2019 Exempt Org. Return prepared for:

SOLUTIONS FOR CHANGE, INC. 722 W CALIFORNIA AVENUE VISTA, CA 92083

Leaf & Cole, LLP 2810 Camino Del Río South, Suite 200 San Diego, CA 92108

Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Α	For th	e 2019 calendar year, or tax year beginning	, 2019,	, and endin	⊈		7		
B	Check if	applicable: C			D Emp	loyer iden	tification number		
	Add	ress change SOLUTIONS FOR CHANGE,	INC.		33	-0902	1617		
	Nac	ne change 722 W CALIFORNIA AVEN			Particular and the Control of the Co	phone muit	ALMERIC STREET, TOTAL CONTROL OF THE STREET, THE STREE		
	\vdash	vista, ca 92083			17	ፍለነ ዕ	41-6545		
	·(an record			1 1 1	00/ 3	41_0040		
	\vdash	return/terminated					.		
	\vdash	ended return			THE RESERVE THE PROPERTY OF THE PARTY OF THE	s receipts			
	App	lication pending F Name and address of principal officer:	CHRIS MEGISON	I	H(a) is this a group re				
L'EXTENSES.	w-110411/1-110-110414	SAME AS C ABOVE	**************************************		H(b) Are all subordina If "No," attach a l	les include ist. (see in	ed? Yes No		
<u> </u>	Tax-e:	cempt status: X 501(c)(3) 501(c) ()	¬ (Insert no.) 4947(a)(1) or	527			•		
J	Web	site: MWW.SOLUTIONSFORCHANGE.	ORG		H(a) Group exemption	number 3	•		
ĸ	Form	of organization: X Corporation Trust Associal	ion Other L	Year of formation	n: 1999 N	State of	legal domicile: CA		
Pz	nt I de	Summary							
1.00		riefly describe the organization's mission or m	ost significant activities:TO	SOLVE F	AMILY HOME	LESSN	IESS ONE		
	1 "	FAMILY, ONE COMMUNITY AT A TI			TENEDI TIONE		2007_0111		
Governance	-		<u> </u>						
2	-		ALL LUIS THAT ARE ARE ARE ARE ARE ARE THE THE THE		. WILL LIE LIE JAN JAN 702 10.				
ā	2 0	heck this box * if the organization discor	ntipued its operations or disp	osed of mo	re than 25% of it	s net as			
පි	3	lumber of voting members of the governing bo					12		
o8		lumber of independent voting members of the							
<u>8</u>		otal number of individuals employed in calend					12. 72		
Activities &	6 T	otal number of volunteers (estimate if necessa	ary)			6	1,565		
ä	7a T	otal unrelated business revenue from Part VIII	, column (C), line 12			7a	0.		
_	bΛ	let unrelated business taxable income from Fo	rm 990-T, line 39	,		7b	0.		
Marity Control of the	"		A CONTRACTOR CO	HILLAND SECTIONAL SECTION SECTION SEC	Prior Yea	e ni france remande d	Current Year		
	8 0	contributions and grants (Part VIII, line 1h)			2,770,	331.	1,744,686.		
Revenue	9 F	rogram service revenue (Part VIII, line 2g)	.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,707,	972	860,145.		
vel		nvestment income (Part VIII, column (A), lines				960	63,082,		
8		ther revenue (Part VIII, column (A), lines 5, 6				057 t	59,109.		
):	otal revenue - add lines 8 through 11 (must e			4,354,	206	2,727,022.		
\neg		rants and similar amounts paid (Part IX, colur					61 / L / / O L L .		
		enefits paid to or for members (Part IX, colum			CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PARTY OF TH	***************************************	MICCELLATION .		
- 1		alaries, other compensation, employee benefit				755	2,161,904.		
ŝ					2,063,755. 2,161,9				
Š		rofessional fundraising fees (Part IX, column (•						
expenses	bТ	otal fundraising expenses (Part IX, column (D)	, line 25) ►11	3,864.					
in i	17 C	ther expenses (Part IX, column (A), fines 11a-	11d, 11f-24e)		1,523,	791.	1,702,245.		
ļ	18 T	otal expenses. Add lines 13-17 (must equal Pa	art IX, column (A), line 25)		3,587,		3,864,149.		
]		evenue less expenses. Subtract line 18 from li			766,		-1,137,127.		
8 8					Beginning of Curr		End of Year		
£ 2	20 T	otal assets (Part X, line 16)			14,206,		14,038,029.		
Net Assets Fund Balanc	21 T	otal liabilities (Part X, line 26)			13,352,		12,599,103.		
# B	00 N		an line 20			***************************************			
ZI	22 N	et assets or fund balances. Subtract line 21 fro)m ane 20		854,	682	1,438,926.		
	rt II	Signature Block	ARTHA AIRCONNET VAN TOUR ARE PUBLISHED AND AN AREA AND AN AREA AND AN AREA AND AND AREA AND A						
Under comp	r penalties Jete, Deck	of perjury, I declare that I have examined this return, includir gration of preparer (other than officer) is based on all informal	ig accompanying schedules and stater ion of which preparer has any knowled	ments, and to thi dge.	ne bast of my knowled	ge and bel	iof, it is true, correct, and		
		► TAXPAYERS CO		TOTAL OF THE PARTY	november of the second	CATALON TANDER DAVIS	WASHING DATE.		
<u> </u>		Signature of officer	45 A		Date				
Sig	n	}.							
Her	æ	CHRIS MEGISON			PRESIDENT	& CEC)		
		Type or print name and title		T					
		Print/Type preparer's name Preparer's	s signature	Date		X	PTIN		
Pai	d	JULIE A. FIRL JULIE	A. FIRL	11/05/2	20 self-emplo	yed	P00085551		
Pre	parer	firm's name LEAF & COLE, LLP				······································	The state of the s		
Use	Only	Firm's address * 2810 CAMINO DEL RI	O SOUTH, SUITE 200)	firm's EiN	95 -	-2076568		
	,	SAN DIEGO, CA 9210		11 ATT T 1876ATT AND TO A LA LAWY	Phone no.	MATERIAL PROPERTY OF THE PARTY	294.7200		
Mav	the IRS	discuss this return with the preparer shown a					X Yes No		

