

Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I – Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. SOLUTIONS FOR CHANGE, INC.	Taxpayer identification number (TIN) 33-0902617
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 722 W CALIFORNIA AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VISTA, CA 92083	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II – Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of CHRIS CHEN 722 W CALIFORNIA AVENUE VISTA CA 92083 _____
 Telephone No. (760) 941-6545 _____ Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box. _____
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____.
 If this is for the whole group, check this box.
 If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 20 25, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 20 24 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason:

Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning		, 2024, and ending	, 20
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C SOLUTIONS FOR CHANGE, INC. 722 W CALIFORNIA AVENUE VISTA, CA 92083	
		D Employer identification number 33-0902617	
		E Telephone number (760) 941-6545	
		G Gross receipts \$ 4,059,461.	
		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "No," attach a list. See instructions.</i>	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.SOLUTIONSFORCHANGE.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1999 M State of legal domicile: CA	

Part I Summary					
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SOLVE FAMILY HOMELESSNESS, ONE FAMILY, ONE COMMUNITY AT A TIME. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a) 3 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 35 6 Total number of volunteers (estimate if necessary) 6 625 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.				
Revenue	8 Contributions and grants (Part VIII, line 1h) 3,065,325. 2,928,893. 9 Program service revenue (Part VIII, line 2g) 1,139,959. 1,072,313. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 126,388. -2,276. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -323,450. -134,398. 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,008,222. 3,864,532.				
	Prior Year Current Year 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16a Professional fundraising fees (Part IX, column (A), line 11e). b Total fundraising expenses (Part IX, column (D), line 25) 180,616. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12.				
Expenses	Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 8,355,684. 8,188,113. 21 Total liabilities (Part X, line 26) 13,554,446. 13,921,043. 22 Net assets or fund balances. Subtract line 21 from line 20. -5,198,762. -5,732,930.				
Part II Signature Block					
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 officer) is based on all information of which preparer has any knowledge.					
Sign Here	Signature of officer CHRIS CHEN Type or print name and title	Date TREASURER			
Paid Preparer Use Only	Preparer's name JILL BRANCH	Preparer's signature JILL BRANCH	Date 11/14/25	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00727664
	Firm's name LEAF & COLE, LLP			Firm's EIN 95-2076568	
	Firm's address 2810 CAMINO DEL RIO SOUTH, SUITE 200 SAN DIEGO, CA 92108			Phone no. 619.294.7200	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO SOLVE FAMILY HOMELESSNESS, ONE FAMILY, ONE COMMUNITY AT A TIME.

2 Did the organization undertake any significant program services during the year which were not listed on the prior

Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 3,122,670. including grants of \$ _____) (Revenue \$ 1,072,313.)

SEE SCHEDULE O

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

COPY

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 3,122,670.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b X	
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.....	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.....	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.....	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?.....	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.....	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.....	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.....	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.....	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.....	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.....	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.....	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.....	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.....	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.....	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.....	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.....	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.....	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.....	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.....	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.....	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V.....

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.....	1a	16
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.....	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.....	2a	35
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.....	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?.....	3a	X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O.</i>	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.....	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4b	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.....	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.....	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?.....	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?.....	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....	6b	
7 Organizations that may receive deductible contributions under section 170(c).	7	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.....	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?.....	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?.....	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year.....	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.....	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.....	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.....	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.....	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?.....	8	
9 Sponsoring organizations maintaining donor advised funds.	9	
a Did the sponsoring organization make any taxable distributions under section 4966?.....	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.....	9b	
10 Section 501(c)(7) organizations. Enter:	10	
a Initiation fees and capital contributions included on Part VIII, line 12.....	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.....	10b	
11 Section 501(c)(12) organizations. Enter:	11	
a Gross income from members or shareholders.....	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.....	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.....	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13	
a Is the organization licensed to issue qualified health plans in more than one state?.....	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.....	13b	
c Enter the amount of reserves on hand.....	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?.....	14a	X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?..... If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?..... If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?..... If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	10	
1b	Enter the number of voting members included on line 1a, above, who are independent.	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. SEE SCHEDULE O		
13	Did the organization have a written whistleblower policy?		
14	Did the organization have a written document retention and destruction policy?		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.		
b	Other officers or key employees of the organization. SEE SCHEDULE O		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O	
20	State the name, address, and telephone number of the person who possesses the organization's books and records.	
	CHRIS CHEN 722 W CALIFORNIA AVENUE VISTA CA 92083 (760) 941-6545	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) CHRIS MEGISON PRESIDENT & CEO	40 0			X			113,509.	0.	27,609.
(2) JASON VENTETUOLO VP COMMUNITY ENGAG	40 0				X		100,000.	0.	0.
(3) MIKE KENNEDY DIRECTOR	1 0	X					0.	0.	0.
(4) MARK T EALY, CFP, CPA DIRECTOR	1 0	X					0.	0.	0.
(5) CHRIS CHEN TREASURER	1 0	X	X				0.	0.	0.
(6) GLORIA FOOTE DIRECTOR	1 0	X					0.	0.	0.
(7) LEANNE ABRAHAM DIRECTOR	1 0	X					0.	0.	0.
(8) JACK LANDERS DIRECTOR	1 0	X					0.	0.	0.
(9) JOHN CONRAD DIRECTOR	1 0	X					0.	0.	0.
(10) BRET SCHANZENBACH BOARD CHAIR	1 0	X	X				0.	0.	0.
(11) STEVEN OGUS DIRECTOR	1 0	X					0.	0.	0.
(12) TOBY WIIK SECRETARY	1 0	X	X				0.	0.	0.
(13)									
(14)									

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Officer or director	Individual trustee or director	Institutional trustee	Key employee Highest compensated employee		
(15)							
(16)							
(17)							
(18)							
(19)							
(20)							
(21)							
(22)							
(23)							
(24)							
(25)							

COPY

1b Subtotal	213,509.	0.	27,609.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	213,509.	0.	27,609.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII.

