Form **990-PF**

Department of the Treasury Internal Revenue Service Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information

OMB No 1545-0052

2017

Open to Public Inspection

1 Of Car	iendar year 2017 or tax year beginning	, 2017	, and ending			
CUAN	GE A LIFE FOUNDATION		Į.	Α	Employer identification nur 33-0935713	nber
	N GLASSELL #204		}	В	Telephone number (see inst	ructions)
	GE, CA 92866		,	_	Telephone Hamber (ess met	
Olum	OL, ON 92000		İ			
				С	If exemption application is	pending, check here
G Ch	eck all that apply Initial return	Initial return of a form	ner public charity	D 1	Foreign organizations, chec	k here
	Final return	Amended return	,		Totelyii organizations, chec	ik field
	Address change	Name change	İ	1 2	Foreign organizations meet	
H Ch	eck type of organization. X Section 501	(c)(3) exempt private t	oundation 0	D	here and attach computation	on [_]
ĺ	Section 4947(a)(1) nonexempt charitable t		7/1	E	If private foundation status	was terminated
I Fair	market value of all assets at end of year J Acc	ounting method C	ash X Accrual	1	under section 507(b)(1)(A)	, check here
(fro	D	Other (specify)	E. (F	If the foundation is in a 60	-month termination
► \$	5 540,155. (Part I,	column (d) must be or	n cash basis)	•	under section 507(b)(1)(B)	
Part	Analysis of Revenue and	(a) Revenue and	(b) Net investment	+	(c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts in	expenses per books	income	`	income	for charitable
	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)					purposes
	(see instructions)					(cash basis only)
	1 Contributions, gifts, grants, etc., received (attach schedule)	1,900,000.				
	2 Check ► X if the foundation is not required to attach Sch B					
•						
} }	Interest on savings and temporary cash investments Dividends and interest from securities				RECEIVED	
17.	5 a Gross rents			6	- COLIVED	<u>ul ————</u>
4	b Net rental income			용	SEP 1 1 2018	<u>Ø</u>
β B	or (loss) 6 a Net gain or (loss) from sale of assets not on line 10			ŏ	SEL I I SOID	RS-O
R E	b Gross sales price for all			- 1	OCDEN UE	≊
٧	assets on line 6a 7 Capital gain net income (from Part IV, line 2)		 		OGDEN, UT	-
E N	8 Net short term capital gain		<u></u>	-+		
U	9 Income modifications			-+		
E	10 a Gross sales less returns and					
	allowances					
W	b Less Cost of goods sold		}	1		
SCANNE	C Gross profit or (loss) (attach schedule).		,			
\$	11 Other income (attach schedule)					
Ź						
m	12 Total. Add lines 1 through 11	1,900,000.		0.	0.	
\cup	13 Compensation of officers, directors, trustees, etc	0.	<u> </u>			
130	14 Other employee salaries and wages	240,905.				
-4	15 Pension plans, employee benefits	7,266.		_		·
⊗ Å	16a Legal fees (attach schedule) b Accounting fees (attach sch) See St 1					
€ M		35,455.		\rightarrow		
12 N	c Other professional fees (attach sch)		ļ			
NISTRAT	17 Interest 18 Taxes (attach schedule Ysee unstrs) See Stm 2	70 51.				
ÇÇE T		18,514.				ļ
A A	Depreciation (attach schedule) and depletion See Stmt 3	1,812.				
	20 Occupancy	38,400.	 	-+		
N Ý G E	21 Travel, conferences, and meetings	12,856.		\dashv		
A E	22 Printing and publications.	6,508.		$\neg \uparrow$		
N X	23 Other expenses (attach schedule)			\neg		
E N	See Statement 4	107,778.				
S E	24 Total operating and administrative	460 404				
S	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid Part XV	469,494.		-+		1 414 750
		1,414,758.	 	-+		1,414,758.
	26 Total expenses and disbursements Add lines 24 and 25	1,884,252.	[0.	0.	1,414,758.
	27 Subtract line 26 from line 12:	2,001,202.	 	- 		1,313,700.
	a Excess of revenue over expenses			1		
	and disbursements	15,748.		\bot		
	b Net investment income (if negative, enter -0-)			0.		
	C Adjusted net income (if negative, enter -0-)				0.	<u></u>
DAA	For Panerwork Reduction Act Notice see ins	tructions	TECANEDAL ON	125/17		Form 990-DE (2017)

