

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation CHANGE A LIFE FOUNDATION		A Employer identification number 33-0935713	
Number and street (or P.O. box number if mail is not delivered to street address) 6970 S CIMARRON RD 170		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS, NV 89113		B Telephone number (see instructions) (702) 869-9760	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶\$ 178,069	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	3,500,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	3,500,000	0		
	13 Compensation of officers, directors, trustees, etc	212,221			
	14 Other employee salaries and wages	96,006			
	15 Pension plans, employee benefits	52,998			
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	38,425			
	c Other professional fees (attach schedule)	2,027			
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	728			
	19 Depreciation (attach schedule) and depletion	1,374			
	20 Occupancy	39,600			
	21 Travel, conferences, and meetings	10,215			
	22 Printing and publications				
	23 Other expenses (attach schedule)	33,694			
	24 Total operating and administrative expenses. Add lines 13 through 23	487,288	0		0
	25 Contributions, gifts, grants paid	3,356,676			3,356,676
	26 Total expenses and disbursements. Add lines 24 and 25	3,843,964	0		3,356,676
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-343,964			
	b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing	482,554	173,675	173,675
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ <u>3,200</u>			
		Less allowance for doubtful accounts ▶ _____		3,200	3,200
	4	Pledges receivable ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	5,434	910	910
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ <u>39,120</u>			
	Less accumulated depreciation (attach schedule) ▶ <u>38,836</u>	1,659	284	284	
12	Investments—mortgage loans				
13	Investments—other (attach schedule)				
14	Land, buildings, and equipment basis ▶ _____				
	Less accumulated depreciation (attach schedule) ▶ _____				
15	Other assets (describe ▶ _____)	50,508			
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	540,155	178,069	178,069	
Liabilities	17	Accounts payable and accrued expenses	39,302	21,180	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	39,302	21,180	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	500,853	156,889	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	500,853	156,889	
31	Total liabilities and net assets/fund balances (see instructions) .	540,155	178,069		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	500,853
2	Enter amount from Part I, line 27a	2	-343,964
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	156,889
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	156,889

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 { }	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions 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 ratio (col (b) divided by col (c))
2017	3,356,675	254,806	13 173454
2016	1,613,164	155,991	10 341391
2015	1,653,169	196,860	8 397689
2014	1,249,156	143,559	8 701342
2013	1,433,375	108,646	13 193077

2 Total of line 1, column (d)	2	53 806953
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	10 761391
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	254,806
5 Multiply line 4 by line 3	5	2,742,067
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	2,742,067
8 Enter qualifying distributions from Part XII, line 4 ,	8	3,356,676

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 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, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	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	
3	Add lines 1 and 2.	3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	79
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	79
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	
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 2019 estimated tax ▶ 0 Refunded ▶	11	79

Part VII-A Statements Regarding Activities

	Yes	No
1a 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?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • 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	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ CA _____		
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 General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ CHANGEALIFE.ORG	13	Yes	
14	The books are in care of ▶ RICHARD E TOMLIN JR. Telephone no ▶ (702) 869-9760			


Located at **▶** 6970 S CIMARRON ROAD SUITE 170 LAS VEGAS NVZIP+4 **▶** 89113

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			


Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? <input type="checkbox"/>	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a	During the year did the foundation pay or incur any amount to		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b
	Organizations relying on a current notice regarding disaster assistance check here. 	<input type="checkbox"/>	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870		No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LISA FUJIMOTO 1048 IRVINE AVENUE 609 NEWPORT BEACH, CA 92660	EXECUTIVE DI 40 00	212,221	37,067	0
RICHARD E TOMLIN JR 6970 S CIMARRON ROAD SUITE 170 LAS VEGAS, NV 89113	PRESIDENT 2 00	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JACLYN DUARTE 1048 IRVINE AVENUE 609 NEWPORT BEACH, CA 92660	PROGRAM DIRE 40 00	96,006	2,130	
Total number of other employees paid over \$50,000.				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. **▶**
Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 DISTRIBUTED 3,356,675 TO CHARITABLE ORGANIZATIONS THAT SERVE INDIVIDUALS WHO THROUGH NO FAULT OF THEIR OWN, HAVE EXPERIENCED AN INJURY, ILLNESS, DISABILITY, OR CATASTROPHIC LIFE EVENT, AND WHO ARE SUFFERING FINANCIAL HARDSHIP BY PROVIDING SUPPORT THAT PROMOTES SELF- SUFFICIENCY AND IMPROVES QUALITY OF LIFE	3,356,675
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 **▶**

