# Form **990**

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the 2	2016 calen	dar year, or ta	ax year begi	nning Oct	1	, 2016	6, and endin	g Sep	30	,	2017	
В	Check if app	plicable:	C Name of orga	anization Cha	angedLive	es.org				D Employ	yer identif	fication number	
	Addres	ss change	Doing busine		a Ben Had	W	ngelical	Assn		62-	60816	598	
	Name	change	Number and		x if mail is not del			Room/s	suite	E Teleph			
	Initial r		1401 WIL	P PMAT.T	יפבבת			111		1/12	31 8-	75-0911	
		turn/terminated			, country, and ZIP	or foreign posta	al code	1111		(42	3) 0	5-0911	
	H		15 10		, , ,	er rereign poore		27.100					
	-	ded return	CHATTANO				TN	37408	111/2 1 111	G Gross			
	Applica	ation pending	F Name and ad	32 32					2000000	a group return		103	
			Dallas H. Gibb						If 'No,'	subordinates attach a list. (	included? see instru	ctions) Yes No	
1	Tax-exe	mpt status	X 501(c)(3)	501(c) (	ii) <b>▼</b> (	nsert no.)	4947(a)(1) o	or 527					
J	Websi	te: ► WW	W.CHANGEI	DLIVES.O	RG				H(c) Group	exemption nu	mber >		
K	Form of o	organization:	X Corporation	Trust	Association	Other >	L	Year of formation	n: 1968	8 <b>M</b> s	State of leg	gal domicile: TN	
Pa	art I	Summar	v								TRANSPORTED TO		
			e the organiza	ation's missio	n or most sign	nificant activ	ities: S	EE STATI	EMENT	BELOW			
a.										DDDON_			
2	-												
Ha	_												
Ne.	2 Ch	eck this box	x ▶ if the	organization	n discontinue	d its operation	ons or dispos	ed of more th	nan 25% c	of its not a			
ၓ	3 Nu		ting members								3	5	
∞ ∞	4 Nu		lependent votir								4	5	
tie	5 To	tal number	of individuals	employed in	calendar year	2016 (Part	V, line 2a) .				5	2	
Activities & Governance	6 To	tal number	of volunteers (	estimate if no	ecessary)						6	10	
A	<b>7a</b> To	tal unrelate	d business rev	enue from P	art VIII, colum	nn (C), line 1	2				7a	0.	
			business taxal								7b	0.	
								3330 II 10 A	Р	rior Year		Current Year	
d)	8 Co	ntributions	and grants (Pa	art VIII, line 1	h)					186,3	55.	202,463.	
Revenue	9 Pro	ogram servi	ce revenue (P	art VIII, line 2	<u>2g)</u>					20070		202/100.	
eve.	10 Inv	estment ind	come (Part VIII	l, column (A)	lines 3, 4, ar	nd 7d)				65,7	39	20,202.	
ď	11 Otl	her revenue	(Part VIII, col	umn (A), line	s 5, 6d, 8c, 9	c, 10c, and	11e)			007	-	20/202.	
			- add lines 8							252,0	94.	222,665.	
									Company of the Compan	249,0		241,797.	
	<ul> <li>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</li></ul>								243,011.			241,131.	
			s, other compensation, employee benefits (Part IX, column (A), lines 5-10)							222 2	1.0	240 252	
ses						233,3	10.	240,253.					
Expenses	-c 0004 N		undraising fees										
Ϋ́	II.		ng expenses (					13,674.	1940	EMPARATE			
			es (Part IX, col						994,745.			663,491.	
	18 Tot	tal expense	s. Add lines 13	3-17 (must ed	qual Part IX, c	olumn (A), I	ine 25)		1	,477,0	72.	1,145,541.	
	19 Re	venue less	expenses. Sub	otract line 18	from line 12					,224,9		-922,876.	
989									The second second	ng of Curren		End of Year	
Net Assets Fund Baland	20 Tot	tal assets (F	Part X, line 16)						- V	,163,6		7,309,646.	
A B	<b>21</b> Tot	tal liabilities	(Part X, line 2	(6)						5,8		6,347.	
Net L	22 Ne	t assets or i	fund balances.	Subtract line	21 from line	20							
		Signatur		Cubirdot iiri	ZT HOIII IIIIC	20	· · · · · · · · ·		1 8	,157,8	13.	7,303,299.	
comp	er penaities d plete. Declara	ation of prepare	lare that I have exa er (other than office	mined this return r) is based on all	, including accomp information of whi	panying schedul ich preparer has	es and statement any knowledge.	ts, and to the bes	st of my know	rledge and be	lief, it is tru	ue, correct, and	
		I.	11/20	11. 1	1	6her							
٥: -		Signatur	e of officer	cas 1	A.	nicus			U.	1/26/1	8		
Sig He	yn To								Dat	ie			
пе	re		Las H Gib		A				Presi	dent a	ind C	EO	
_			•		10 1/2 )	1		T					
		Print Type pr	eparer's name		Preparer's sign	ature /	1.110	Date		Check	I if P	TIN	
Pa		Stephe	n D. Ande	erson		1) Ull		01/26/	18	self-employe	d P	01025626	
	eparer	Firm's name	► STEPH	IEN D. A	NDERSON,	CPA	8 8						
Us	e Only	Firm's addres	ss ► PO BC	X 23645						Firm's EIN	42-	1644655	
				ANOOGA			TN 3742	22-3645		Phone no.	(423)		
May	the IRS	discuss this	return with the		own above?	(see instruct		22 3043	NS SS 20 R1 SHIR	. Hono Ho.	1423		
	A F D			o proparer ar		(SSC IIISTIUCI	10113)	• • • • •				X Yes No	