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues.....	1b			
	c Fundraising events.....	1c 414,918.			
	d Related organizations.....	1d			
	e Government grants (contributions).....	1e 107,370.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,406,605.			
	g Noncash contributions included in lines 1a-1f.....	1g 35,120.			
	h Total. Add lines 1a-1f.....		2,928,893.		
Program Service Revenue		Business Code			
	2a <u>RENTAL INCOME</u>	531110	1,004,325.	1,004,325.	
	b <u>FEES</u>	900099	50,000.	50,000.	
	c <u>LAUNDRY & VENDING</u>	531110	17,988.	17,988.	
	d				
	e				
	f All other program service revenue.....				
	g Total. Add lines 2a-2f.....		1,072,313.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties.....				
		(i) Real	(ii) Personal		
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c			
	d Net rental income or (loss).....				
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other	
				3,400.	
	b Less: cost or other basis and sales expenses			7b 5,676.	
	c Gain or (loss).....			7c -2,276.	
	d Net gain or (loss).....				-2,276.
					-2,276.
	8a Gross income from fundraising events (not including \$ <u>414,918.</u> of contributions reported on line 1c).				
	See Part IV, line 18	8a	53,970.		
	b Less: direct expenses.....	8b	189,253.		
	c Net income or (loss) from fundraising events			-135,283.	-135,283.
	9a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses.....	9b			
	c Net income or (loss) from gaming activities.....				
	10a Gross sales of inventory, less..... returns and allowances.....	10a			
	b Less: cost of goods sold.....	10b			
	c Net income or (loss) from sales of inventory.....				
Miscellaneous Revenue		Business Code			
	11a <u>OTHER INCOME</u>	900099	885.	885.	
	b				
	c				
	d All other revenue.....				
	e Total. Add lines 11a-11d.....		885.		
	12 Total revenue. See instructions.....		3,864,532.	1,073,198.	0. -137,559.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	141,118.	56,448.	35,279.	49,391.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
7 Other salaries and wages	1,295,862.	671,904.	551,988.	71,970.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....				
9 Other employee benefits	190,340.	157,658.	22,337.	10,345.
10 Payroll taxes	54,700.	45,682.	6,163.	2,855.
11 Fees for services (nonemployees):				
a Management				
b Legal	13,254.	9,941.	3,313.	
c Accounting.....	263,915.	197,936.	65,979.	
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17...				
f Investment management fees.....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.).....	120,551.	90,413.	30,138.	
12 Advertising and promotion	49,632.	49,632.		
13 Office expenses	47,692.	42,923.	4,769.	
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	150,640.	150,640.		
17 Travel.....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....	38,868.	15,547.	23,321.	
20 Interest.....	374,961.	374,961.		
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization	268,313.	268,313.		
23 Insurance.....	233,284.	189,153.	21,017.	23,114.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).....				
a <u>AMORTIZATION - ROU ASSET</u>	211,741.	211,741.		
b <u>UTILITIES/REFUSE REMOVAL</u>	191,047.	171,942.	19,105.	
c <u>SUBSIDY EXPENSE</u>	134,536.	134,536.		
d <u>REPAIRS & MAINTENANCE</u>	111,199.	100,079.	11,120.	
e All other expenses.....	263,728.	183,221.	57,566.	22,941.
25 Total functional expenses. Add lines 1 through 24e.....	4,155,381.	3,122,670.	852,095.	180,616.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
	1 Cash – non-interest-bearing.....	236,767.	1	367,246.
	2 Savings and temporary cash investments.....	136,525.	2	148,246.
	3 Pledges and grants receivable, net.....	32,465.	3	99,037.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net.....	1,182,034.	7	1,182,034.
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	53,688.	9	174,947.
Assets	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	11,350,854.		
	b Less: accumulated depreciation.....	3,359,859.	10c	7,990,995.
	11 Investments – publicly traded securities.....		11	
	12 Investments – other securities. See Part IV, line 11.....		12	
	13 Investments – program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....	-1,519,704.	15	-1,774,392.
	16 Total assets. Add lines 1 through 15 (must equal line 33).....	8,355,684.	16	8,188,113.
	17 Accounts payable and accrued expenses.....	258,326.	17	114,636.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....	10,349,650.	23	10,405,370.
	24 Unsecured notes and loans payable to unrelated third parties.....	250,000.	24	480,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....	2,696,470.	25	2,921,037.
	26 Total liabilities. Add lines 17 through 25.....	13,554,446.	26	13,921,043.
	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions.....	-5,198,762.	27	-5,732,930.
	28 Net assets with donor restrictions.....		28	
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds.....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.....		30	
	31 Retained earnings, endowment, accumulated income, or other funds.....		31	
	32 Total net assets or fund balances.....	-5,198,762.	32	-5,732,930.
	33 Total liabilities and net assets/fund balances.....	8,355,684.	33	8,188,113.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12).....	1	3,864,532.
2	Total expenses (must equal Part IX, column (A), line 25).....	2	4,155,381.
3	Revenue less expenses. Subtract line 2 from line 1.....	3	-290,849.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).....	4	-5,198,762.
5	Net unrealized gains (losses) on investments.....	5	
6	Donated services and use of facilities.....	6	
7	Investment expenses.....	7	
8	Prior period adjustments.....	8	
9	Other changes in net assets or fund balances (explain on Schedule O).....	9	-243,319.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).....	10	-5,732,930.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII.

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?.....	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?.....	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?.....	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.....	3b	X

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization

SOLUTIONS FOR CHANGE, INC.

Employer identification number

33-0902617

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,842,553.	3,676,174.	4,151,357.	2,943,286.	2,928,893.	16,542,263.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge....						0.
4 Total. Add lines 1 through 3....	2,842,553.	3,676,174.	4,151,357.	2,943,286.	2,928,893.	16,542,263.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..						1,045,854.
6 Public support. Subtract line 5 from line 4.....						15,496,409.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.....	2,842,553.	3,676,174.	4,151,357.	2,943,286.	2,928,893.	16,542,263.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.....	81,922.	12,000.	12,001.			105,923.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.....						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	24,079.	1,126.	23,752.	9,256.	885.	59,098.
11 Total support. Add lines 7 through 10.....						16,707,284.
12 Gross receipts from related activities, etc. (see instructions).....					12	4,666,729.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)).....	14	92.75 %
15 Public support percentage from 2023 Schedule A, Part II, line 14.....	15	91.82 %
16a 33-1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.....		<input checked="" type="checkbox"/>
b 33-1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.....		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17.	18	%
19a 33-1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
b 33-1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.....		<input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

b A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a The organization satisfied the Activities Test. Complete **line 2** below.

b The organization is the parent of each of its supported organizations. Complete **line 3** below.

c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. **Answer lines 2a and 2b below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required – <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

BAA

Schedule A (Form 990) 2024

Part VI

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

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
MISCELLANEOUS INCOME	\$ 885.	\$ 9,256.	\$ 23,752.	\$ 1,126.	\$ 24,079.
TOTAL	<u>\$ 885.</u>	<u>\$ 9,256.</u>	<u>\$ 23,752.</u>	<u>\$ 1,126.</u>	<u>\$ 24,079.</u>

COPY

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**PUBLIC DISCLOSURE COPY
Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

SOLUTIONS FOR CHANGE, INC.

Employer identification number

33-0902617

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

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

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

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), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

SOLUTIONS FOR CHANGE, INC.

Employer identification number

33-0902617

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		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 76,219.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SOLUTIONS FOR CHANGE, INC.

Employer identification number

33-0902617

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
7		\$ 75,000.	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.)

Name of organization

Employer identification number

SOLUTIONS FOR CHANGE, INC.

33-0902617

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	\$	
		\$	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

NAME OF ORGANIZATION
SOLUTIONS FOR CHANGE, INC.

Employer identification number

33-0902617

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.) \$ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public
Inspection**

Name of the organization

Employer identification number

SOLUTIONS FOR CHANGE, INC.

33-0902617

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included on line 2a

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
\$ _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange program
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)		
3a(ii)		
3b		

(i) Unrelated organizations?

(ii) Related organizations?