Sidn

Par	Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
1 41	···		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	-bearing	461,321.	482,554.	482,554.
	2	-	ary cash investments			<u> </u>
	3	Accounts receivable	-			
	1	Less: allowance for	doubtful accounts •			
	4 Pledges receivable			=	21 Jan 1 - 4	
	1	Less, allowance for	doubtful accounts >			
	5	Grants receivable				
	6	Receivables due from offic disqualified persons (attac	ers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans rec	eivable (attach sch)			
Ą	}	Less: allowance for	doubtful accounts ►			
š	8	Inventories for sale	or use			
A S E T	9	Prepaid expenses ar	nd deferred charges	8,228.	5,434.	5,434.
Ś	10	Investments – US obligations (attach s	and state government chedule)			
	l i	Investments - corporate	stock (attach schedule)			
	(: Investments — corporate	bonds (attach schedule)			
	11	Investments – land, equipment: basis	buildings, and			
		Less accumulated deprec (attach schedule)	ation •	-		
	12	Investments - morte	gage loans.			
	13	Investments - other	(attach schedule)			
	14	Land, buildings, and				
		Less accumulated deprec (attach schedule)	ation Stmt 5 ► 77,940.	3,471.	1,659.	1,659.
			be ► See Statement 6)	60,324.	50,508.	50,508.
	L	see the instructions	completed by all filers — Also, see page 1, item I).	533,344.	540,155.	540,155.
Ļ	17	Accounts payable ar	nd accrued expenses	48,239.	39,302.	ļ
À	18	Grants payable			 	
В	19	Deferred revenue				
Ļ	20	*	tors, trustees, & other disqualified persons			
÷	21		payable (attach schedule)			
<u>i</u>	22	Other habilities (des	cribe)			,
	23	Total liabilities (add	lines 17 through 22)	48,239.	39,302.	
		and complete lines	24 through 26, and lines 30 and 31.			
N F E U T N	24	Unrestricted				
ŦŇ	25	Temporarily restricte				
A D	26	Permanently restrict	[}
A B S A E L		and complete lines	not follow SFAS 117, check here X 27 through 31.			
TA	27	Capital stock, trust p	orincipal, or current funds			,
5 N	28	Paid-in or capital surplus,	or land, bldg , and equipment fund			
O E	29		lated income, endowment, or other funds	485,105.	500,853.	
RS	30		und balances (see instructions)	485,105.	500,853.) -
	31	(see instructions)	net assets/fund balances	533,344.	540,155.	
Par	+ 111		ges in Net Assets or Fund Balance		340,133.	
1	ota end-	i riet assets or fund ba of-year flaure reported	alances at beginning of year – Part II, colu d on prior year's return)	mn (a), line 30 (must a	gree with	485,105.
2		r amount from Part I,	•		2	15,748.
3		increases not included in lii			3	13,140.
		lines 1, 2, and 3				500,853.
5		ases not included in line 2 (itemize).		5	
_			plances at end of year (line 4 minus line 5)	- Part II, column (b) I		500,853.
BAA			, , , , , , , , , , , , , , , , , , ,	2, 22.2 (0), 1		

(a) List and describe	e the kind(s) of property sold (for example house, or common stock, 200 shares	le, real estate, MI C Company) (b) Ho	v acquired urchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a N/A		. 0-	Donation		
b					
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or ((e) plus (f) m	(loss) inus (g))
а					
b	· ·				
С					
d					
e			\bot		
Complete only for assets sho	owing gain in column (h) and owned b			(I) Gains (Col.	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		gain minus col (k), b nan -0-) or Losses (fr	
a					
<u>b</u>			_		
<u> </u>					
<u>d</u>	 		_		
Capital gain net income or (r		enter in Part I, line 7		T	
2 Net short-term capital gain o	r (loss) as defined in sections 1222(5)		2	 	
, 5	ine 8, column (c) See instructions If	` ` <i>`</i>	3		
	er Section 4940(e) for Reduce	d Tay on Not Investment I		<u></u>	
	e this part blank lection 4942 tax on the distributable a alify under section 4940(e). Do not co	•	riod?	Yes	X No
1 Enter the appropriate amount in	n each column for each year, see the ins	structions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution (col (b) divided	
2016	1,613,164.	155,99			10.341391
2015	1,653,169.	196,86		<u>-</u>	8.397689
2014	1,249,156.	143,55			8.701342
2013	1,433,375.	108,64	5.		13.193077
2012	1,884,308.	857,68	2.		2.196977
2 Total of line 1, column (d).			2		42.830476
3 Average distribution ratio for th number of years the foundation	e 5-year base period – divide the total coon has been in existence if less than	on line 2 by 5 0, or by the 5 years	3		8.566095
4 Enter the net value of nonch	arıtable-use assets for 2017 from Par	t X, line 5	4		244,854.
5 Multiply line 4 by line 3			5	2	2,097,443.
6 Enter 1% of net investment i	ncome (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		2,097,443.
8 Enter qualifying distributions	from Part XII, line 4		8		L,414,758.
If line 8 is equal to or greater the	han line 7, check the box in Part VI, line	1b, and complete that part using a	1% tax	rate See the	