Forn	n 990 (2019) SOLUTIONS FOR CHANGE, INC.	33-0902617	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	-11-11-11-CW40H1001	
	TO SOLVE FAMILY HOMELESSNESS, ONE FAMILY, ONE COMMUNITY AT A TIME	<u>£.</u>	
		NAME OF STREET OF STREET, STRE	
2	Did the organization undertake any significant program services during the year which were not listed on the pri		*10.24
	Form 990 or 990-EZ?	Yes	K 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 se	rvices? Yes	K No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	rices, as measured by exp	enses.
	and revenue, if any, for each program service reported.	is to others, the total expe	311303,
4 a	(Code:) (Expenses \$ 3,373,952, including grants of \$) (R	Revenue \$ 860.	145.)
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	101 NA - 405		
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	470 AGA 760 BAY 180 VIII BAY 180 VIII AAN 100 AVV 11.2 2.2 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2		*
4 b	(Code:) (Expenses \$ including grants of \$) (R	Revenue \$	
		<u>-</u>	
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4 c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
		201 100 100 100 100 100 100	
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	O. I		TELEVILLE.
	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ fotal program service expenses > 3.373.952)	
E	NATE LANGUAGO AND VINE GAUGIAGA 5 3 3/1 MIL		

Form 990 (2019) SOLUTIONS FOR CHANGE, INC.