. M	Oncomic of Novamor Concarios		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		X
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	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	11 f		Х
12	a 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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

Part IV Checklist of Required Schedules (continued) No Yes X 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . . . . 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II . . . . . . . 21 X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, X 22 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 X 23 X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease d 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 transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I........ X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. . . . . 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X 34 X 35a b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X 38 BAA Form 990 (2016)

### Form 990 (2016) ChangedLives.org Page 5 62-6081698 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V . . . . . . . . Yes 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . . 1 a 9 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . . . . . 0 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1 c 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . X 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?.... 3 a X b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. . . . 3 b 4 a 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)? . . . X 4 a 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). 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... X 5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.... Χ 5 b 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X 7 a 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . . . . . . . . . . . . . 7 d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. X 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. . . 7 f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 X 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a X 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring X 8 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966? . . . . . . . . .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.....

14b

X

X

9 a

Form	1990 (2016) ChangedLives.org 62-6081698		Р	age 6
Par	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes a Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	in		
_		• • •		· \ \ \ \ \
Sec	tion A. Governing Body and Management			
1 a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	Enter the number of voting members included in line 1a, above, who are independent	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7 a	Did the organization have members or stockholders?	6 7 a		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?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	i de d	ij	
	The governing body?	8 a	Χ	
	Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		X
b	of 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?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11 a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Χ	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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?			
	The organization's CEO, Executive Director, or top management official	15 a	Χ	
b	Other officers or key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
	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?	16 b		
	tion C. Disclosure		8	
17	List the states with which a copy of this Form 990 is required to be filed ► Tennessee			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.	vailab	le	
	Own website  Another's website  Y Upon request  Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	: to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Dallas H. Gibbons 1401 Williams St., #111 Chattanooga TN 37408 (42	23) 8	15-0	191

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Part VII Co	ompensation of Officers, Directors, Trustees, Key Employees, Highest Co dependent Contractors	mpensated Employe	es, and
Ch	eck 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any rela	ited organi	zatio	n co	mpe	ensa	ited a	ny (	current officer, dire	ctor, or trustee.	
			900	(C)						
(A) Name and Title	(B) Average hours per	Pos thar is	s both	(do no box, i an o ector/	fficer truste	eck more s person and a ee)		(D)  Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	_0.00	X	E 633			1		0.	0.	0.
(2) Dallas H, Gibbons Pres/CEO/Director	40.00	Х		Х		Х		111,030.	0.	0.
(3) JAMES F. STEFFNER, JR.  Director	0.00	Х	14					0.	0.	0.
(4) Glenn H. Morris, Jr. Director	_0.00	Х						0.	0.	0.
	_0.00	Х						0.	0.	0.
(6)										· · · · · · · · · · · · · · · · · · ·
(8)										
(9)										
(10)										
(11)										
(12)										J'
(13)										
(14)										
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Part VII   Section A. Officers, Directors, Tru	stees,	Key	Em	ple	oye	es,	and	d Highest Com	pensated Emp	loyees (continued)
	(B)			(0	55.5					
(A) Name and title	Average hours per week (list any	box	unle cer a	ss pe	erson directe	than o	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
	related organiza - tions	ctor to	onal t	•	ploye	ee com	~			organizations
	below dotted line)	ıstee	rustee		ď	pensa				
	,		(b			l e				
(15)							1		**	
(16)										
(47)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)									÷	
(25)									-	
1 b Sub-total.							<b>.</b>	111,030.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)								111,030.	0	
Total number of individuals (including but not limited	to those	listed	abo	ve)	who	rece	ive	d more than \$100,0	0. 000 of reportable cor	0. npensation
from the organization   1										
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such inc	or trustee	, key	em	ploy	ee, (	or hig	hes	t compensated em	ployee	Yes No
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual	nan \$150,0	2000	If 'Y	es,'	and com	other <i>plete</i>	cor Scl	mpensation from hedule J for		4 X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpensati	on fro	om a	ny ι	ınre	lated	org	anization or individ	ual	walle is a finicis
Section B. Independent Contractors	implete o	criedi	ile o	101	Suci	i pei	3011			.   3     A
<ol> <li>Complete this table for your five highest compensate compensation from the organization. Report comper</li> </ol>	ed indeper	ndent the	con	ntrac	tors	that ir end	rece	eived more than \$1 with or within the	00,000 of	ar.
(A)  Name and business address								(B) Description of		(C) Compensation
x	-						$\dashv$	2 30011011 01	377700	
							+			
2 7										
2 Total number of independent contractors (including the \$100,000 of compensation from the organization of the property of the state	out not lim	ited t	o th	ose	liste	d abo	ove)	who received mor	e than	
BAA	7	FEAO	100	11110	11.0					Form 990 (2016)