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	4,925
b	Average of monthly cash balances.	1b	232,371
c	Fair market value of all other assets (see instructions).	1c	21,390
d	Total (add lines 1a, b, and c).	1d	258,686
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	258,686
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	3,880
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	254,806
6	Minimum investment return. Enter 5% of line 5.	6	12,740

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	12,740
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	12,740
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	12,740
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	12,740

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	3,356,676
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	3,356,676
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	3,356,676

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				12,740
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2018				
a From 2013.	1,427,945			
b From 2014.	1,241,978			
c From 2015.	1,643,326			
d From 2016.	1,605,364			
e From 2017.	1,402,515			
f Total of lines 3a through e.	7,321,128			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 3,356,676				
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2018 distributable amount.				12,740
e Remaining amount distributed out of corpus	3,343,936			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,665,064			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	1,427,945			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	9,237,119			
10 Analysis of line 9				
a Excess from 2014.	1,241,978			
b Excess from 2015.	1,643,326			
c Excess from 2016.	1,605,364			
d Excess from 2017.	1,402,515			
e Excess from 2018.	3,343,936			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e 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					
(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					
(1) 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					

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

Part XV	
1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have 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 corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here <input checked="" type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.	
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed JACLYN DUARTE 1048 IRVINE AVENUE 609 NEWPORT BEACH, CA 92660 (805) 423-1667 JDUARTE@CHANGEALIFE.ORG	
b The form in which applications should be submitted and information and materials they should include	
c Any submission deadlines	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors	

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments. . . .						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities. . . .						
5 Net rental income or (loss) from real estate						
a Debt-financed property.						
b Not debt-financed property.						
6 Net rental income or (loss) from personal property						
7 Other investment income.						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal Add columns (b), (d), and (e). . .						

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	*****	2019-03-20	*****	May the IRS discuss this return with the preparer shown below? (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KATIE HAMPTON		2019-04-29		P00292787
	Firm's name ▶ HOULDSWORTH RUSSO & COMPANY PC				Firm's EIN ▶ 88-0374623
Firm's address ▶ 8675 S EASTERN AVE STE A LAS VEGAS, NV 891232839					Phone no (702) 269-9992