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.....		4,064,774.		4,064,774.
b Buildings.....		6,932,753.	3,076,836.	3,855,917.
c Leasehold improvements.....				
d Equipment.....	258,111.	225,996.		32,115.
e Other.....	95,216.	57,027.		38,189.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 7,990,995.

Part VII Investments – Other Securities N/A		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B)).....		
Part VIII Investments – Program Related N/A		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, column (B)).....		
Part IX Other Assets N/A		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		
(a) Description	(b) Book value	
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 15, column (B)).....		
Part X Other Liabilities		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.		
1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2) ACCRUED EXPENSES		397,691.
(3) ACCRUED INTEREST		1,896,816.
(4) FINANCE LEASE LIABILITY		229,540.
(5) RELATED PARTY PAYABLE		248,744.
(6) TENANT SECURITY DEPOSITS		62,705.
(7) TENANT TRUST FUND		85,541.
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).....		2,921,037.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. <input checked="" type="checkbox"/> SEE PART XIII. <input checked="" type="checkbox"/>		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements.....	1	3,850,976.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments.....	2a	
b Donated services and use of facilities.....	2b	129,600.
c Recoveries of prior year grants.....	2c	
d Other (Describe in Part XIII.) SEE PART XIII.....	2d	-143,156.
e Add lines 2a through 2d.....	2e	-13,556.
3 Subtract line 2e from line 1.....	3	3,864,532.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b Other (Describe in Part XIII.).....	4b	
c Add lines 4a and 4b.....	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....	5	3,864,532.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements.....	1	4,385,144.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities.....	2a	129,600.
b Prior year adjustments.....	2b	
c Other losses.....	2c	
d Other (Describe in Part XIII.) SEE PART XIII.....	2d	100,163.
e Add lines 2a through 2d.....	2e	229,763.
3 Subtract line 2e from line 1.....	3	4,155,381.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b Other (Describe in Part XIII.).....	4b	
c Add lines 4a and 4b.....	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....	5	4,155,381.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FASB ASC 740 FOOTNOTE

SOLUTIONS FOR CHANGE IS A PUBLIC CHARITY AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. SOLUTIONS FOR CHANGE BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. SOLUTIONS FOR CHANGE IS NOT A PRIVATE FOUNDATION.

NO PROVISION OR BENEFIT FOR INCOME TAXES FOR THE LIMITED LIABILITY COMPANIES AND

BAA

Schedule D (Form 990) (Rev. 12-2024)

Part XIII Supplemental Information (continued)**PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

LIMITED PARTNERSHIPS HAVE BEEN INCLUDED IN THESE CONSOLIDATED FINANCIAL STATEMENTS SINCE TAXABLE INCOME (LOSS) PASSES THROUGH TO, AND IS REPORTABLE BY, THE MEMBER/PARTNERS INDIVIDUALLY.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

PASSTHROUGH INCOME/LOSSES.....	\$	-243,319.
SPECIAL EVENT EXPENSES.....		100,163.
TOTAL	\$	<u>-143,156.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

SPECIAL EVENT EXPENSES.....	\$	100,163.
TOTAL	\$	<u>100,163.</u>

COPY

SCHEDULE G
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public
Inspection**

Name of the organization

SOLUTIONS FOR CHANGE, INC.

Employer identification number

33-0902617

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of nongovernment grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>FUNDRAISING</u> (event type)	(b) Event #2 (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts.....	468,888.		468,888.
	2 Less: Contributions.....	414,918.		414,918.
	3 Gross income (line 1 minus line 2).....	53,970.		53,970.
Direct Expenses	4 Cash prizes.....			
	5 Noncash prizes.....			
	6 Rent/facility costs.....	16,440.		16,440.
	7 Food and beverages.....	33,898.		33,898.
	8 Entertainment.....	21,200.		21,200.
	9 Other direct expenses.....	117,715.		117,715.
	10 Direct expense summary. Add lines 4 through 9 in column (d).....			189,253.
	11 Net income summary. Subtract line 10 from line 3, column (d).....			-135,283.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue.....			
Direct Expenses	2 Cash prizes.....			
	3 Noncash prizes.....			
	4 Rent/facility costs.....			
	5 Other direct expenses.....			
	6 Volunteer labor.....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d).....			
	8 Net gaming income summary. Subtract line 7 from line 1, column (d).....			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year... \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization

SOLUTIONS FOR CHANGE, INC.

Employer identification number

33-0902617

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art.....				
2 Art – Historical treasures.....				
3 Art – Fractional interests.....				
4 Books and publications.....				
5 Clothing and household goods.....				
6 Cars and other vehicles.....				
7 Boats and planes.....				
8 Intellectual property.....				
9 Securities – Publicly traded.....				
10 Securities – Closely held stock.....				
11 Securities – Partnership, LLC, or trust interests.....				
12 Securities – Miscellaneous.....				
13 Qualified conservation contribution – Historic structures.....				
14 Qualified conservation contribution – Other.....				
15 Real estate – Residential.....				
16 Real estate – Commercial.....				
17 Real estate – Other.....				
18 Collectibles.....				
19 Food inventory.....				
20 Drugs and medical supplies.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other (AUCTION ITEMS.....)	X	49	35,120.	PRICE SOLD
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement.....

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?.....