## Form 990 (2016) ChangedLives.org 62-6081698 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . . . . . . . . . (A) Total revenue (B) (C) (D) Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512-514 1 a Federated campaigns . . . . . Program Service Revenue and Other Similar Amounts 1 a b Membership dues . . . . . . 1 b c Fundraising events . . . . . . 1 c d Related organizations . . . . . 1 d e Government grants (contributions) . . 1 e f All other contributions, gifts, grants, and similar amounts not included above . . 1 f 202,463 g Noncash contributions included in lines 1a-1f: \$ . 463 **Business Code** f All other program service revenue . . Investment income (including dividends, interest and 31,097 31,097 Income from investment of tax-exempt bond proceeds . . . (i) Real 6 a Gross rents . . . . . b Less: rental expenses c Rental income or (loss) . . d Net rental income or (loss) . . . . . . . . (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 193,482 b Less: cost or other basis and sales expenses . . . 204,377 c Gain or (loss) . . . . -10,895d Net gain or (loss)..... -10,895-10,8958 a Gross income from fundraising events Other Revenue (not including . . \$ of contributions reported on line 1c). See Part IV, line 18. . . . . . . . . . . . . . . .

b Less: direct expenses	b	Color Colorador	Art SOLET SE	Add Salas	
c Net income or (loss) from gaming activit	ies ▶				
10 a Gross sales of inventory, less returns and allowances	а				
b Less: cost of goods sold	b		and major soul		and the property
c Net income or (loss) from sales of invent	tory				<b>60.00</b> 000000000000000000000000000000000
Miscellaneous Revenue	Business Code		Francisco Control		Manager and the second
11a					
b					
с					
d All other revenue					
e Total. Add lines 11a-11d		<del> </del>			

12

b Less: direct expenses . . . . . . .

9 a Gross income from gaming activities. See Part IV, line 19. . . . . . . .

c Net income or (loss) from fundraising events . . . . . . ▶

Total revenue. See instructions . . . . . . .

665

0

62-6081698

# Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 7b, 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	77,750.	77,750.								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	164,047.	164,047.		医乳腺性 经基本帐户						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members	111,030.	72,170.	36,640.	2,220.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	111,000.	72,170.	30,040.	2,220.						
7	Other salaries and wages	83,716.	41,858.	33,486.	8,372.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	00,7100	11/0001	33, 100.	0,012.						
9	Other employee benefits	30,609.	16,804.	11,544.	2,261.						
10	Payroll taxes	14,898.	8,723.	5,365.	810.						
11	Fees for services (non-employees):										
i	a Management										
ı	b Legal	18,390.	0.	18,390.	0.						
	c Accounting	==1.==.	, , , , , , , , , , , , , , , , , , ,	20/030:	<u> </u>						
	d Lobbying										
	e Professional fundraising services. See Part IV, line 17										
	f Investment management fees	10,446.	0.	10,446.	0.						
100	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	10/110.	0.	10,440.	0.						
13		6.046		6.046							
	Office expenses	6,846.	0.	6,846.	0.						
14	Information technology										
15	Royalties										
16	Occupancy	19,499.	18,524.	975.	0.						
17	Travel	1,873.	48.	1,825.	0.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest				30.440,00.250,00.000						
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	24,242.	20,157.	4,085.	0.						
23	Insurance	13,333.	12,666.	667.	0.						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
ā	3										
k	Radio Time Purchased	70,918.	70,918.	0.	0.						
	Suplies and Services	12,179.	12,179.	0.	0.						
	Books, Literature, etc	61,438.	12,448.	0.	48,990.						
	All other expenses	424,327.	349,424.	23,882.	51,021.						
	Total functional expenses. Add lines 1 through 24e	1,145,541.	877,716.	154,151.	113,674.						
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)	·	·		F 000 (0040)						