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AGE WELL SENIOR SERVICES 24461 RIDGE ROUTE DRIV LAGUNA HILLS, CA 92653		PC	ASSISTANCE	7,513
ALISA ANN RUCH BURN FOUNDATION 50 N HILL AVENUE SUI PASADENA, CA 90017		PC	ASSISTANCE	49,338
ARTHRITIS FOUNDATION SOUTHERN CALI 800 W 6TH STREET LOS ANGELES, CA 90017		PC	ASSISTANCE	8,250
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AVA'S HEART9461 CHARLEVILLE BLVD BEVERLY HILLS, CA 90212		PC	ASSISTANCE	59,700
BROWN UNIVERSITY69 BROWN STREET PROVIDENCE, RI 02912			ASSISTANCE	5,000
BLIND CHILDREN'S LEARNING CENTER 18542-B VANDERLIP AVE SANTA ANA, CA 92705		PC	ASSISTANCE	17,782
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOWDOIN COLLEGE 5420 COLLEGE STATION BRUNSWICK, ME 04011		PC	ASSISTANCE	1,850
BOYS HOPE GIRLS HOPE 1041 W 18TH STREET A101 IRVINE, CA 92067		PC	ASSISTANCE	50,000
BURN INSTITUTE8825 AERO DRIVE 200 SAN DIEGO, CA 92123		PC	ASSISTANCE	27,267
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CALIFORNIA STATE UNIVERSITY NORTH 18111 NORDHOFF STREET NORTHRIDGE, CA 91330		PC	ASSISTANCE	5,000
CALIFORNIA STATE UNIVERSITY LONG B 1250 BELLFLOWER BLVD MS-LONG BEACH, CA 90804		PC	ASSISTANCE	13,305
CALIFORNIA STATE UNIVERSITY SAN BE 5500 UNIVERSITY PARKWAY SAN BERNANDINO, CA 92407		PC	ASSISTANCE	10,000
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CANCER CENTER OF SNATA BARBARA 300 W PUEBLO ST SANTA BARBARA, CA 93105		PC	ASSISTANCE	18,037
COMMUNITY SENIOR SERVICES 141 S SPRING STREET CLAREMONT, CA 91711		PC	ASSISTANCE	36,213
CHILDREN'S BUREAU 1910 MAGNOLIA AVENUE LOS ANGELES, CA 90007		PC	ASSISTANCE	3,000
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDREN'S BURN FOUNDATION 5000 VAN NUYS BLVD SHERMAN OAKS, CA 91403		PC	ASSISTANCE	50,000
CHILDREN'S HOSPITAL OF OC 1201 W LA VETA AVE ORANGE, CA 92868		PC	ASSISTANCE	25,000
CHILD ABUSE PREVENTION CENTER 2390 E ORANGEWOOD AVE ANAHEIM, CA 92806		PC	ASSISTANCE	10,000
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CITY OF HOPE1500 E DUARTE ROAD DUARTE, CA 91010		PC	ASSISTANCE	92,069
COUNCIL ON AGING 2 EXECUTIVE CIR 175 IRVINE, CA 92697		PC	ASSISTANCE	25,000
COMMUNITY SENIORSERV 1200 N KNOLLWOOD CIRC ANAHEIM, CA 92801		PC	ASSISTANCE	76,964
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DAVID & MARGARET HOME 1350 THIRD STREET LA VERNE, CA 91750		PC	ASSISTANCE	69,776
DARTMOUTH COLLEGE 6024 MCNUTT HALL HANOVER, NH 03755		PC	ASSISTANCE	4,000
DEAF COMMUNITY SERVICES OF SAN DIEG 1545 HOTEL CIRCLE SOUTH SAN DIEGO, CA 92108		PC	ASSISTANCE	13,191
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FAMILY SUPPORT NETWORK 1015 S PLACENTIA AVEN FULLERTON, CA 92831		PC	ASSISTANCE	39,035
FAMILIES FORWARD8 THOMAS IRVINE, CA 92618		PC	ASSISTANCE	25,000
FIVE ACRES760 W MOUNTAIN VIEW ST ALTANDENA, CA 91001		PC	ASSISTANCE	95,000
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FULFILLMENT FUND 6100 WILSHIRE BLVD SUIT LOS ANGELES, CA 90048		PC	ASSISTANCE	50,000
HABITAT FOR HUMANITY - OC 2200 RITCHEY ST SANTA ANA, CA 92705		PC	ASSISTANCE	100,000
HABITAT FOR HUMANITY EAST BAY 2619 BROADWAY OAKLAND, CA 94612		PC	ASSISTANCE	31,200
Total ► 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HUMAN OPTIONS5540 TRABUCO RD IRVINE, CA 92620		PC	ASSISTANCE	25,000
HABITAT FOR HUMANITY OF GREATER LA 8739 ARTESIA BLVD BELLFLOWER, CA 90706		PC	ASSISTANCE	115,600
HARVARD UNIVERSITY 1585 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138		PC	ASSISTANCE	2,000
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOMEAID ORANGE COUNTY 24 EXECUTIVE PARK SUI IRVINE, CA 92614		PC	ASSISTANCE	10,000
ILLUMINATION FOUNDATION 1091 N BATAVIA ST ORANGE, CA 92867		PC	ASSISTANCE	75,000