	Yes	No
30a	X	
31	X	
32a	X	

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

COPY

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

SOLUTIONS FOR CHANGE, INC.**Supplemental Information to Form 990 or 990-EZ**

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

33-0902617

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

WITH INCREASED EMPHASIS ON ITS WORKFORCE DEVELOPMENT, CHILD WELFARE INTERVENTIONS AND ADULT EMPOWERMENT PROGRAMS, SOLUTIONS FOR CHANGE CONTINUED ITS DECADES LONG PROMISE TO OPERATE ITS RESIDENTIAL FAMILY RECOVERY PROGRAMS DRUGFREE AND ACCOUNTABILITY BASED. DUE TO AN AGGRESSIVE MULTIBILLION DOLLAR EXPANSION OF THE DEPENDENCY-MAKING "HOUSING FIRST" APPROACH, A SYSTEMWIDE SET OF POLICIES THAT ENABLE THE ONCE HOMELESS TO USE ILLICIT DRUGS, REMAIN UNEMPLOYED AND REFUSE SERVICES WHILE LIVING IN PUBLIC FUNDED HOUSING, SOLUTIONS IS NOW ONE OF THE LAST REMAINING HOMELESS HOUSING AND SERVICE ORGS THAT DELIVER RESULTS THAT END DEPENDENCY. THE DECISION TO STAND FIRM ON ITS CORE VALUES TO SOLVE THE ROOT CAUSES OF FAMILY HOMELESSNESS RESULTED IN THE NONPROFIT MAKING THE DECISION TO VOLUNTARILY RETURN OVER \$83 MILLION IN HARD FOUGHT FAMILY HOUSING RESOURCES. THE DECISION WAS MADE AFTER YEARS OF LEGAL WRANGLING WHEN IT BECAME EVIDENT THAT NO FEDERAL, STATE, OR LOCAL RESOURCES WOULD HELP PROTECT HOMELESS PARENTS AND THEIR CHILDREN FROM THE EXPLOSION OF AN ENABLED DRUG CULTURE RIDDLED WITH OVERDOSE, DEATHS AND CRIMINAL IMPACTS, ALL OF WHICH POINTED BACK TO HOUSING FIRST. ALTHOUGH THOSE LOSSES GREATLY IMPACTED THE PEOPLE AND PROGRAMS OF SOLUTIONS FOR CHANGE, THE ORGANIZATION RECOMMITTED TO A MULTIYEAR REPURPOSING EFFORT, FREE OF GOVERNMENT FUNDING, THAT BEGAN IN EARNEST IN 2022. CALLED "WE ARE ONE US", THE EFFORT INVOLVES OVER 100 SOLUTIONS FOR CHANGE GRADUATES, CALLED OVERCOMERS, WHO HAVE RALLIED AROUND THE NONPROFIT TO ADVANCE ITS MISSION AND VISION OF SOLVING THE ROOT CAUSES OF FAMILY HOMELESSNESS. WITH THE OVERCOMERS LEADING THE WAY THE QUESTION THEY ARE ASKING IS: "WHAT IF THE ANSWER TO THE HOMELESS PROBLEM IS STARING US ALL IN THE FACE? WHAT IF THE SOLUTION IS THE HOMELESS THEMSELVES, ENGAGED IN A PURPOSEFUL WAY AND EQUIPPED AND INSPIRED INTO JOBS THAT END DEPENDENCY FOR OTHERS LIKE THEM, THROUGH INITIATIVES LIKE WHAT SOLUTIONS FOR CHANGE BUILDS AND IMPLEMENTS?"

COPY

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

SOLUTIONS FOR CHANGE, INC.**Supplemental Information to Form 990 or 990-EZ**

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

33-0902617

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE ORGANIZATION HIRES AN OUTSIDE CPA TO PREPARE THE FORM 990. TOP MANAGEMENT REVIEWS THE COMPLETED 990 AND EMAILS A COPY OF THE FORM 990 TO OUR BOARD MEMBERS FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING IT WITH THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

DISCUSSED REGULARLY, BOARD MEETING REVIEWS OF POSSIBLE CONFLICTS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE ORGANIZATION CONSIDERS THE APPROPRIATE SALARY RANGE FOR ITS EMPLOYEES AND REVIEWS THIRD PARTY DOCUMENTATION TO HELP ENSURE THAT THE COMPENSATION OF OUR EMPLOYEES IS COMPARABLE TO OUR PEERS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UPON REQUEST TO ANYONE WHO REQUESTS THE DOCUMENTS.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

PASSTHROUGH INCOME/LOSSES..... \$ -243,319.
TOTAL \$ -243,319.

COPY

SCHEDULE R
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOLUTIONS FOR CHANGE, INC.

Employer identification number

33-0902617

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) <u>SOLUTIONS FARMS LLC</u> - 722 W CALIFORNIA AVE - VISTA, CA 92083 46-3636006	JOB TRAINING, EDUCATION, EMPLOYMENT, FARMING	CA	5,473.	0.	SOLUTIONS FOR CHANGE, INC.
(2) <u>SOLUTIONS CHESTNUT LLC</u> - 722 W CALIFORNIA AVE - VISTA, CA 92083 32-0455012	HOUSING	CA	222,084.	3,534,178.	SOLUTIONS FOR CHANGE, INC
(3) <u>SOLUTIONS PARKVIEW, LLC</u> - 722 W CALIFORNIA AVE - VISTA, CA 92083 46-1613895	HOUSING	CA	0.	0.	SOLUTIONS FOR CHANGE, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SEE PART VII												
(1) SOLUTIONS FAMILY 722 WEST CALIFOR VISTA, CA 92083 33-0987615	REAL ESTATE	CA	SOLUTIONS FOR CHANGE	RELATED	-243,314.	3,425,968.	X		N/A	X		99.00
(2) SOLUTIONS EAST V 722 WEST CALIFOR VISTA, CA 92083 82-3040527	HOUSING	CA	SOLUTIONS FOR CHANGE	RELATED	0.	0.	X		N/A	X		99.99
(3) PARKVIEW SAN MAR 722 WEST CALIFOR VISTA, CA 92083 90-0931234	HOUSING	CA	SOLUTIONS FOR CHANGE	RELATED	-5.	21,812.	X		N/A	X		0.00

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership		(i) Sec 512(b)(13) controlled entity?
							Yes	No	
(1)									
(2)									
(3)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.....	<input checked="" type="checkbox"/> 1 a	<input checked="" type="checkbox"/> X
b	Gift, grant, or capital contribution to related organization(s).....	<input checked="" type="checkbox"/> 1 b	<input checked="" type="checkbox"/> X
c	Gift, grant, or capital contribution from related organization(s).....	<input checked="" type="checkbox"/> 1 c	<input checked="" type="checkbox"/> X
d	Loans or loan guarantees to or for related organization(s).....	<input checked="" type="checkbox"/> 1 d	<input checked="" type="checkbox"/> X
e	Loans or loan guarantees by related organization(s).....	<input checked="" type="checkbox"/> 1 e	<input checked="" type="checkbox"/> X
f	Dividends from related organization(s).....	<input checked="" type="checkbox"/> 1 f	<input checked="" type="checkbox"/> X
g	Sale of assets to related organization(s).....	<input checked="" type="checkbox"/> 1 g	<input checked="" type="checkbox"/> X
h	Purchase of assets from related organization(s).....	<input checked="" type="checkbox"/> 1 h	<input checked="" type="checkbox"/> X
i	Exchange of assets with related organization(s).....	<input checked="" type="checkbox"/> 1 i	<input checked="" type="checkbox"/> X
j	Lease of facilities, equipment, or other assets to related organization(s).....	<input checked="" type="checkbox"/> 1 j	<input checked="" type="checkbox"/> X
k	Lease of facilities, equipment, or other assets from related organization(s).....	<input checked="" type="checkbox"/> 1 k	<input checked="" type="checkbox"/> X
l	Performance of services or membership or fundraising solicitations for related organization(s).....	<input checked="" type="checkbox"/> 1 l	<input checked="" type="checkbox"/> X
m	Performance of services or membership or fundraising solicitations by related organization(s).....	<input checked="" type="checkbox"/> 1 m	<input checked="" type="checkbox"/> X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).....	<input checked="" type="checkbox"/> 1 n	<input checked="" type="checkbox"/> X
o	Sharing of paid employees with related organization(s).....	<input checked="" type="checkbox"/> 1 o	<input checked="" type="checkbox"/> X
p	Reimbursement paid to related organization(s) for expenses.....	<input checked="" type="checkbox"/> 1 p	<input checked="" type="checkbox"/> X
q	Reimbursement paid by related organization(s) for expenses.....	<input checked="" type="checkbox"/> 1 q	<input checked="" type="checkbox"/> X
r	Other transfer of cash or property to related organization(s).....	<input checked="" type="checkbox"/> 1 r	<input checked="" type="checkbox"/> X
s	Other transfer of cash or property from related organization(s).....	<input checked="" type="checkbox"/> 1 s	<input checked="" type="checkbox"/> X

COPY

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SOLUTIONS FAMILY CENTER, LP	R	134,536	COST
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No					Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												

Supplemental Information

Part VII Provide additional information for responses to questions on Schedule R. See instructions.