Form 990 (2016) ChangedLives.org
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	6,798,462.	1	3,982,814.
	2	Savings and temporary cash investments		2	80 V III III
	3	Pledges and grants receivable, net		3	
0	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	3	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	is a stall all of the same of	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	27,338.	8	117,192.
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	145,912.	10 c	149,784.
	11	Investments – publicly traded securities	348,880.	11	2,216,802.
	12	Investments – other securities. See Part IV, line 11	340,000.	12	2,210,002.
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets	**************************************	14	
	15	Other assets. See Part IV, line 11	843,054.	15	843,054.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,163,646.	16	7,309,646.
	17	Accounts payable and accrued expenses	5,833.	17	6,347.
	18	Grants payable	3,033.	18	0,347.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	The state of the s
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	X V
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L	n i i i sa sala duna sa	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	5,833.	26	6,347.
		Organizations that follow SFAS 117 (ASC 958), check here ► x and complete	Laster College Constitution		0,017.
Ses		lines 27 through 29, and lines 33 and 34.	<b>14. 金数据用于各种</b>	- 4	harbere e e
au	27	Unrestricted net assets	7,800,683.	27	6,945,822.
ब्रु	28	Temporarily restricted net assets	357,130.	28	357,477.
0	29	Permanently restricted net assets		29	33.7
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.	en iz men a engan men Santa da en en en en en en en en Santa da en		
S	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances.	8,157,813.	33	7,303,299.
2	34	Total liabilities and net assets/fund balances	8,163,646.	34	7,303,299.
BAA			0,100,040.	1	Form <b>990</b> (2016)

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Form 990 (2016) ChangedLives.org	02 0001	. 698		Pa	ge 1:		
Part XI Reconciliation of Net Assets							
Check if Schedule O contains a response or note to any line in this Part XI					. [		
1 Total revenue (must equal Part VIII, column (A), line 12)				22,6			
2 Total expenses (must equal Part IX, column (A), line 25)	2			45,5			
3 Revenue less expenses. Subtract line 2 from line 1	3		100	22,8			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			57,8			
5 Net unrealized gains (losses) on investments	5		-11-000 - 4555	68,3			
6 Donated services and use of facilities							
7 Investment expenses	7						
8 Prior period adjustments	8						
9 Other changes in net assets or fund balances (explain in Schedule O)	9						
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				7718			
column (B))	10		7,30	03,2	99.		
Part XII Financial Statements and Reporting							
Check if Schedule O contains a response or note to any line in this Part XII					. Г		
			$\neg \neg$	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 in Schedule O.							
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	**********	Χ		
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or	reviewed on a						
separate basis, consolidated basis, or both:	TOVIOVICA OII A						
Separate basis Consolidated basis Both consolidated and separate basis					2024/00/22/400		
b Were the organization's financial statements audited by an independent accountant?			2 b	X			
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a	separate						
basis, consolidated basis, or both:	5 500-20-40-00-100-00-00-00-00-00-00-00-00-00-00-0						
Separate basis     Consolidated basis     Both consolidated and separate basis							
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?	ight of the audit,		2 c	Х			
If the organization changed either its oversight process or selection process during the tax year, expla in Schedule O.	ain						
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	n in the Single		3 a		Х		