JEWISH FAMILY SERVICE OF LOS ANGELE 3580 WILSHIRE BLVD S LOS ANGELES, CA 90010		PC	ASSISTANCE	127,069
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 92123		PC	ASSISTANCE	9,313
JEWISH FAMILY AND CHILDEN'S SERVICE PO BOX 159004 SAN FRANCISCO, CA 94115		PC	ASSISTANCE	54,084
JUST IN TIME FOR FOSTER YOUTH PO BOX 81292 SAN DIEGO, CA 92138		PC	ASSISTANCE	50,137
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KOINONIA HOME FOR TEENS PO BOX 1403 LOOMIS, CA 95650		PC	ASSISTANCE	4,580
KNOX UNIVERSITY2 EAST SOUTH ST GALESBURG, IL 61401		PC	ASSISTANCE	5,000
LAURA'S HOUSE 999 CORPORATE DRIVE S LADERA RANCH, CA 92694		PC	ASSISTANCE	10,000
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LIFESTEPS3247 RAMOS CIRCLE SACRAMENTO, CA 95827		PC	ASSISTANCE	32,887
LUCILE PACKARD FND FOR CHILDREN'S H 400 HAMILTON AVENUE S PALO ALTO, CA 94307		PC	ASSISTANCE	3,438
MARIAN CANCER CENTER 1400 E CHURCH ST SANTA MARIA, CA 93454		PC	ASSISTANCE	19,978
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MERCY HOUSEPO BOX 1905 SANTA ANA, CA 92702		PC	ASSISTANCE	1,542
MONTEBELLO-COMMERCE YMCA 2000 W BEVERLY BLVD MONTEBELLO, CA 90640		PC	ASSISTANCE	10,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 192 NICKERSON ST SUI SEATTLE, WA 98109		PC	ASSISTANCE	4,710
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEW BEGINNINGS COUNSELING CENTER 324 EAST CARRILLO STRE SANTA BARBARA, CA 93101		PC	ASSISTANCE	72,353
OLIVE CREST TREATMENT CENTERS 555 TECHNOLOGY COURT RIVERSIDE, CA 92507		PC	ASSISTANCE	9,390
ORANGE COUNTY FAMILY JUSTICE CENTER 150 W VERMONT AVENUE ANAHEIM, CA 92805		PC	ASSISTANCE	21,147
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ORANGE COUNTY RESCUE MISSION ONE HOPE DRIVE TUSTIN, CA 92782		PC	ASSISTANCE	86,154
OPTIMIST YOUTH HOMES 6957 NORTH FIGUEROA ST LOS ANGELES, CA 90041		PC	ASSISTANCE	1,815
PABLOVE FOUNDATION 6607 SUNSET BLVD LOS ANGELES, CA 90028		PC	ASSISTANCE	70,000
Total ► 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PARTNERS IN CARE FOUNDATION 732 MOTT STREET SUITE SAN FERNANDO, CA 91340		PC	ASSISTANCE	49,531
PENNY LANE CENTERS 15305 RAYEN STREET NORTH HILLS, CA 91343		PC	ASSISTANCE	20,185
PEOPLE SELF-HELP HOUSING 26 E VICTORIA STREET SANTA BARBARA, CA 93101		PC	ASSISTANCE	47,127
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PRINCETON UNIVERSITY P O BOX 430 PRINCETON, NJ 08542		PC	ASSISTANCE	7,000
PROMISES2KIDS 9440 RUFFIN COURT SUI SAN DIEGO, CA 92123		PC	ASSISTANCE	160,081
PROGRAM FOR TORTURE VICTIMS 3550 WILSHIRE BLVD S LOS ANGELES, CA 90010		PC	ASSISTANCE	175,960
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PROJECT HOPE ALLIANCE 1954 PLACENTIA AVENUE COSTA MESA, CA 92627		PC	ASSISTANCE	15,000
RIDLEY TREE CANCER CENTER 601 WEST JUNIPERO STRE SANTA BARBARA, CA 93105		PC	ASSISTANCE	16,741
ROGERS CENTER FOR HOLOCAUST ED ONE UNIVERSITY DRIVE ORANGE, CA 92866		PC	ASSISTANCE	15,000
Total ► 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ORANGE COUNTY RONALD MCDONALD HOUSE 383 S BATAVIA STREET ORANGE, CA 92868		PC	ASSISTANCE	10,000
SCAN3800 KILROY AIRPORT WA LONG BEACH, CA 90806		PC	ASSISTANCE	18,415
SMITH COLLEGE7 COLLEGE LANE NORTHAMPTON, MA 01063		PC	ASSISTANCE	2,000
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAN DIEGO STATE UNIVERSITY 5500 CAMPANILE DRIVE SAN DIEGO, CA 92182		PC	ASSISTANCE	10,000
SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY SAN FRANCISCO, CA 94132		PC	ASSISTANCE	5,000
SAN JOSE STATE UNIVERSITY ONE WASHINGTON SQUARE SAN JOS, CA 95192		PC	ASSISTANCE	7,000
Total ► 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053		PC	ASSISTANCE	5,000
SCRS800 LINDEN ST SCRANTON, PA 18510		PC	ASSISTANCE	10,398
SECOND STORY ASSOCIATES 808 LAGUNA STREET SANTA BARBARA, CA 93101		PC	ASSISTANCE	6,371