Par		instructi	ons)					
1 a	Exempt operating foundations described in section 4940(d)(2), check here				3			
	Date of ruling or determination letter (attach copy of letter if necessary – see instructions)							
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1			0.			
	check here ▶ and enter 1% of Part I, line 27b							
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)	·						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2			0.			
3	Add lines 1 and 2	3			0.			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			0.			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			0.			
6	Credits/Payments							
а	2017 estimated tax pmts and 2016 overpayment credited to 2017 6 a 79.	} }			1			
b	Exempt foreign organizations — tax withheld at source 6 b] }			1			
С	Tax paid with application for extension of time to file (Form 8868) 6 c			_	4			
d	Backup withholding erroneously withheld 6 d]						
7	Total credits and payments Add lines 6a through 6d	7			79.			
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached	8						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			79.			
11	Enter the amount of line 10 to be Credited to 2018 estimated tax 79. Refunded	11			0.			
Par	t VII-A Statements Regarding Activities							
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1 a	Yes	No X			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		. 1b		Х			
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities							
С	Did the foundation file Form 1120-POL for this year?		1 c		X			
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				1			
	(1) On the foundation $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0	_	1	İ			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers		1 1	1	1 1			
2	foundation managers S O. Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		_ X			
_	If 'Yes,' attach a detailed description of the activities		2					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		X			
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		X			
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b	N	/A			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X			
	If 'Yes,' attach the statement required by General Instruction T							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1 1	}				
	By language in the governing instrument, or		1 1		1			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		6	X	í			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV		7	X				
8 a	Enter the states to which the foundation reports or with which it is registered. See instructions							
	CA			ł				
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If 'No,' attach explanation		86	х				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If 'Yes,' complete	r 4942(j)(5 e Part XIV	9		- X			
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names							
	and addresses		10		<u>X</u>			
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Pa	rt VII-A	Statements R	regarding	ACTIVITI	es (cor	ntinuea)								
11	At any ti within th	ime during the year ne meaning of secti	r, did the fou ion 512(b)(13	undation, 3)? If 'Ye:	directly o	or indirectly n schedule	ı, own a co See ınstrı	ontrolled entity actions	/			11	Yes	No X
12	Did the for	oundation make a di privileges? If 'Yes	stribution to a	donor ad tement S	lvised fun See instri	nd over which uctions	h the found	lation or a disqi	ualified pers	on had		12		х
13	13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?							tion?	13	X				
		address			► N/A									
14		ks are in care of ►						7070 707	Telephone ZIP + 4 ►		<u>(702)</u>	869	<u>-976</u>	0
15		at ► _6970_S_ 4947(a)(1) nonexe								891	13	N/Ā		П.
,,,		er the amount of ta			_				illeck field	► •	15	+1/ ++		∐ N/A
16		me during calendar y	•						er authority	_			Yes	No
	bank, se	ecurities, or other fi	inancial acco	ount in a f	foreign c	ountry?			or authority	over a		16		X
		instructions for exc name of the foreign		i filing red	quiremen	its for Finci	EN Form	114 If Yes,						
Pa	rt VII-B	Statements R	egarding	Activiti	es for	Which Fo	rm 4720	May Be Re	equired					
		m 4720 if any item			$\overline{}$								Yes	No
1:	a During th	ne year, did the found	dation (either	directly of	r indirectl	ly)								,
	(1) Eng.	age in the sale or e	exchange, or	leasing of	of prope	rty with a d	ısqualıfıed	person?		Yes	X No			
		ow money from, le	end money to	o, or othe	rwise ex	tend credit	to (or acco	ept it from) a		Yes	XNo			
	(3) Furr	nish goods, service:	s, or facilitie	s to (or a	ccept the	em from) a	disqualifie	ed person?		Yes	X No		,	ĺ
	(4) Pay	compensation to,	or pay or rei	mburse th	he exper	nses of, a d	isqualified	person?		Yes	XNo			
		nsfer any income oi he benefit or use o				on (or make	e any of e	ther available		Yes	X No			
	(6) Agre foun of g	ee to pay money or dation agreed to ma overnment service,	r property to ke a grant to , if terminatir	a govern or to emp ng within	ment off loy the of 90 days	ficial? (Exce fficial for a p)	eption. Ch period after	eck 'No' if the termination		Yes	X No	 		[
1	b If any ar Regulati	nswer is 'Yes' to 1a ons section 53 494	a(1)–(6), did i1(d)-3 or in	any of th a current	ne acts fa notice re	ail to qualify egarding di	y under the saster ass	e exceptions o istance? See	described in instructions	1		 1 b	 N	/A
	Organiza	ations relying on a	current notic	ce regard	ing disas	ster assistai	nce, check	k here		•				i
•	c Did the that wer	foundation engage e not corrected bet	in a prior ye fore the first	ar in any day of th	of the a	icts describi ar beginnini	ed in 1a, c g in 2017?	other than exc	epted acts,			1 c		<u>X</u>
2	Taxes of private of	n failure to distribu operating foundatio	te income (s n defined in	ection 49 section 4	142) (doe 1942(j)(3)	es not apply) or 4942(j)	for years (5)).	the foundation	n was a					
i	a At the ear	nd of tax year 2017 Part XIII) for tax ye	7, did the fou ear(s) beginr	ındatıon l nıng befoi	nave any re 2017?	undistribut	ted income	e (lines 6d		Yes	XNo			
	If 'Yes,'	list the years ►	20 , 20	0 ,2	20 ,	20				_				
ı	(relating	e any years listed i to incorrect valuat s listed, answer 'No	tion of assets	s) to the y	year's ur	ndistributed	income?	provisions of se (If applying se	ection 4942 ection 4942((a)(2) (a)(2) to		2 b	N	/A
		ovisions of section		are being	applied	to any of th	ne years li	sted in 2a, list	the years	here				
	▶ 20_	_ , 20 , 20 _	_ , 20											
3	a Did the senterpris	foundation hold mo se at any time durii	ore than a 2%	% direct o	or indirec	t interest in	any busir	ness		Yes	X No			
l	or disqu by the C (3) the la	did it have excess alified persons afte commissioner unde apse of the 10-, 15 ne if the foundation	er May 26, 19 r section 494 -, or 20-year	969, (2) th 43(c)(7)) first pha	ne lapse to dispos se holdir	of the 5-ye se of holdin ng period?	ar period ((or longer peri ed by gift or be	od approve equest, or	d	_	3 b	N	/A
4		foundation invest d le purposes?	luring the ye	ar any an	nount in	a manner t	hat would	jeopardize its				4a		X
	jeopardiz the tax y	foundation make ai te its charitable purp year beginning in 2	ose that had	nt in a pri not been i	or year or or or or or or or or or or or or or	(but after D from jeopard	ecember 3 dy before th	31, 1969) that ne first day of	could			4 b		X
BAA	١.										Fo	rm 99 ()-PF (2017)