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

SOLUTIONS FAMILY CENTER, LP 33-0987615 722 WEST CALIFORNIA AVENUE
VISTA, CA 92083

SOLUTIONS EAST VISTA WAY, LP 82-3040527 722 WEST CALIFORNIA AVENUE
VISTA, CA 92083

PARKVIEW SAN MARCOS II, LP 90-0931234 722 WEST CALIFORNIA AVE VISTA,
CA 92083

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Continuation Sheet for Schedule R

Continuation Page 1 of 1

Name of filing organization

SOLUTIONS FOR CHANGE, INC.

Employer identification number

33-0902617

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SOLUTIONS EV, LLC 722 W CALIFORNIA AVE VISTA, CA 92083 82-2908333	HOUSING	CA	0.	0.	SOLUTIONS FOR CHANGE, INC.
	</td				

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1			
2 Total cost of section 179 property placed in service (see instructions)	2			
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3			
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4			
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5			
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property. Enter the amount from line 29	7			
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8			
9 Tentative deduction. Enter the smaller of line 5 or line 8	9			
10 Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10			
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs..	11			
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11.	12			
13 Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12.	13			

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16 268,313.

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2024	17
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.	<input type="checkbox"/>

Section B – Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property.....						
b 5-year property.....						
c 7-year property.....						
d 10-year property.....						
e 15-year property.....						
f 20-year property.....						
g 25-year property.....			25 yrs		S/L	
h Residential rental property.....			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property.....			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20 a Class life.....					S/L	
b 12-year.....			12 yrs		S/L	
c 30-year.....			30 yrs	MM	S/L	
d 40-year.....			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22 268,313.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy)		, and ending (mm/dd/yyyy)	
Corporation/Organization name		California corporation number	
SOLUTIONS FOR CHANGE, INC.		2048058	
Additional information. See instructions.		FEIN 33-0902617	
Street address (suite or room)		PMB no.	
722 W CALIFORNIA AVENUE			
City VISTA	State CA	ZIP code 92083	Foreign postal code
Foreign country name		Foreign province/state/county	

A First return	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B Amended return	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
D Final information return?	<input checked="" type="checkbox"/> Dissolved	<input type="checkbox"/> Surrendered (Withdrawn)	L Is the organization a limited liability company?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
E Check accounting method:	<input type="checkbox"/> Merged/Reorganized		M Did the organization file Form 100 or Form 109 to report taxable income?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other			N Is the organization under audit by the IRS or has the IRS audited in a prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
F Federal return filed? 1 <input type="checkbox"/> 990T 2 <input checked="" type="checkbox"/> 990-PF 3 <input type="checkbox"/> Sch H (990) 4 <input type="checkbox"/> Other 990 series			O Is federal Form 1023/1024 pending? Date filed with IRS	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
G Is this a group filing? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
H Is this organization in a group exemption If "Yes," what is the parent's name?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.	<input type="checkbox"/> 1	1,130,568.
	2 Gross dues and assessments from members and affiliates	<input type="checkbox"/> 2	
	3 Gross contributions, gifts, grants, and similar amounts received	<input type="checkbox"/> 3	2,928,893.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	<input type="checkbox"/> 4	4,059,461.
	5 Cost of goods sold	<input type="checkbox"/> 5	
	6 Cost or other basis, and sales expenses of assets sold	<input type="checkbox"/> 6	5,676.
	7 Total costs. Add line 5 and line 6	<input type="checkbox"/> 7	5,676.
	8 Total gross income. Subtract line 7 from line 4	<input type="checkbox"/> 8	4,053,785.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	<input type="checkbox"/> 9	4,344,634.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<input type="checkbox"/> 10	-290,849.
	11 Total payments	<input type="checkbox"/> 11	
	12 Use tax. See General Information K	<input type="checkbox"/> 12	
Payments	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	<input type="checkbox"/> 13	
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	<input type="checkbox"/> 14	
	15 Penalties and interest. See General Information J	<input type="checkbox"/> 15	
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	<input checked="" type="checkbox"/> 16	0.
Sign Here	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.		
Paid Preparer's Use Only	Preparer's signature ► JILL BRANCH LEAF & COLE, LLP 2810 CAMINO DEL RIO SOUTH, SUITE 200 SAN DIEGO, CA 92108	Title TREASURER Date 11/14/25 Check if self-employed ► <input checked="" type="checkbox"/>	Telephone (760) 941-6545 PTIN P00727664 Firm's FEIN 95-2076568 Telephone 619.294.7200 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
May the FTB discuss this return with the preparer shown above? See instructions.			

Part II Organizations with gross receipts of more than \$50,000 and private foundations
 regardless of amount of gross receipts – complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions).	●	6	3,400.
	7	Other income. Attach schedule.	●	7	1,127,168.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	●	8	1,130,568.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	
	10	Disbursements to or for members	●	10	
Expenses and Disburse- ments	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	141,118.
	12	Other salaries and wages	●	12	1,295,862.
	13	Interest	●	13	374,961.
	14	Taxes	●	14	54,700.
	15	Rents	●	15	150,640.
	16	Depreciation and depletion (See instructions)	●	16	268,313.
	17	Other expenses and disbursements. Attach schedule	●	17	2,059,040.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	●	18	4,344,634.

Schedule L	Balance Sheet		Beginning of taxable year	End of taxable year
	(a)	(b)	(c)	(d)
Assets				
1 Cash		373,292.		● 515,492.
2 Net accounts receivable		32,465.		● 99,037.
3 Net notes receivable		1,182,034.		● 1,182,034.
4 Inventories				●
5 Federal and state government obligations				●
6 Investments in other bonds				●
7 Investments in stock				●
8 Mortgage loans				●
9 Other investments. Attach schedule	ST 4	-2,419,845.		● -2,663,164.
10a Depreciable assets	7,262,744.		7,286,080.	
b Less accumulated depreciation	3,093,609.	4,169,135.	3,359,859.	3,926,221.
11 Land		4,064,774.		● 4,064,774.
12 Other assets. Attach schedule	STM 5	953,829.		● 1,063,719.
13 Total assets		8,355,684.		8,188,113.
Liabilities and net worth				
14 Accounts payable		258,326.		● 114,636.
15 Contributions, gifts, or grants payable				●
16 Bonds and notes payable	ST 6	250,000.		● 10,885,370.
17 Mortgages payable		10,349,650.		●
18 Other liabilities. Attach schedule	STM 7	2,696,470.		2,921,037.
19 Capital stock or principal fund		-5,198,762.		● -5,732,930.
20 Paid-in or capital surplus. Attach reconciliation				●
21 Retained earnings or income fund				●
22 Total liabilities and net worth		8,355,684.		8,188,113.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	● -534,168.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax	●			●
3	Excess of capital losses over capital gains	●			
4	Income not recorded on books this year.		8	Deductions in this return not charged against book income this year.	
	Attach schedule	●		Attach schedule	●
5	Expenses recorded on books this year not deducted in this return. Attach schedule	● SEE ST 8	9	Total. Add line 7 and line 8	
6	Total. Add line 1 through line 5	243,319.	10	Net income per return.	
		-290,849.		Subtract line 9 from line 6	-290,849.