Part IV Checklist of Required Schedules

	(a. the provided in the COLORO AND		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>	1	X	
2		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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D. Part III.	8		х
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		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI.	11 a	х	yar gwar, ya
	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.	116		Х
	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c	JANA	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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and</i> if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
-	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		×
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		х
17	Ord 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		
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	х	
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
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		Х

9500	The control of the co		1	т
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	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, fine 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	n • 1-mman 120,400 · 1
24	a 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		Х
	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		renteniumetico.
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25	a 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		х
	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		Х
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		х
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		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, complete Schedule L. Part IV	28a		Х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes, complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part k	31	- AND THE STREET	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		Х
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	х	
	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	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
ł	olf '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		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par	tV Statements Regarding Other IRS Filings and Tax Compliance			Carre
	Check if Schedule O contains a response or note to any line in this Part V.		. , , .	. [
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	88		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
	(gambling) winnings to prize winners?	°		
BAA	TEEA0104L 07/31/19	Form	990 (2019)

Form 990 (2019) SOLUTIONS FOR CHANGE, INC.

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

			Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 72			34
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	T TO THE STATE OF
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		V-934/58	X
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Λ.
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule C.	35		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
	b if 'Yes,' enter the name of the foreign country►	\$2088A		250
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	(ACCOUNTS AND A	X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?,	5 c	**************************************	·variation.
6	a 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?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 ь		
7	Organizations that may receive deductible contributions under section 170(c).		7.47 B	- XXX
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			8
	services provided to the payor?	7 a	Х	
	bif 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Χ	
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d if 'Yes,' indicate the number of Forms 8282 filed during the year,		6/55/nc	1959851
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	Territorian (1994)	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
	g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
,	as required?	7g		
ì	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		8,447.00	14416-70
	organization have excess business holdings at any time during the year?	8	2-11-012-1-11-012-1	
9	Sponsoring organizations maintaining donor advised funds.	SE	0.85 Z	
8	a Did the sponsoring organization make any taxable distributions under section 4966?	9а		
ł	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ъ		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			12 S
	Gross income from members or shareholders	33-33		
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from (hem.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in tieu of Form 1041?	12a	1000000	<u> </u>
	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		87834	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	is the organization licensed to issue qualified health plans in more than one state?	13a		arrich similar
	Note: See the instructions for additional information the organization must report on Schedule O.			87
	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			
	Enter the amount of reserves on hand	200		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
Ь	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15	ngalagak ka	X
40		10000000	50055000	and the second
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	\$2,6350X4	X
<u> </u>	n res, complete Fulli 4720, Schedule O.			M382195

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 Х Section A. Governing Body and Management Yes No 1 a 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 12 authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 12 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?...SEE SCHEDULE O 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trüstees, or key employees to a management company or other person?........... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Х 6 Did the organization have members or stockholders?..... 6 7 a 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?..... 7а Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7Ь Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8 a X **b** Each committee with authority to act on behalf of the governing body?...... 8 b Is there any officer, director, trustee, or key employee fisted 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 Νo 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a 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? 10 b 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b Х 120 X 74 Did the organization have a written document retention and destruction policy?...... X 14 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? X 15 a X If 'Yes' to line 15a or 15b, describe the process in 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?..... X 16 a 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?. 165 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 🟲 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 Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule Q 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 State the name, address, and telephone number of the person who possesses the organization's books and records CHRIS MEGISON 722 W CALIFORNIA AVENUE VISTA CA 92083 (760) 941-6545

Form 990 ((2019)	SOLUTIONS	$r \cap D$	CHANCE	TNC

33-0902617

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Part VIII 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