Total number of other employees paid over \$50,000

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Part VIII Information About Offic and Contractors (continuation)	ers, Directors, Trustees, Found ued)	dation Managers, Highly Paid	Employees,
3 Five highest-paid independent contra	ctors for professional services. See in	structions. If none, enter 'NONE.'	
(a) Name and address of each person	son paid more than \$50,000	(b) Type of service	(c) Compensation
None			
			1
			1
			}
			Ì
			1
			\
			1
Total number of others receiving over \$50,0	00 for professional services		• 0
Part IX-A Summary of Direct Char	ritable Activities		
Tartix-A Summary of Direct Ghai			
List the foundation's four largest direct charitable activit organizations and other beneficiaries served, conference	ies during the tax year Include relevant statistica	Il information such as the number of	Expenses
			
1 VARIOUS - SEE STATEMENT	8		_{
			- 3 414 750
			1,414,758.
2			_
			-
3			
3			-
			-
*			-
~			-
Part IX-B Summary of Program-R	elated Investments (see instru	ations)	
Describe the two largest program-related invest	tments made by the foundation during the	a tay year on lines 1 and 2	Amount
	thents made by the loundation during the	tax year on lines I and 2	Arribuilt
1 N/A			-
			-
2			
			-
			-
All other program-related investments See	instructions		

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Total. Add lines 1 through 3

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Par	Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reign	foundations,
1 a	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes Average monthly fair market value of securities.	1 a	
	Average of monthly cash balances	1 b	248,583.
	Fair market value of all other assets (see instructions)	1 c	240,303.
	Total (add lines 1a, b, and c)	1 d	248,583.
	Reduction claimed for blockage or other factors reported on lines 1a and	 	240,303.
	1c (attach detailed explanation) 1 e 0.	1 1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
	Subtract line 2 from line 1d	3	248,583.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	3,729.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	244,854.
6	Minimum investment return. Enter 5% of line 5	6	12,243.
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations, check here ☐ and do not complete this part.)	ting fo	oundations
1	Minimum investment return from Part X, line 6	1	12,243.
2 a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017 (This does not include the tax from Part VI) 2b	1 1	
c	Add lines 2a and 2b	2 c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	12,243.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	12,243.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	12,243.
Par	Qualifying Distributions (see instructions)	 -	
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	1,414,758.
b	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 a	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3 a	
	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,414,758.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part 1, line 27b See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,414,758.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	ndation	
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Part XIII Undistributed Income (see instructions)