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JOSEPH HOSPITAL 1100 WEST STEWART ORANGE, CA 92868		PC	ASSISTANCE	300
ST MARYS COLLEGE OF CALIFORNIA PMB 4530 MORAGA, CA 94575		PC	ASSISTANCE	5,000
SO CA RESOURCE SERVICES FOR IND LIV 7830 QUILL DRIVE STE DOWNEY, CA 90242		PC	ASSISTANCE	36,804
Total ► 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SURVIVORS OF TORTURE PO BOX 151240 SAN DIEGO, CA 92175		PC	ASSISTANCE	120,136
TEXAS A&M UNIVERSITYPO BOX 30016 COLLEGE STATION, TX 77842		PC	ASSISTANCE	5,000
THE UNDERGROUND MUSEUM 3508 W WASHINGTON BLVD LOS ANGELES, CA 90018		PC	ASSISTANCE	50,000
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF CALIFORNIA SANTA CRU 1156 HIGH ST SANT CRUZ, CA 95064		PC	ASSISTANCE	10,000
UNIVERSITY OF CALIFORNIA IRVINE 102 ALDRICH HALL IRVINE, CA 92697		PC	ASSISTANCE	19,538
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE DEPT 0 LA JOLLA, CA 92093		PC	ASSISTANCE	29,000
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED CEREBRAL PALSY OF SAN DIEGO 8525 GIBBS DRIVE SUIT SAN DIEGO, CA 92123		PC	ASSISTANCE	20,486
UNIVERSITY OF CALIFORNIA BERKELEY 18 SPROUL HALL 1960 BERKELEY, CA 94720		PC	ASSISTANCE	50,000
CALIFORNIA STATE UNIVERSITY LOS AN 5151 STATE UNIVERSITY DR LOS ANGELES, CA 90032		PC	ASSISTANCE	28,700
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF CA SANTA BARBARA 1210 CHEADLE HALL SANTA BARBARA, CA 93106		PC	ASSISTANCE	9,215
USC FINANCIAL AID OFFICE 700 CHILDS WAY JHH 325 LOS ANGELES, CA 90089		PC	ASSISTANCE	9,000
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104		PC	ASSISTANCE	5,380
Total ► 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VIOLENCE INTERVENTION PROGRAM 1721 GRIFFIN AVE LOS ANGELES, CA 90031		PC	ASSISTANCE	50,000
VENICE FAMILY CLINIC 905 VENICE BLVD VENICE, CA 90291		PC	ASSISTANCE	75,000
WASHINGTON UNIVERSITY IN ST LOUIS ONE BROOKINGS DR ST LOUIS, MO 63130		PC	ASSISTANCE	5,000
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WITH HOPE THE AMBER CRAIG MEMO P O BOX 550 PLACENTIA, CA 92871		PC	ASSISTANCE	10,000
YALE UNIVERSITYPO BOX 208232 NEW HAVEN, CT 06520		PC	ASSISTANCE	6,450
FILM2FUTURE8111 BEVERLY BLVD LOS ANGELES, CA 90048		PC	ASSISTANCE	50,000
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LOS ANGELES JEWISH HOME 7150 TAMPA AVE RESEDA, CA 91335		PC	ASSISTANCE	50,000
THE METROPOLITAN MUSEUM OF ART 1000 5TH STREET NEW YORK, NY 10028		PC	ASSISTANCE	25,000
ORANGE COUNTY COMMUNITY FDTN 4041 MACARTHUR BLVD 510 NEWPORT BEACH, CA 92660		PC	ASSISTANCE	50,000
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PROJECT ACCESS 2100 W ORANGEWOOD AVE ORANGE, CA 92868		PC	ASSISTANCE	11,649
PRETEND CITY29 HUBBLE IRVINE CA IRVINE, CA 92618		PC	ASSISTANCE	10,000
BEVERLY HOSPITAL 309 W BEVERLY BLVD MONTEBELLO, CA 90644		PC	ASSISTANCE	14,750
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOYS & GIRLS CLUBS 2635 PASADENA AVE LOS ANGELES, CA 90031		PC	ASSISTANCE	50,000
CALIFORNIA STATE UNIVERSITY 1000 E VICTORIA STREET CARSON, CA 90747		PC	ASSISTANCE	9,000
CHAPMAN UNIVERSITY ONE UNIVERSITY DRIVE ORANGE, CA 92866		PC	ASSISTANCE	5,000
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COLUMBIA UNIVERSITY 1130 AMSTERDAM AVE NEW YORK, NY 10027		PC	ASSISTANCE	5,000
SOUTH COUNTY OUTREACH 7 WHATNEY SUITE B IRVINE, CA 92618		PC	ASSISTANCE	9,459
TAHIIH JUSTICE CENTER 6402 ARLINGTON BLVD FALLS CHURCH, VA 22042		PC	ASSISTANCE	50,000
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF CA DAVIS 1 SHIELDS AVE DAVIS, CA 95616		PC	ASSISTANCE	5,000
CASA YOUTH SHELTER10911 REGAN ST LOS ALAMITOS, CA 90720		PC	ASSISTANCE	20,000
CASA TERESAP O BOX 429 ORANGE, CA 92865		PC	ASSISTANCE	9,600
Total ▶ 3a				3,356,676