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

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

Check this box if neither the organization nor any	related organiz	ation	cor			ed any	CUI	rrent officer, direct	or, or trustee.	y
				(C)	•					
(A) Name and title	(B) Average hours per	"	s patr dir	rector	7trust			(D) Reportable componsation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	andwickal Irustee	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRIS MEGISON PRESIDENT & CEO	40			Х				145,574.	0.	32,922.
(2) TAMERA MEGISON	40	1		HARTIMA		***************************************		enakaran manan manan Kabupaten manan manan sama sam	(A-11-11-11-11-11-11-11-11-11-11-11-11-11	NATE AND THE PARTY OF THE PARTY
VP OPERATIONS		<u> </u>		Х				71,834.	0	73.
_(3)_MIKE_KENNEDY	11						İ	_		
DIRECTOR		X						<u>0.</u>		0.
		X						0.	0.	0.
(5) STEVE MCNULTY	1	1	\dashv		···		-			0.
DIRECTOR		X						о.	o .	0.
(6) DAVID CREAN	1	Λ					+	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
SECRETARY		х		x			Ì	٥.١	0.	0.
(7) LEANNE ABRAHAM	1	**		1						· · ·
CHAIRWOMAN		X		х				0.	o.l	0.
(8) DAWN HALL CUNEEN	1 1			-			1			
DIRECTOR	0	х						0.	0.	0.
(9) JACK LANDERS	1						T		- 1	
TREASURER	0	X		Х				0.	0.1	0.
(10) JOHN CONRAD	1									
DIRECTOR	0 1	Х	l					0.	0.	0.
(11) BRET SCHANZENBACH	11									
DIRECTOR	0	Х						0.	0.	0.
(12) STEVEN OGUS	11									
DIRECTOR	0	Х						0.	0.	0.
(13) GLORIA FOOTE	_1									
DIRECTOR	0	X		ra-1170-70 pr				0.		0.
(14) TOBY WIIK	1									
DIRECTOR	0	Х						0.	0.	0.

;

Page 8

100	artiviti Section A. Officers, Directors, Tri	1	ney	E. (1	سستدن	سستنب	es,	an	a rignest con	ipensated Emp	noyees (continuea)
	(4)	(日)			80	3) sition			(D)	(E)	(F)
	(A) Name and title	Average hours per	† Box	, unte	its p	erson	e than is bot lor/trus	th an	Reportable	Reportable compensation from	Estimated amount
		week (list any hours	o a	豆	Officer	\$	em g	Former		related organizations (W-2/1099-MISC)	of other compensation from the organization
		för related organiza	or director	thicr:	<u>g</u>	Key employee	Highest co				and related organizations
		- tions below dotted	indivedual involve or director	nstisitional Inustee		Jyen G	Highest compensated employee				
		line)	8	8			sated				
<u>(15</u>	· 										
(16								-			
(17)	1						ļ				
(18)		1745 ANY MEN BYIS									
(19)					,	ramoonna-	//m/mmes		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		77 77 77 77 77 77 77 77 77 77 77 77 77
(20)											
(21)	MP-1-	personal de la companya de la compa	***************************************		nn	LITTLE THE TOTAL	I Incomerce and	nwain			
(22)											T destroy when the transfer and the second s
(23)				1							
	20 AND 100 AND	THE COMPANY OF THE COMPANY	N. AMPLIANCES			CALLESTON		A-4-6/17/18-1		TINA ARABANA ANNO ANTONO MENANDA PENANDA ANNO ANTONO ATRICTO ANNO ANTON	
(24)					:						
(25)				1							
	Subtotal				. ,		i	-	217,408.	0.	32,995.
	: Total from continuation sheets to Part VII, Section 1 Total (add lines 1b and 1c)							.	0.	0.	0.
2	Total number of individuals (including but not limited							/ed	217,408. more than \$100,000		32, 995. pensation
	from the organization 💆 📋										Yes No
3	Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, trustee	e, key	у еп	nplo	yee	, or t	nigh	nest compensated	employee	
4	For any individual listed on line 1a, is the sum of										3 X
7	the organization and related organizations greater such individual	than \$15	50.00	07.7	f 'Y	es,'	com	plet	te Schedule J for		. 4 X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compans	ation	n fro	m a ile	ny t	unrel Suci	ate	d organization or i	ndividual	5 X
Sec	tion B. Independent Contractors										
	Complete this table for your five highest compens compensation from the organization. Report compens		репа те са	ent lend	con ar y	trac éar e	tors endin	tna: ig w		an \$100,000 of anization's tax year	-
	(A) Name and business addre	988							(B) Description of	f services	(C) Compensation
		CONTO CONTO CONTO CONTO									
	00-14 1000 (1000) 00 00 00 00 00 00 00 00 00 00 00 00		,								IN-INA IM-IN-WALL-LI
ATTIAVESTINE	79°.							-			
2	Total number of independent contractors (including bu		ed to	thos	e lis	ted	abov	e) v	vho received more t	han	
BAA	\$100,000 of compensation from the organization		EAOI	081. (07/31	/19				(200	Form 990 (2019)