1. Distributable amount for 2017 from Part XI. Inter 7		(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
2. Undustributed mome, if any, as of the end of 2007, a Enter amount for 2016 only b Total for proxy years 20					
a Enter amount for 2016 only b totals for pure yeas 3 0 3 0 0 0 3 Excess distributions cargover, if any, to 2007 a Fronz 2012	<u></u>				12,243.
b Total for goor years 20	· · · · · · · · · · · · · · · · · · ·			0.	
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d Excess from 2016 1,605,364.	2/212/5/01				
		 			

Form 990-PF (2017) CHANGE A LIFE FO				33-093571	
Part XIV Private Operating Foundation					N/A
1a If the foundation has received a ruling or determined is effective for 2017, enter the date of the	ermination letter that ruling	it is a private operat	ing foundation, and th	ne ruling	
b Check box to indicate whether the foundar	-	erating foundation o	described in section	4942(J)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year	1	Prior 3 years		(e) Total
income from Part I or the minimum investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014 /	(c) 10tai
each year listed					
b 85% of line 2a	ļ	 	<u> </u>		
c Qualifying distributions from Part XII, line 4 for each year listed	 		ļ		
d Amounts included in line 2c not used directly for active conduct of exempt activities			ļ		
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test — enter					
(1) Value of all assets	\ \	ļ <u> </u>	1,/		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part:XV	(Complete this	part only if the	foundation had	\$5,000 or more	in
assets at any time during th Information Regarding Foundation Mana	_ 	structions.)			
a List any managers of the foundation who hav	e contributed more th	nan 2% of the total co	ontributions received	by the foundation bef	ore the
close of any tax year (but only if they have None	e contributed more	than \$5,000) (See	section 507(d)(2))	,	
b List any managers of the foundation who own	10% or more of the	stock of a cornoration	on (or an equally large	nortion of the owner	ship of
a partnership or other entity) of which the None	foundation has a 1	0% or greater inter	est		op
2 Information Regarding Contribution, Grant,	Gift Loan Scholard	nin etc Programs:			
Check here ► X if the foundation only marequests for funds. If the foundation make	kes contributions to	preselected charitable			
2a, b, c, and d See instructions a The name, address, and telephone number o	r email address of th	e nerson to whom ar	onlications should be	addressed	
- The harrier, deal cost, and telephone harries of	on an address of an	e porosii to mioni up	pprications should be	200,03300	
b The form in which applications should be	submitted and infor	mation and materia	als they should inclu	de	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograp	phical areas charita	the fields kinds of	nstitutions or other	factors
The state of the s	erri as sy goograp		iolo nolos, kinos or r	nonucions, or other	1401013
	TE	EA0310L 09/14/17			orm 990-PF (2017)

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3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Recipient Purpose of grant or contribution **Amount** Name and address (home or business) a Paid during the year VARIOUS (Cash) - SEE STMT 8 MISC 1,384,966. VARIOUS (Watches) - SEE STMT 8 MISC 29,792. ► 3a Total 1,414,758. b Approved for future payment Total 3 b BAA Form-990-PF-(201-7)-TEEA0501L 08/24/17

	I-A Allalysis of Income-r roducing /			T		
	s amounts unless otherwise indicated	(a) Business code	d business income (b) Amount	(c) Exclu- sion	section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions)
				code		
				+		
						
_						
ď						
e						
1 =						
•	and contracts from government agencies			 		
	bership dues and assessments					
	st on savings and temporary cash investments					
	lends and interest from securities					
	rental income or (loss) from real estate					
	-financed property					
	debt-financed property					<u></u>
	ental income or (loss) from personal property			1		
-	r investment income			1	·	
8 Gain d	or (loss) from sales of assets other than inventory					
	ncome or (loss) from special events		- 	1		
10 Gros	s profit or (loss) from sales of inventory					!
11 Othe	r revenue]
a						
b						
c						
ď						
е						
				1 1 -		
12 Subt	otal Add columns (b), (d), and (e)			<u> </u>		
13 Tota	I. Add line 12, columns (b), (d), and (e)				13	0.
13 Tota (See works	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 				<u> </u>	0.
13 Tota (See works	I. Add line 12, columns (b), (d), and (e)		shment of Exemp	ot Purpos	<u> </u>	0.
13 Tota (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
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13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
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13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the
13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the Explain below how each activity for which in	Accompli	orted in column (e) of	Part XVI-A	es	Ly to the

