |
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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.

AKA CHANGEDLIVES.ORG

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 |

DIGITAL LIBRARY - OLD FORMAT:

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. |
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