Pa	rt \	ALL SATISATION OF THE PROPERTY								
		Check if Schedu	He O	contains	a res	ponse or note to a	(A) Total revenue	VIII	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1	a Federated campaig	_		1 a	1				
Grai		b Membership dues.			1 b		_	1995		
23 4		c Fundraising events			1 c	a annual ann ann an ann an an ann an an an an an				
2 2		 d Related organization e Government grants (con 			1 d		1			
8 5		f All other contributions,			16	75,000.	1			
Ž į		similar amounts not inc	luded	above	7 f	1,513,911.				
Contributions, Gifts, Grants and Other Smilar Amounts		g Noncash contributions in lines Ta-1f			1 g	95,223.				
	l	h Total. Add lines 1a	-1f				1,744,686		- 5	
≡						Business Code				
₽		a RENTAL INCOM			w wva	531110	725,659	725,659		
92 92		b <u>SUPPORTING</u>				900099	130,514			
ervić		c <u>LAUNDRY & VI</u>	ַבְּוַעַבַּי.	TNG	w ver	531110	3,972	3,914		
SE										
Program Service Revenue		e f All other program service revenue		CONTRACTOR DE LA CONTRA	TANK THE ACTION PARTIES WELLOW PROPERTY NAMED AND A PARTIE	THE SECOND STREET OF THE SECOND STREET, SECOND STRE	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
쭈		g Total. Add lines 2a					860,145.			
	3	Investment income (includ	ding divide	nds, i	interest, and	63,082.			62 000
	other similar amounts)					,		63,082.		
	5	Royalties				,			AND THE PROPERTY AND THE PROPERTY OF THE PROPE	Manuscript Company
			-	(i) Re	e al	(ii) Personal				
		a Gross rents	6a							
	,	tess: rental expenses	6b		1711 PH 1911 PH 1911 A			la de la companya de		
	1	c Rental income or (loss) d Net rental income o		,ee)						
			, ((O	(i) Secu	rities	(ii) Other				
	7 a Gross amount from sales of assets									
	ŀ	other than inventory 7a b Less: cost or other basis								
		and sales expenses	7Ь							
		. ,	7с							
	-	Net gain or (loss).								
Re	88	Gross income from fundr (not including \$	aising T	}events 55 775						
Yes		of contributions reported	on lin	ne Tc).						
8		See Part IV, line 18			8	a 169,443.				
Other Reverue		Less: direct expens			81	, -, -, -,				
ō	c	: Net income or (loss) fro	m fundrai	sing e	events	97,829.			97,829.
	9 a	Gross income from gamir See Part IV, line 19	ng acti	ivities.	9;	a				
	Ь	Less: direct expens			91					
		Net income or (loss)			activ	ities 🟲	namen and the Control of the Control			100 C
	10 a	Gross sales of inventory, returns and allowances	less.			'				
ļ					10:	20/2021				
		Less: cost of goods Net income or (loss)			101					
<u>, </u>	C	ver arcome or (1055,	<i>)</i> 1801	ir saies O	T	Business Code	-38,720.			-38,720.
evenie	11 a				\dashv		ne e e e e e e e e e e e e e e e e e e			
* 5	l1a b c d						TELEFORM NUMBER VIOLENCE DE L'ANGEL L'ANGEL L'ANGEL	Product Productive Control Control		VITT-11.2012
\$ 5	C				[NOPERFORE LAND.
7 1					[S .		SOMEONE DE LOS MANTES DE LA COMPANSION DE	Olevalisanimas miska ylekarinetteen elistä vaitet	usaannasti käniiliki piekki ir kkiiliairi kest
-	2 2	Total. Add lines 11a Total revenue. See					0 707 000	0.00 1.45		100 101
200	<u> </u>	TOTAL TEVELINE, 368		GC1(O))3			2,727,022.	860,145.	0.	122,191.