Form 990-PF (2017) CHANGE A LIFE FOUNDATION 33-0 935713 Part XVII Information Regarding Transfers to and Transactions and Relationships With Non-charitable Exempt Organizations

								Van	NI-
describ	organization directly ed in section 501(c) o to political organizat	of the Code (other th	e in any of the follow han section 501(c)(3	ving with any ot) organizations	ther organization) or in section	on 527,		Yes	No
_	rs from the reporting		ncharitable exempt o	organization of]	,
(1) Cas	sh		•				1 a (1)		X
(2) Oth	er assets						1 a (2)		X
b Other to	ransactions.								
(1) Sal	es of assets to a non	charitable exempt of	organization				1 b (1)		X
(2) Pur	chases of assets fron	n a noncharitable e	xempt organization				1 b (2)		X
(3) Rer	ntal of facilities, equip	oment, or other asse	ets				1 b (3)		X
(4) Rei	mbursement arrange	ments					1 b (4)		X
(5) Loa	ns or loan guarantee	s					1 b (5)		X
(6) Per	formance of services	or membership or	fundraising solicitation	ons		-	1 b (6)		X
c Sharing	of facilities, equipme	ent, mailing lists, ot	her assets, or paid e	employees.		-	1 c		X
d If the arthe good any trai	nswer to any of the a ds, other assets, or ser nsaction or sharing ai	bove is 'Yes,' comp vices given by the re rrangement, show ii	ilete the following so porting foundation If t n column (d) the vali	hedule Columr the foundation re ue of the goods	n (b) should alv eceived less thar , other assets,	vays show the fair in Infair market value in I or services receive	market val। । ed	ue of	
(a) Line no	(b) Amount involved	(c) Name of nonc	haritable exempt organiza	tion (d)	Description of tran	sfers, transactions, and	sharing arran	gement	.s
N/A									
describe b If 'Yes,'	undation directly or inc ed in section 501(c) of complete the followi	of the Code (other thing schedule	nan section 501(c)(3)) or in section	5277 		Yes	<u>X</u> 1	No
) Name of organization	on	(b) Type of organ	ization	(c) Description of rel	ationship		
N/A									
									
correct	penalties of perium, I declar , and complete. Declaration	e that I have examined this of preparer (other than tax	s return, including accompa xpayer) is based on all info	anying schedules an irmation of which pre	d statements, and to eparer has any know	o the best of my knowledge rledge	je and belief, i	it is true	
Sign Here	MIChi		. 0/-	-107			May the il this return	n with the	ie l
nere	100 1/100		8/28	780 P	resident		preparer s See instru	shown b	elow?
Sign	ature of officer or trustee		Date	Til	tle			Yes	No
	Print/Type preparer's name	ne	Preparer's signature		Date	Check If	PTIN		
Paid			Non-Paid Pr	eparer	}	self-employed			
Preparer	Firm's name					Firm's EIN		ندوي	
Jse Only	Firm's address				جست بر				
,	1					Phone no	محيية		
BAA					7 7 7 7 7		Form 99 (LPF /	2017)
. = -			· · · · · · · · · · · · · · · · · · ·				1 01111 230	(

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2017

Name of the organization		Employer identification number
CHANGE A LIFE FOUNDATION		33-0935713
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priv	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Genera	l Rule or a Special Rule	
	·	2
	anization can check boxes for both the General Rule and a S	special Rule See Instructions
General Rule	7 000 DE II 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
property) from any one contributor Complete	Z, or 990-PF that received, during the year, contributions total te Parts I and II See instructions for determining a contribu-	aling \$5,000 or more (in money or itor's total contributions
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi), received from any one contributor, during the	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supported that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, the year, total contributions of the greater of (1) \$5,000 or (2)	16a, or 16b, and that
Form 990, Part VIII, line 1h, or (ii) Form 99	0-EZ, line 1 Complete Parts I and II	
For an organization described in section 50	11(c)(7), (8), or (10) filing Form 990 or 990-EZ that received	from any one contributor,
during the year, total contributions of more	than \$1,000 exclusively for religious, charitable, scientific, lib children or animals. Complete Parts I, II, and III	terary, or educational
purposes, et lei une proventien et ereetty te	of annual of annual of complete Funds I, II, and III	
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received	from any one contributor.
during the year, contributions exclusively for	or religious, charitable, etc., purposes, but no such contributi	ons totaled more than
\$1,000 If this box is checked, enter here the	ne total contributions that were received during the year for a my of the parts unless the General Rule applies to this organ	an <i>exclusively</i> religious,
	ple, etc., contributions totaling \$5,000 or more during the year	
Caution. An organization that isn't covered by 1990-PF), but it must answer 'No' on Part IV. Iir	the General Rule and/or the Special Rules doesn't file Scheo ie 2, of its Form 990, or check the box on line H of its Form	dule B (Form 990, 990-EZ, or 990-EZ or on its Form 990-PF
Part I, line 2, to certify that it doesn't meet the	filing requirements of Schedule B (Form 990, 990-EZ, or 99	0-PF)
DAA For Pananuark Paduation Act Notice and the unstr	ustions for Form 000, 000 E7, or 000 DE Schodulo P	(Form 000, 000 F7, or 000 DE) (2017)