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**CA PUBLIC DISCLOSURE COPY
Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

SOLUTIONS FOR CHANGE, INC.

Employer identification number

33-0902617

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

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

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

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), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

SOLUTIONS FOR CHANGE, INC.

Employer identification number

33-0902617

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		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 76,219.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SOLUTIONS FOR CHANGE, INC.

Employer identification number

33-0902617

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
7		\$ 75,000.	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.)

Name of organization

Employer identification number

SOLUTIONS FOR CHANGE, INC.

33-0902617

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	\$	
		\$	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

NAME OF ORGANIZATION
SOLUTIONS FOR CHANGE, INC.

Employer identification number

33-0902617

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.) \$ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name

California corporation number

SOLUTIONS FOR CHANGE, INC.

2048058

Part I Election To Expense Certain Property Under IRC Section 179

1	\$25,000
2	
3	\$200,000
4	
5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	7
8	8
9	9
10	10
11	11
12	12
13	13

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
LAND	VARIOUS	4,064,774.			0		
BUILDING & IMPR	VARIOUS	6,932,753.	2,824,265.	S/L	28	252,571.	
VEHICLES	VARIOUS	120,879.	113,279.	S/L	5	5,699.	
MACHINERY & EQU	VARIOUS	137,232.	101,955.	S/L	7	5,063.	
FURNITURE & EQU	VARIOUS	95,216.	52,047.	S/L	7	4,980.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).				15	268,313.	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g). <input checked="" type="radio"/> 16
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22. <input checked="" type="radio"/> 17
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary). <input checked="" type="radio"/> 18

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20	Total. Add the amounts in column (g).				20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44.				21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.				22	

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name

California corporation number

SOLUTIONS FOR CHANGE, INC.

2048058

Part I Election To Expense Certain Property Under IRC Section 179

1	\$25,000		
2			
3	\$200,000		
4			
5			
6			
(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	7		
8		8	
9		9	
10		10	
11		11	
12		12	
13	13		

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
MACHINERY & EQU	VARIOUS		7,739.	2,063.	S/L	7		
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).		15					

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).	16
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22.	17
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).	18

Part IV Amortization

19	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20						20	
21						21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.					22	

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CALIFORNIA STATEMENTS

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CLIENT 09-119PD

SOLUTIONS FOR CHANGE, INC.

33-0902617

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STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

INCOME FROM SPECIAL EVENTS.....	\$ 53,970.
OTHER INCOME.....	885.
PROGRAM SERVICE REVENUE.....	1,072,313.
TOTAL	<u>\$ 1,127,168.</u>

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MIKE KENNEDY 722 W CALIFORNIA AVENUE VISTA, CA 92083	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
MARK T EALY, CFP, CPA 722 W CALIFORNIA AVENUE VISTA, CA 92083	DIRECTOR 1.00	0.	0.	0.
CHRIS CHEN 722 W CALIFORNIA AVENUE VISTA, CA 92083	TREASURER 1.00	0.	0.	0.
GLORIA FOOTE 722 W CALIFORNIA AVENUE VISTA, CA 92083	DIRECTOR 1.00	0.	0.	0.
LEANNE ABRAHAM 722 W CALIFORNIA AVENUE VISTA, CA 92083	DIRECTOR 1.00	0.	0.	0.
CHRIS MEGISON 722 W CALIFORNIA AVENUE VISTA, CA 92083	PRESIDENT & CEO 40.00	141,118.	0.	27,609.
JACK LANDERS 722 W CALIFORNIA AVENUE VISTA, CA 92083	DIRECTOR 1.00	0.	0.	0.
JOHN CONRAD 722 W CALIFORNIA AVENUE VISTA, CA 92083	DIRECTOR 1.00	0.	0.	0.
BRET SCHANZENBACH 722 W CALIFORNIA AVENUE VISTA, CA 92083	BOARD CHAIR 1.00	0.	0.	0.

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SOLUTIONS FOR CHANGE, INC.

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
STEVEN OGUS 722 W CALIFORNIA AVENUE VISTA, CA 92083	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
TOBY WIIK 722 W CALIFORNIA AVENUE VISTA, CA 92083	SECRETARY 1.00	0.	0.	0.
		TOTAL <u>\$ 141,118.</u>	<u>\$ 0.</u>	<u>\$ 27,609.</u>

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$ 263,915.
ADVERTISING AND PROMOTION.....	49,632.
AMORTIZATION - ROU ASSET.....	211,741.
AUTOMOBILE & TRUCK.....	23,543.
BAD DEBT EXPENSE.....	27,308.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	38,868.
DUES/SUBSCRIPTIONS.....	49,094.
EVENTS.....	20,736.
INSURANCE.....	233,284.
LEGAL FEES.....	13,254.
MISCELLANEOUS.....	282.
OFFICE EXPENSES.....	47,692.
OTHER EMPLOYEE BENEFIT.....	190,340.
OTHER FEES.....	120,551.
PAYROLL PROCESSING EXP.....	14,699.
PROPERTY FEES.....	9,761.
REPAIRS & MAINTENANCE.....	111,199.
SPECIAL EVENT EXPENSES.....	189,253.
SUBSIDY EXPENSE.....	134,536.
SUPPLIES.....	22,034.
TAXES, LICENSES & FEES.....	39,059.
TELEPHONE.....	57,212.
UTILITIES/REFUSE REMOVAL.....	191,047.
TOTAL	<u>\$ 2,059,040.</u>

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SOLUTIONS FOR CHANGE, INC.

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STATEMENT 4
FORM 199, SCHEDULE L, LINE 9
OTHER INVESTMENTS

SOLUTIONS FAMILY CENTER LP.....	\$ -2,663,164.
	<u>TOTAL \$ -2,663,164.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

CONSTRUCTION IN PROGRESS.....	668,974.
PREPAID EXPENSES AND DEFERRED CHARGES.....	174,947.
RIGHT OF USE ASSET.....	219,798.
	<u>TOTAL \$ 1,063,719.</u>

STATEMENT 6
FORM 199, SCHEDULE L, LINE 16
BONDS AND NOTES PAYABLE

OTHER NOTES PAYABLE	BALANCE DUE
---------------------	-------------

LENDER'S NAME:	COUNTY OF SAN DIEGO
DATE OF NOTE:	9/24/2009
MATURITY DATE:	9/24/2024
PURPOSE OF LOAN:	ALMOND AVE
BALANCE DUE:	349,954.