BAA

3 b

Form 990 (2016)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization Employer identification number ChangedLives.org 62-6081698 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (iv) Is the (v) Amount of monetary (vi) Amount of other organization listed support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	444,664.	250,978.	1,164,209.	186,355.	202,463.	2,248,669.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		9				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	444,664.	250,978.	1,164,209.	186,355.	202,463.	2,248,669.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		24 - 264 24 - 264			ACT OF STREET	2,248,669.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	444,664.	250,978.	1,164,209.	186,355.	202,463.	2,248,669.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	85,156.	165,443.	175,787.	65,739.	20,202.	512,327.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				00,100.	20,202.	012/02/1
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			Separation of the			2,760,996.
12	Gross receipts from related activiti	es, etc. (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 2016	6 (line 6, column (f	) divided by line 11	, column (f))		14	81.44 %
15	Public support percentage from 20	15 Schedule A, Pa	art II, line 14			15	84.50 %
16a	33-1/3% support test—2016. If the and stop here. The organization q	e organization did ualifies as a public	not check the box cly supported organ	on line 13, and line	e 14 is 33-1/3% or	more, check this b	ox ► [X]
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did qualifies as a public	not check a box or cly supported orga	n line 13 or 16a, an nization	d line 15 is 33-1/3°	% or more, check t	his box
17a	10%-facts-and-circumstances te or more, and if the organization methe organization meets the 'facts-a	st—2016. If the orgets the 'facts-and- nd-circumstances'	ganization did not o circumstances' tes test. The organiza	check a box on line st, check this box a tion qualifies as a	e 13, 16a, or 16b, a nd <b>stop here.</b> Exp publicly supported	and line 14 is 10% lain in Part VI how organization	
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-circumstances' facts-and-circumstances to the organization meets the 'facts-and-circumstances' facts-and-circumstances to the organization meets the or	eets the 'facts-and- circumstances' test	-circumstances' tes t. The organization	t, check this box a qualifies as a pub	nd <b>stop here.</b> Exp licly supported org	lain in Part VI how anization	the ▶
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instructio	ns ▶
DAA	The state of the s					TO SEE THE SECOND SECON	

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

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

Sec	tion A. Public Support										
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')				2						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that are not an unrelated trade or business under section 513				164						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge		*								
6	Total. Add lines 1 through 5										
<b>7</b> a	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	8					1				
С	Add lines 7a and 7b										
8	Public support. (Subtract line 7c from line 6.)		54 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Application of the second						
Sec	tion B. Total Support		F								
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
9	Amounts from line 6					eron and any or publications about address.					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				4						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
C	Add lines 10a and 10b										
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				,						
	Total support. (Add lines 9, 10c, 11, and 12.)										
14	First five years. If the Form 990 is organization, check this box and s	for the organization for the o	on's first, second, t	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ []				
	tion C. Computation of Pu										
	, , , ,						96				
	Public support percentage from 20			No. of the last of		16	ojo				
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	9	-		M. Control of the con				
17	Investment income percentage for	2016 (line 10c, co	lumn (f) divided by	line 13, column (f	))	17	96				
18	Investment income percentage fro		0/12/01/01/01/01/01/01/01/01/01/01/01/01/01/				%				
19a	33-1/3% support tests-2016. If this not more than 33-1/3%, check the	he organization did	not check the box	on line 14, and lir	ne 15 is more than	33-1/3%, and line					
	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%,	he organization did check this box and	not check a box of stop here. The or	on line 14 or line 19 ganization qualifie	9a, and line 16 is m s as a publicly sup	nore than 33-1/3%, ported organization	and				
20	line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

Pa	art IV Supporting Organizations (continued)			
2000			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	5.II 2	
Sec	ction 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	ellació Sastell	225 135
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations		•	
1				
	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 government entity (see instruction	ns).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
d	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.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
i	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? <i>Provide details in Part VI</i> .	3a	ei ij	
1	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations	n Nov. 20, must com	1970 (explain in Part \nplete Sections A throu	/I).See gh E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	GANGES	A 1994 A Colored Studies March also periods and dev	2010 Generalismen Schiller (1956)
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1 c	# 150 FF 180 FF 180 FF	The second secon
C	Total (add lines 1a, 1b, and 1c)	1 d		
e	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 1-1/2% of line 3 (for greater amount, see instructions).	4		E
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		a a a a
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2	policie anticipation de la con-	
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	a ericasonagos a a citados E especialeste a a especial	
6	<b>Distributable Amount.</b> 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 integra (see instructions).	ated Type	III supporting organizat	ion

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ons,	
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ation is responsive (provid	le details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	ages of the second		
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			gers a legan sandrum . The explanation of the legan
3	Excess distributions carryover, if any, to 2016:			
а	salamas tradecipus com es al carsinalidada la constalla su constalla successiva e consequente			Transport and devaded
b				
c	From 2013		Library Space and	
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			Make that class to
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount		not carried to an all forms	
i	Carryover from 2011 not applied (see instructions)		4本学数点学协会学	Sept Market Market
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,		194500000000	Branches (1979) Branch
	line 7: \$	1	F-74 - 254 F-94	
	Applied to underdistributions of prior years			El Cardinal Sudan Hard Rail Sans
	Applied to 2016 distributable amount	95 5 5 5 5 5 5 5 5 6	-0.000 ORG 11.00	
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			professional and the first
а		Company Control		Company of the company of the
b	Excess from 2013			and the same of the same of
С	Excess from 2014			Linksper Co. Co.
d	Excess from 2015		2020 200000	
5000000	Excess from 2016	Section 1	Maria de Maria de Maria de Maria	