Schedule B	(Form	990	990-F7	or 990-PF	١ ((2017)	
Scriedate D	,, 0,,,,,	220,	J30-L2,	01 330-11	, ,	~~~	

Page 1 of Employer identification number

1 of Part I

Name of organization CHANGE A LIFE FOUNDATION

33-0935713

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SWFF 6970 S CIMARRON ROAD, STE 170 LAS VEGAS, NV 89113	\$1,90 <u>0,</u> 000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
DAA.		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
BAA	TEFA0702L 08/09/17	Schedule B (Form 99)	0. 990-EZ, or 990-PF) (2017)

1 to

33-0935713

1 of Part II

Name of organization
CHANGE A LIFE FOUNDATION

Employer identification number

		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N/A		<u></u>
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	^{\$}	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given	Description of noncash property given S Description of noncash property given S Description of noncash property given S Description of noncash property given S Description of noncash property given S Description of noncash property given S Description of noncash property given S Description of noncash property given S Description of noncash property given S S Description of noncash property given S S S S S S S S S S S S S

Part III	Exclusively religious, charitable, e	tc., contributions to orga	nizations o	lescribed in section 501(c)(7), (8),
	or (10) that total more than \$1,000 for to the following line entry. For organizations of	ne year from any one contrit ompleting Part III, enter the tota	Dutor. Comple al of <i>exclusive</i>	te columns (a) through (e) and e/v re-ligious, charitable, etc.
	contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	(Enter this information once S	ee instruction	s). • \$N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
		(e) Transfer of gift		
	Transferee's name, addres	ss, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e)		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c)		(d)
No. from Part I	Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, addres		Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(6)		
	Transferee's name, addres	(e) Transfer of gift is, and ZIP + 4	Rela	tionship of transferor to transferee
	maine, address		Nela	actions of transferor to transferor

of Part III

2017	Federal Statements	Page 1
Client 703	CHANGE A LIFE FOUNDATION	33-0935713
7/10/18	CHANGE A LIFE I CONDATION	03·46PM
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees		
Accounting & Audit Fees	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 35,455. \$ 0. \$ 0.	<u> </u>
Statement 2 Form 990-PF, Part I, Line 18 Taxes		
Payroll Taxes	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 18,514. \$ 0. \$ 0.	(d) Charitable Purposes \$ 0.
Statement 4 Form 990-PF, Part I, Line 23 Other Expenses		
ADP PROCESSING CHARGES BANK CHARGES COMPUTER/WEBSITE EXPENSES DUES AND SUBSCRIPTIONS EMPLOYEE BENEFITS EVENTS INSURANCE OFFICE EXPENSE OFFICE SUPPLIES OTHER EXPENSES POSTAGE & COURIER STORAGE TELEPHONE/COMMUNICATIONS	(a) (b) Net (c) Expenses per Books Investment Adjusted \$ 1,380. 60. 5,405. 1,516. 50,220. 12,579. 5,063. 4,201. 3,181. 11,084. 3,949. 1,891. 7,249. Total \$ 107,778. \$ 0. \$ 0.	(d) Charitable Purposes

2	Λ	4	-
Z	u		_/

Federal Statements

Page 2

Client 703

CHANGE A LIFE FOUNDATION

33-0935713

7/10/18

03 46PM

Statement 5 Form 990-PF, Part II, Line 14 Land, Buildings, and Equipment

Category		Basis	Accum. Deprec.	Book Value	Fair Market Value
Furniture and Fixtures Machinery and Equipment To	\$ otal <u>\$</u>	26,751. 52,848. 79,599.	\$ 26,101. 51,839. \$ 77,940.	\$ 650. 1,009. \$ 1,659.	\$ 650. 1,009. \$ 1,659.