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 . . (A) Total expenses (C) (D) Do not include amounts reported on lines Fundráising Program service Management and 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21............. Grants and other assistance to domestic individuals. See Part IV, line 22........ Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members...... Compensation of current officers, directors, trustees, and key employees 217,408 71,834 58,230 87,344. 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. Other salaries and wages..... 1,928, 1,636,522 1,529,581 105,013 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)...... Other employee benefits...... 148,753 24,720. 114,460 9,573. 10 Payroli taxes..... 159,221 122,664 26,254 10,303. 11 Fees for services (nonemployees): a Management...... c Accounting...... 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 160,922 120,691 40,231 (A) amount, list line 11g expenses on Schedule Q.).... 12,786. 12,786 13 Office expenses..... 68,948. 62,053 6,895 information technology...... Royalties...,... Occupancy..... 87,101 87,101 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings. . . . 39,021 15,608. 23,413 20 Interest..... 222,526. 222,526. Payments to affiliates..... 22 Depreciation, depletion, and amortization . . . 373,275 373,275 58,626. 49,079 5,454 4,093 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 SUBSIDY EXPENSES 190,220 190.220 b REPAIRS & MAINTENANCE 184,200 165,780 18,420 c <u>UTILITIES/REFUSE REMOVAL</u> 130,392 117,351 13,041 d SUPPLIES 40,838 40,838 e All other expenses....... 133.390. 78.105. 54,662 623. Total functional expenses. Add lines 1 through 24¢ , . . 3,864,149 3,373,952. 376,333 113,864. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X...... (**B**) End of year Beginning of year Cash — non-interest-bearing..... 544,989 7 314,308. 2 Savings and temporary cash investments 113,076 2 128,451. 3 Piedges and grants receivable, net 3 118,968. 212,195. Accounts receivable, net 4 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 Notes and loans receivable, net 7 2,857,541 4,604,862 Inventories for sale or use..... 8 1,804. 7,500. Prepaid expenses and deferred charges..... 9 10,249 29,676. 10 a Land, buildings, and equipment: cost or other basis.

Complete Part VI of Schedule D...... 10 a 12,572,131 2,434,141. 11,704,355 10 c 10,137,990. Investments — publicly traded securities..... 13 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..... 15 -1,144,052-1,396,953. Total assets. Add lines 1 through 15 (must equal line 33)...... 14,206,930. 16 14,038,029. 17 Accounts payable and accrued expenses..... 17 94,517 109,050. 18 Grants payable 18 19 Deferred revenue,..... 124,108 19 13,449. 20 Tax-exempt bond liabilities..... 20 21 Liabilities Escrow or custodial account liability, Complete Part IV of Schedule D......... 21 Loans and other payables to any current or former officer, director, trustee, 22 Secured mortgages and notes payable to unrelated third parties..... 11,903,209 23 10,916,605. Unsecured notes and loans payable to unrelated third parties..... 24 75,000. 24 250,000. 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. 1,155,414 25 1,309,999. 26 Total liabilities. Add lines 17 through 25...... 26 13,352,248. 12,599,103. Net Assets or Fund Balances Organizations that follow FASB ASC 958, check here > Х and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions..... 690,686. 27 1,306,723, 28 Net assets with donor restrictions..... 28 132,203 163,996 Organizations that do not follow FASB ASC 958, check here > and complete lines 29 through 33. Capital stock or trust principal, or current funds..... 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund...... 30

Retained earnings, endowment, accumulated income, or other funds......