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Schedule A (Form 990 or 990-EZ) 2016

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

## SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Open to Public Inspection

Name of the organization ChangedLives.org 62-6081698 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) . . . . . Aggregate value at end of year . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2 b 2 c c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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: 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 SFAS 116 (ASC 958) relating to these items: 

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)
b   Scholarly research   e   Other   c   Preservation for future generations   d   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   5   During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.   Yes   No
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?.  1b If 'Yes,' explain the arrangement in Part XIII and complete the following table:  1
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.  1. Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X??  1. Is the organization the arrangement in Part XIII and complete the following table:  2. Explain the arrangement in Part XIII and complete the following table:  3. Amount  4. Amount  4. Amount  5. Explaining balance  4. Light and the year  5. Ending balance  6. It is a facility and the year  6. Ending balance  7. It is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  8. It is a facility and the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  1. Beginning of year balance  1. Amount  1. Beginning of year balance  1. Amount is a Beginning of year balance  2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) heid as:  3. Board designated or quasi-endowment is a Bear of year balance  5. Bear of year balance  6. Cermporarily restricted endowment is a Bear of year balance  9. Permanent endowment is a Bear of year balance  9. Permanent endowment is a Bear of year balance  1. Percentages on lines 2a, 2b, and 2c should equal 100%.  3. Are there endowment funds not in the possession
Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 91.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?.  1 b If Yes, explain the arrangement in Part XIII and complete the following table:  6 Beginning balance 6 Additions during the year 1 c
be sold to raise funds rather than to be maintained as part of the organization's collection'
Initial Section of the properties of an amount on Form 990, Part X, line 21.  1 a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If Yes,' explain the arrangement in Part XIII and complete the following table:    Comparison of the properties of the customer of the comparison of the customer of the cus
on Form 990, Part X?.  b If Yes, 'explain the arrangement in Part XIII and complete the following table:  c Beginning balance.  d Additions during the year.  e Distributions during the year.  2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
c Beginning balance
c Beginning balance
d Additions during the year
e Distributions during the year  f Ending balance.  2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
f Ending balance
2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.   1 a Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.    A Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back
1 a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
and losses
e Other expenditures for facilities and programs
and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  b Permanent endowment  c Temporarily restricted endowment  The percentages on lines 2a, 2b, and 2c should equal 100%.  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  3a(ii)  b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment   b Permanent endowment   c Temporarily restricted endowment   The percentages on lines 2a, 2b, and 2c should equal 100%.  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations   (ii) related organizations   3a(ii)   b If 'Yes' on line 3a(ii), are the related organization's endowment funds.
a Board designated or quasi-endowment  \$ b Permanent endowment  \$ c Temporarily restricted endowment  \$ The percentages on lines 2a, 2b, and 2c should equal 100%.  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations
b Permanent endowment    c Temporarily restricted endowment    The percentages on lines 2a, 2b, and 2c should equal 100%.  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations
c Temporarily restricted endowment ►
The percentages on lines 2a, 2b, and 2c should equal 100%.  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations
3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations
organization by:  (i) unrelated organizations
organization by:  (i) unrelated organizations
(ii) related organizations
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.
Part VI Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
Description of property (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value
(investment) basis (other) depreciation
1 a Land
b Buildings
c Leasehold improvements
d Equipment
e Other
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
A)			
B)			
(C)			
D)			
E)			11
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >	<u> </u>		
Part VIII Investments — Program Related. Complete if the organization answered '	Yes' on Form 990.	Part IV. line 11c. See Form 990. Part IV.	art X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-or	f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)▶		Part IV line 11d. See Form 990. P	art X. line 15.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered		Part IV, line 11d. See Form 990, P	art X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered (a) De	Yes' on Form 990, escription	Part IV, line 11d. See Form 990, P	art X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered	Yes' on Form 990, escription	Part IV, line 11d. See Form 990, P	(b) Book value 0 808,906
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) 10.4375% interest in Salem Farms (2) Beaufort, LLC (3) Coin Collection	Yes' on Form 990, escription	Part IV, line 11d. See Form 990, P	(b) Book value 0 808, 906 29, 732