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LIFE ROLLS ON FOUNDATION 2901 WASHINGTON BLVD LOS ANGELES CA, CA 90292		PC	ASSISTANCE	5,500
OTHErVARIOUS VARIOUS, CA 92092		PC	ASSISTANCE	11,213
Total ▶ 3a				3,356,676

TY 2018 Accounting Fees Schedule**Name:** CHANGE A LIFE FOUNDATION**EIN:** 33-0935713

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT ACCOUNTING FEES	38,425			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Depreciation Schedule

Name: CHANGE A LIFE FOUNDATION

EIN: 33-0935713

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
DEPRECIATION						1,374			

TY 2018 Investments - Land Schedule

Name: CHANGE A LIFE FOUNDATION

EIN: 33-0935713

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE & EQUIPMENT	39,120	38,836	284	284

TY 2018 Other Assets Schedule**Name:** CHANGE A LIFE FOUNDATION**EIN:** 33-0935713**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEPOSITS	3,200		
OTHER RECEIVABLES	33,406		
WATCHES	13,902		

TY 2018 Other Expenses Schedule**Name:** CHANGE A LIFE FOUNDATION**EIN:** 33-0935713**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
OFFICE EXPENSES	12,528			
POSTAAGE & DELIVERY	4,445			
TELEPHONE	4,375			
WEBSITE EXPENSES	4,296			
INSURANCE	3,853			
SUPPLIES	2,657			
COMPUTER EXPENSES	1,540			

TY 2018 Other Professional Fees Schedule**Name:** CHANGE A LIFE FOUNDATION**EIN:** 33-0935713

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADP CHARGES	1,477			
OTHER	550			

TY 2018 Taxes Schedule**Name:** CHANGE A LIFE FOUNDATION**EIN:** 33-0935713

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT TAXES/LICENSES	728			

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047
		2018
Name of the organization CHANGE A LIFE FOUNDATION		Employer identification number 33-0935713

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

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

Name of organization CHANGE A LIFE FOUNDATION	Employer identification number 33-0935713
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Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(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	\$ 3,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

33-0935713

Part II	Noncash Property
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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization CHANGE A LIFE FOUNDATION	Employer identification number 33-0935713
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	