Statement 6 Form 990-PF, Part II, Line 15 Other Assets

DEPOSITS
OTHER RECEIVABLES
WATCHES (Porsche Design)

	_Book	<u>Value</u>	Market alue
	\$	3,200. 33,406.	\$ 3,200. 33,406.
Total	\$	13,902. 50,508.	\$ 13,902. 50,508.

Statement 7 Form 990-PF, Part VIII Compensation Explanation

AVAILABLE UPON REQUEST AVAILABLE UPON REQUEST

Statement 8

CHANGE A LIFE FOUNDATION Grants and Contributions Paid During the Year

Grant Description	Amount
Age Well Senior Services	21,686
Alisa Ann Ruch Burn Foundation	49,090
Ava's Heart	137,600
Azusa Pacific University	2,000
Beverly Hospital Foundation	5,000
Barnard College - Columbia University	5,000
Bentley University	5,000
The Burn Institute	16,402
CA State University Northridge	5,000
CA State Polytechnic University	5,000
CA State Los Angeles	10,000
Cal Poly San Luis Obispo	1,000
CA State University Dominguez Hills	5,500
CA State University Channel Islands	5,000
CA State University San Bernadino	10,000
Cancer Center of Santa Barbara	15,996
Casa De Amparo	10,386
Claremont McKenna College	5,000
Community Senior Services	11,507
Chapman University	2,000
Charitable Ventures of OC	7,500
Children's Services Auxiliary	27,079
City of Hope	79,892
Community Senior Services	27,476
Cypress College Foundation	5,000
Darmouth College	8 ,590
Deaf Community Service of San Diego	10,000
Family Care Network	8,343
Habitat for Humanity - East Bay	15,600
Human Options	7,060
Harvard University	3,239
Healthy Smiles for Kids of OC	25,000
Inspire Life Skills Training	4,280
Jewish Family Services Desert	10,000
Jewish Family Services - LA	18,135
Jewish Family Services - San Diego	9,570
Jewish Family & Child Services - SF	40,644

2017 Form 990-PF Part IX-A, Line 1 Part XV, Line 3a

Statement 8 CHANGE A LIFE FOUNDATION Grants and Contributions Paid During the Year

Grant Description	Amount
John Hopkins University	4,540
Just In Time Foster Youth	10,258
Kinship Center	8,746
LifeSTEPS	53,302
Lucile Packard Children's Hospital	6,500
Lucile Packard Foundation for Children	10,300
Massachusetts Institute - Tech	5,000
Marian Cancer Center	36,128
Martha's Village & Kitchen	7,278
Mercy House	11,430
Montebello - Commerce YMCA	10,000
National Multiple Sclerosis Society of So. California	17,243
National Multiple Sclerosis Society - Northern CA Chapter	11,624
New Beginnings Counseling Ctr.	22,487
Olive Crest Treatment Ctrs	29,982
OC Family Justice Center Foundation	3,277
Orange County Rescue Mission	12,881
Partners in Care Foundation	4,906
Penny Lane Centers	6,905
Pitzer College	160
People's Self-Help Housing	54,616
Pennsylvania State University	2,000
Pomnit Loma Nazarene University	1,500
Pomona College	3,200
Princeton University	4,700
Promises2Kids	5,657
Program for Torture Victims	37,439
Project Hope Alliance	12,279
Ronald MCDonald House - OC	5,300
SCAN	26,783
Smith College	3,977
San Diego State University	5,000
San Francisco State University	1,500
San Jose State University	6,500
Second Harvest	10,000
Second Story Associates	22,914
Senior Advocates of the Desert	10,000

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Statement 8 CHANGE A LIFE FOUNDATION Grants and Contributions Paid During the Year

Grant Description	Amount
St. Joseph Hospital	3,370
South County Outreach	8,138
Southern CA Resource Service	37,489
Survivors of Torture	38,994
Texas Christian University	5,000
The Pablove Foundation	10,000
The Shea Center	10,000
University of C.A. Riverside	2,500
UC Regents - Irvine	20,620
University of CA - San Diego	29,534
University of San Diego	1,500
United Cerebral Palsy	5,554
University of CA - Berkeley	33,750
University of CA - Los Angeles	60,914
University of CA - Santa Barbara	4,748
University of Southern California	4,000
University of Pennsylvania	5,000
University of Virginia	918
Vanguard University	1,500
With Hope, The Amber Craig Memo	15,300
Grant Reimbursements	(35,752)
Subtotal - Cash Grants	1,384,966
Other Non-Cash Grants/Gifts	29,792
Total Grants	1,414,758