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) 10.4375% interest in Salem Farms (2) Beaufort, LLC (3) Coin Collection (4) Gold Coins	Yes' on Form 990, escription	Part IV, line 11d. See Form 990, P	(b) Book value 0 808, 906 29, 732
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December 10.4375% interest in Salem Farms (2) Beaufort, LLC (3) Coin Collection (4) Gold Coins (5)	Yes' on Form 990, escription	Part IV, line 11d. See Form 990, P	(b) Book value 0 808, 906 29, 732
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets. Complete if the organization answered  (a) December 10.4375% interest in Salem Farms  (2) Beaufort, LLC  (3) Coin Collection  (4) Gold Coins  (5)  (6)	Yes' on Form 990, escription	Part IV, line 11d. See Form 990, P	(b) Book value 0 808, 906 29, 732
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December 10.4375% interest in Salem Farms (2) Beaufort, LLC (3) Coin Collection (4) Gold Coins (5) (6) (7)	Yes' on Form 990, escription	Part IV, line 11d. See Form 990, P	(b) Book value 0 808, 906 29, 732
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets. Complete if the organization answered  (a) De  (1) 10.4375% interest in Salem Farms  (2) Beaufort, LLC  (3) Coin Collection  (4) Gold Coins  (5)  (6)  (7)  (8)	Yes' on Form 990, escription	Part IV, line 11d. See Form 990, P	(b) Book value 0 808, 906 29, 732
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December 10.4375% interest in Salem Farms (2) Beaufort, LLC (3) Coin Collection (4) Gold Coins (5) (6) (7)	Yes' on Form 990, escription	Part IV, line 11d. See Form 990, P	(b) Book value 0 808, 906 29, 732
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets. Complete if the organization answered  (a) De  (1) 10.4375% interest in Salem Farms  (2) Beaufort, LLC  (3) Coin Collection  (4) Gold Coins  (5)  (6)  (7)  (8)  (9)	Yes' on Form 990, escription of		(b) Book value  0 808,906 29,732 4,416
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De  (1) 10.4375% interest in Salem Farms (2) Beaufort, LLC (3) Coin Collection (4) Gold Coins (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities.	Yes' on Form 990, escription of		(b) Book value  0 808,906 29,732 4,416
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Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December (a) December (b) Must equal Form 900, Part X, column (B) (Column (b) must equal Form 990, Part X, column (B) (Column (b) must equal Form 990, Part X, column (Column (b) Must equal Form 990, Part X, column (Column	Yes' on Form 990, escription of		(b) Book value  0 808,906 29,732 4,416
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Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets. Complete if the organization answered  (a) De  (1) 10.4375% interest in Salem Farms  (2) Beaufort, LLC  (3) Coin Collection  (4) Gold Coins  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' on  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	Yes' on Form 990, escription of		(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1 280,581.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	2.
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	3 212,219.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 10, 446	<u>6.</u>
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1 1,135,095.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1,135,095.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1,135,095.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	1,135,095.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:         a Donated services and use of facilities	1,135,095.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:         a Donated services and use of facilities.       2 a         b Prior year adjustments       2 b         c Other losses       2 c         d Other (Describe in Part XIII.)       2 d	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:         a Donated services and use of facilities	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:         a Donated services and use of facilities.       2 a         b Prior year adjustments.       2 b         c Other losses.       2 c         d Other (Describe in Part XIII.)       2 d         e Add lines 2a through 2d       3         Subtract line 2e from line 1       3	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:         a Donated services and use of facilities.       2 a         b Prior year adjustments.       2 b         c Other losses.       2 c         d Other (Describe in Part XIII.)       2 d         e Add lines 2a through 2d       2 c         3 Subtract line 2e from line 1       4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:         a Donated services and use of facilities.       2a         b Prior year adjustments       2b         c Other losses       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2d         3 Subtract line 2e from line 1       4 Amounts included on Form 990, Part IX, line 25, but not on line 1:         a Investment expenses not included on Form 990, Part VIII, line 7b       4a	2e 3 1,135,095.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:         a Donated services and use of facilities.       2 a         b Prior year adjustments       2 b         c Other losses       2 c         d Other (Describe in Part XIII.)       2 d         e Add lines 2a through 2d       2 d         3 Subtract line 2e from line 1       4 Amounts included on Form 990, Part IX, line 25, but not on line 1:         a Investment expenses not included on Form 990, Part VIII, line 7b       4 a         b Other (Describe in Part XIII.)       4 b	2e 3 1,135,095.
Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	2e 3 1,135,095.  6 4c 10,446.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:         a Donated services and use of facilities.       2 a         b Prior year adjustments       2 b         c Other losses       2 c         d Other (Describe in Part XIII.)       2 d         e Add lines 2a through 2d       2 d         3 Subtract line 2e from line 1       4 Amounts included on Form 990, Part IX, line 25, but not on line 1:         a Investment expenses not included on Form 990, Part VIII, line 7b       4 a         b Other (Describe in Part XIII.)       4 b	2e 3 1,135,095.  6 4c 10,446.