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LENDER'S NAME:	COUNTY OF SAN DIEGO
DATE OF NOTE:	11/16/2009
MATURITY DATE:	11/16/2024
PURPOSE OF LOAN:	ALVARADO AVE
BALANCE DUE:	78,914.

LENDER'S NAME:	COUNTY OF SAN DIEGO
DATE OF NOTE:	9/03/2009
MATURITY DATE:	9/03/2024
PURPOSE OF LOAN:	DOUGHERTY
BALANCE DUE:	290,825.

LENDER'S NAME:	COUNTY OF SAN DIEGO
DATE OF NOTE:	2/03/2010
MATURITY DATE:	2/03/2025
PURPOSE OF LOAN:	CUMBRES
BALANCE DUE:	456,518.

LENDER'S NAME:	COUNTY OF SAN DIEGO
DATE OF NOTE:	2/26/2010
MATURITY DATE:	2/26/2025
PURPOSE OF LOAN:	DEL CIELO

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**STATEMENT 6 (CONTINUED)
FORM 199, SCHEDULE L, LINE 16
BONDS AND NOTES PAYABLE**OTHER NOTES PAYABLE BALANCE DUE

BALANCE DUE: 128,643.

LENDER'S NAME:	COUNTY OF SAN DIEGO
DATE OF NOTE:	8/04/2010
MATURITY DATE:	8/04/2025
PURPOSE OF LOAN:	131 DOUGHERTY
BALANCE DUE:	323,095.

LENDER'S NAME:	COUNTY OF SAN DIEGO
DATE OF NOTE:	1/07/2010
MATURITY DATE:	1/07/2025
PURPOSE OF LOAN:	KENSINGTON
BALANCE DUE:	277,018.

LENDER'S NAME:	COUNTY OF SAN DIEGO
DATE OF NOTE:	7/22/2010
MATURITY DATE:	7/22/2025
PURPOSE OF LOAN:	OLD STAGE
BALANCE DUE:	373,712.

LENDER'S NAME:	COUNTY OF SAN DIEGO
DATE OF NOTE:	4/13/2011
MATURITY DATE:	4/01/2066
INTEREST RATE:	3
PURPOSE OF LOAN:	PRIMROSE 2240-2260 CDBG LOAN
ORIGINAL AMOUNT:	3,421,452.
BALANCE DUE:	3,408,032.

LENDER'S NAME:	CLEARINGHOUSE CDFI
DATE OF NOTE:	4/22/2011
MATURITY DATE:	5/01/2023
INTEREST RATE:	5.75
PURPOSE OF LOAN:	2240-2260 PRIMROSE
ORIGINAL AMOUNT:	1,100,000.
BALANCE DUE:	753,433.

LENDER'S NAME:	CITY OF CARLSBAD
DATE OF NOTE:	12/24/2014
MATURITY DATE:	12/24/2074
INTEREST RATE:	3
ORIGINAL AMOUNT:	2,646,000.
BALANCE DUE:	2,646,000.

LENDER'S NAME:	CITY OF OCEANSIDE
DATE OF NOTE:	1/30/2017
MATURITY DATE:	1/30/2032
INTEREST RATE:	3

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SOLUTIONS FOR CHANGE, INC.

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**STATEMENT 6 (CONTINUED)
FORM 199, SCHEDULE L, LINE 16
BONDS AND NOTES PAYABLE**OTHER NOTES PAYABLE BALANCE DUE

DESC. OF CONSIDERATION: DEED OF TRUST
ORIGINAL AMOUNT: 154,000.
BALANCE DUE: 152,324.

LENDER'S NAME: CITY OF OCEANSIDE
DATE OF NOTE: 1/30/2017
MATURITY DATE: 6/01/2050
INTEREST RATE: 3
DESC. OF CONSIDERATION: DEED OF TRUST
ORIGINAL AMOUNT: 70,708.
BALANCE DUE: 68,855.

LENDER'S NAME: CITY OF OCEANSIDE
DATE OF NOTE: 1/30/2017
MATURITY DATE: 1/30/2032
INTEREST RATE: 3
DESC. OF CONSIDERATION: DEED OF TRUST
ORIGINAL AMOUNT: 309,000.
BALANCE DUE: 305,637.

LENDER'S NAME: CITY OF OCEANSIDE
DATE OF NOTE: 1/30/2017
MATURITY DATE: 6/01/2050
INTEREST RATE: 3
DESC. OF CONSIDERATION: DEED OF TRUST
ORIGINAL AMOUNT: 50,684.
BALANCE DUE: 49,356.

LENDER'S NAME: CITY OF OCEANSIDE
DATE OF NOTE: 1/30/2017
MATURITY DATE: 2/01/2050
INTEREST RATE: 3
DESC. OF CONSIDERATION: DEED OF TRUST
ORIGINAL AMOUNT: 58,650.
BALANCE DUE: 56,947.

LENDER'S NAME: CITY OF OCEANSIDE
DATE OF NOTE: 1/30/2017
MATURITY DATE: 1/30/2032
INTEREST RATE: 3
DESC. OF CONSIDERATION: DEED OF TRUST
ORIGINAL AMOUNT: 203,572.
BALANCE DUE: 195,459.

LENDER'S NAME: PACIFIC COAST REALITY
DATE OF NOTE: 4/18/2019
MATURITY DATE: 5/01/2022
INTEREST RATE: 7

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**STATEMENT 6 (CONTINUED)
FORM 199, SCHEDULE L, LINE 16
BONDS AND NOTES PAYABLE**OTHER NOTES PAYABLE BALANCE DUE

DESC. OF CONSIDERATION: DEED OF TRUST
ORIGINAL AMOUNT: 120,000.
BALANCE DUE: 46,382.

LENDER'S NAME: DSD CAPITAL, LLC
DATE OF NOTE: 12/31/2019
MATURITY DATE: 9/10/2024
INTEREST RATE: 5.5
DESC. OF CONSIDERATION: UNSECURED
ORIGINAL AMOUNT: 250,000.
BALANCE DUE: 250,000.

LENDER'S NAME: US SMALL BUS ADMINISTRATION
DATE OF NOTE: 5/25/2020
MATURITY DATE: 5/21/2050
INTEREST RATE: 3.75
DESC. OF CONSIDERATION: PROPERTY & EQUIPMENT
ORIGINAL AMOUNT: 82,800.
BALANCE DUE: 82,800.

LENDER'S NAME: MONTY JAMES
DATE OF NOTE: 11/01/2021
MATURITY DATE: 11/01/2023
INTEREST RATE: 10
SECURITY PROVIDED: DEED OF TRUST
ORIGINAL AMOUNT: 250,000.
BALANCE DUE: 250,000.

LENDER'S NAME: PEAC SOLUTIONS
DATE OF NOTE: 4/01/2023
MATURITY DATE: 5/01/2025
INTEREST RATE: 12
SECURITY PROVIDED: EQUIPMENT
ORIGINAL AMOUNT: 7,739.
BALANCE DUE: 1,385.