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.

# SCHEDULE I

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2016

OMB No. 1545-0047

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

<sup>∞</sup> Open to Public Inspection Employer identification number Yes Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on 62-6081698 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 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part I General Information on Grants and Assistance ChangedLives.org Department of the Treasury Internal Revenue Service Name of the organization

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) First Presbyterian Church 554 McCallie Avenue	62-0565960	501(c)3	10,750.	.0	na	na	Memorials
1111100 Prog	20-1394468	501(c)3	62.450.	C	eu	g g	Haiti Children
				~			*
(4)							
<u>(5)</u>							
				E e	a		
<u>(8)</u>							
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations list</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	and government organs listed in the line 1	anizations listed in the table.	ted in the line 1 table				0

Schedule I (Form 990) (2016)

TEEA3901

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

Schedule I (Form 990) (2016) ChangedLives.org

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Food, shelter, clothing, medical	17	109,093.	0.	0. na	na
2 Direct cash assistance - indigent	23	40,554.	.0	0. na	na
3 School scholarship & tuition funds	2	14,400.	.0	0. na	na
4 Educational books, supplies, etc	0	0.	0	0. na	na
ro.					
တ					
7	22				
Part IV Supplemental Information. Provide the information		required in Part I. lir	ne 2: Part III. colum	required in Part I. line 2. Part III. column (b): and any other additional information.	ditional information.

# SCHEDULE O (Form 990 or 990-EZ)

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

2016

62-6081698

OMB No. 1545-0047

► Attach to Form 990 or 990-EZ. Open to Public Inspection ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ChangedLives.org	62-608
Pt VI, Line 11b	After completed Form 990 has been received from
Pt VI, Line 11b	the accountants, each member of the governing body
Pt VI, Line 11b	is notified that the return is available for
Pt VI, Line 11b	their review including answering any questions raised.
Pt VI, Line 15a	The Board of Trustees, usually acting as a body,
Pt VI, Line 15a	would use their experience as businessmen, to
Pt VI, Line 15a	determine an appropriate compensation level.
Pt VI, Line 19	The organization does make such documents
Pt VI, Line 19	available to the public upon written request.
Pt VI, Line 12c	Officers and Directors convene three times each year
Pt VI, Line 12c	for Board meetings. It is required to disclose any
Pt VI, Line 12c	interest at that time that might pose or be a
Pt VI, Line 12c	potential conflict. A conflict would result in the
Pt VI, Line 12c	Board requesting a given Director to submit his
Pt VI, Line 12c	resignation.

Schedule O (Form 990) Supplemental Information to Form 990 Form 990, Page 6, Line 9 (continued)

Name	Address	City	St	ZIP
John W. Queen, Jr.	503 Lake Ave.	Signal Mtn.	TN	37377
James F. Steffner	238 West Brow Rd	Lookout Mtn	TN	37350
	1196 Cumberland Rd		TN	37419
Patricia Cyr Watlington	14561 Scenic Hwy.	Lookout Mtn	GA	30750

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Website Maintenance	3,660.	3,660.	0.	0.
Moving Expense	1,550.	0.	1,550.	0.
Dues and Subscriptions	3,786.	3,597.	189.	0.
Gifts and Flowers	13,529.	0.	13,529.	0.
Mailing Service	64,594.	13,573.	0.	51,021.
Miscellaneous	25,235.	16,943.	8,292.	0.
Repairs and Maintenance	24,955.	24,955.	0.	0.
Telephone	6,437.	6,115.	322.	0.
Program Promotion	91,664.	91,664.	0.	0.
Special Projects	0.	0.	0.	0.
(Excluding Contract Services)	0.	0.	0.	0.
New Books	37,094.	37,094.	0.	0.
Digital Conversion	79,427.	79,427.	0.	0.
Database Project	10,721.	10,721.	0.	0.
One on One Outreach	19,830.	19,830.	0.	0.
Digital Master Library	38,845.	38,845.	0.	0.
As Spoken	3,000.	3,000.	0.	0.