LENDER'S NAME: PEAC SOLUTIONS
DATE OF NOTE: 6/01/2023
MATURITY DATE: 6/01/2028
INTEREST RATE: 14
SECURITY PROVIDED: EQUIPMENT
ORIGINAL AMOUNT: 13,672.
BALANCE DUE: 10,081.

LENDER'S NAME: PACIFIC COAST REALITY
DATE OF NOTE: 2/02/2024
MATURITY DATE: 12/01/2025
INTEREST RATE: 10

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SOLUTIONS FOR CHANGE, INC.

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STATEMENT 6 (CONTINUED)
FORM 199, SCHEDULE L, LINE 16
BONDS AND NOTES PAYABLE

OTHER NOTES PAYABLE BALANCE DUE

SECURITY PROVIDED: DEED OF TRUST
 ORIGINAL AMOUNT: 105,000.
 BALANCE DUE: 100,000.

LENDER'S NAME: KLEIN ELECTRONICS
 DATE OF NOTE: 8/15/2024
 MATURITY DATE: 11/01/2025
 INTEREST RATE: 10
 ORIGINAL AMOUNT: 135,000.
 BALANCE DUE: 130,000.

LENDER'S NAME: KINGDOM DEVELOPMENT, INC
 DATE OF NOTE: 4/02/2024
 MATURITY DATE: 12/31/2025
 ORIGINAL AMOUNT: 100,000.
 BALANCE DUE: 100,000.

TOTAL OTHER NOTES PAYABLE \$ 10,885,370.

TOTAL NOTES AND BONDS PAYABLE \$ 10,885,370.

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STATEMENT 7
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

ACCRUED EXPENSES.....	397,691.
ACCRUED INTEREST.....	1,896,816.
FINANCE LEASE LIABILITY.....	229,540.
RELATED PARTY PAYABLE.....	248,744.
TENANT SECURITY DEPOSITS.....	62,705.
TENANT TRUST FUND.....	85,541.
TOTAL	<u>\$ 2,921,037.</u>

STATEMENT 8
FORM 199, SCHEDULE M-1, LINE 5
EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN

PASSTHROUGH LOSSES.....	\$ 243,319.
TOTAL	<u>\$ 243,319.</u>

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903477
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities



(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

SOLUTIONS FOR CHANGE, INC.		Check if:
Name of Organization		<input type="checkbox"/> Change of address
List all DBAs and names the organization uses or has used		<input type="checkbox"/> Amended report
722 W CALIFORNIA AVENUE		<input type="checkbox"/> Organization requests email notifications
Address (Number and Street)		State Charity Registration Number <u>117152</u>
VISTA, CA 92083		Corporation or Organization No. <u>2048058</u>
City or Town, State, and ZIP Code		
(760) 941-6545	Telephone Number	
CCHEN@SOLUTIONSFORCHANGE		Email Address
		Federal Employer ID No. <u>33-0902617</u>

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310) Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/24 ending 12/31/24) list:

Total Revenue \$ (including noncash contributions)	<u>3,864,532.</u>	Noncash Contributions \$	<u>35,120.</u>	Total Assets \$	<u>8,188,113.</u>
Program Expenses \$	<u>3,122,670.</u>	Total Expenses \$	<u>4,155,381.</u>		

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

1	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		SEE STATEMENT 1	
6	During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

CHRIS CHEN

TREASURER

Signature of Authorized Agent

Printed Name

Title

Date

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SOLUTIONS FOR CHANGE, INC.

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STATEMENT 1
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING

COUNTY OF SAN DIEGO
FINANCE & GENERAL GOVERNMENT GROUP
1600 PACIFIC HIGHWAY, SUITE 166
SAN DIEGO, CA 92101-2422
JOSHUA RAMIREZ
COMMUNITY ENHANCEMENT PROGRAM COORDINATOR
(619) 531-4887

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2024 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

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SOLUTIONS FOR CHANGE, INC.

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.	
FORM 990/990-PF											
AUTO / TRANSPORT EQUIPMENT											
3	VEHICLES		VARIOUS	120,879			113,279		S/L	5	5,699
	TOTAL AUTO / TRANSPORT EQUI			120,879		0	113,279				5,699
FURNITURE AND FIXTURES											
5	FURNITURE & EQUIPMENT		VARIOUS	95,216			52,047		S/L	7	4,980
	TOTAL FURNITURE AND FIXTURE			95,216		0	52,047				4,980
IMPROVEMENTS											
2	BUILDING & IMPROVEMENTS		VARIOUS	6,932,753			2,824,265		S/L	27.5	252,571
	TOTAL IMPROVEMENTS			6,932,753		0	2,824,265				252,571
LAND											
1	LAND		VARIOUS	4,064,774							0
	TOTAL LAND			4,064,774		0	0				0
MACHINERY AND EQUIPMENT											
4	MACHINERY & EQUIPMENT		VARIOUS	137,232			101,955		S/L	7	5,063
7	MACHINERY & EQUIPMENT	4/24/24	VARIOUS	7,739			2,063		S/L	7	0
	TOTAL MACHINERY AND EQUIPME			144,971		0	104,018				5,063
	TOTAL DEPRECIATION			11,358,593		0	3,093,609				268,313
	GRAND TOTAL DEPRECIATION			11,358,593		0	3,093,609				268,313
	DEPRECIATION ASSETS SOLD			7,739		0	2,063				0
	DEPR REMAINING ASSETS			11,350,854		0	3,091,546				268,313

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2024 CALIFORNIA BOOK SUMMARY DEPRECIATION SCHEDULE

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SOLUTIONS FOR CHANGE, INC.

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 199										
AUTO / TRANSPORT EQUIPMENT										
3	VEHICLES		VARIOUS	120,879			113,279		S/L	5
										5,699
	TOTAL AUTO / TRANSPORT EQUI			120,879		0	113,279			5,699
FURNITURE AND FIXTURES										
5	FURNITURE & EQUIPMENT		VARIOUS	95,216			52,047		S/L	7
										4,980
	TOTAL FURNITURE AND FIXTURE			95,216		0	52,047			4,980
IMPROVEMENTS										
2	BUILDING & IMPROVEMENTS		VARIOUS	6,932,753			2,824,265		S/L	27.5
										252,571
	TOTAL IMPROVEMENTS			6,932,753		0	2,824,265			252,571
LAND										
1	LAND		VARIOUS	4,064,774						0
	TOTAL LAND			4,064,774		0	0			0
MACHINERY AND EQUIPMENT										
4	MACHINERY & EQUIPMENT		VARIOUS	137,232			101,955		S/L	7
7	MACHINERY & EQUIPMENT		VARIOUS	4/24/24	7,739		2,063		S/L	7
										0
	TOTAL MACHINERY AND EQUIPME			144,971		0	104,018			5,063
	TOTAL DEPRECIATION			11,358,593		0	3,093,609			268,313
	GRAND TOTAL DEPRECIATION			11,358,593		0	3,093,609			268,313
	DEPRECIATION ASSETS SOLD			7,739		0	2,063			0
	DEPR REMAINING ASSETS			11,350,854		0	3,091,546			268,313

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