Total net assets or fund balances.....

Total liabilities and net assets/fund balances,

1,438,926

14,038,029

31

32

33

854,682.

14,206,930.

31

32

33

Х

3b X

Form 990 (2019)

3 a

If the organization changed either its oversight process or selection process during the tax year, explain

bif '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......

TEEA0112L 01/21/20

on Schedule O.

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

- Attach to Form 990 or Form 990-EZ.

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

2019

Open to Public Inspection

Name of the organization Employer Identification number SOLUTIONS FOR CHANGE, INC 33-0902617 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 7 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives; (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 17 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations.... g Provide the following information about the supported organization(s). (i) Name of supported organization (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 (vi) Amount of other support (see instructions) support (see instructions) Yes Νø (A) (D) (E)

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.)

Se	ction A. Public Support						
Cal beg	endar year (or fiscal year inning in) 🟲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	1,881,226.	1,858,390.	1,836,849.	2,770,331.	1,744,686.	10,091,482.
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	A 100 A					0.
4	Total. Add lines 1 through 3	1,881,226.	1,858,390.	1,836,849.	2,770,331.	1,744,686.	10,091,482.
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)						1,285,552.
6	Public support. Subtract line 5 from line 4						8,805,930.
Sec	tion B. Total Support		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,881,226.	1,858,390.	1,836,849.	2,770,331.	1,744,686.	10,091,482.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.			24,691.	12,960.	63,082.	100,733.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.			-		97,829.	97,829.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART. VI	73,070.	18,681.	1,220,554.	8,860.		1,321,165.
11	Total support. Add fines 7 through 10						11,611,209.
12	Gross receipts from related activi	ties, etc. (see ins	tructions)	*******			7,276,662.
13	First five years. If the Form 990 is forganization, check this box and	or the organization stop here	's first, second, thi	rd, fourth, or fifth ta	ex year as a section	n 501(c)(3)	-
Sec.	tion C. Computation of Pub	lic Support Po	ercentage				THE STATE OF THE S
	Public support percentage for 201						75.84%
16a	Public support percentage from 2 33-1/3% support test-2019. If the	e organization did	i not check the bo	ox on line 13, and	Hine 14 is 33∗1/3	% or more, check	76.45 % this box
	and stop here. The organization of 33-1/3% support test—2018. If the	qualifies as a pub	licly supported or	ganization			<u>*</u> X
D	and stop here. The organization	qualifies as a pub	licly supported or	ganization	. and line 15 is 33	-1/3% OF More, C	neck this box
	10%-facts-and-circumstances tes or more, and if the organization n the organization meets the 'facts-	neets the 'facts-ai	nd-circumstances	' test, check this l	oox and stop bere	e. Explain in Part.	MI how
	10%-facts-and-circumstances tes or more, and if the organization n organization meets the facts-and	neets tine 'facts-ar -circumstances' te	nd-circumstances est. The organizat	test, check this to ion qualifies as a	pox and stop here publicly supporte	Explain in Part d organization	VI how the
	Private foundation. If the organiza	ation did not chec	x a pox on line 1.	3, 16a, 16b, 1/a,			
ΔΔ					Cab	adula A (Carus DO	0 Az 000 E7\ 2010

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

Se	ction A. Public Support						
11177	ndar year (or fiscal year beginning in) 🟲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	DOUBLEMAN A A COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE					The state of the s
	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.	AND					
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						77 777
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						100 To Victor to Victor to the second
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons		A STATE OF THE ACT AND A SOUTH	ALTERNITORIS MINISTER SERVIS ANTI-SERVIS A			
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		orthography and be to be a second or the sec				THE PERSON OF TH
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) 🟲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 6					<u> </u>	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						THE STATE OF THE S
11 11	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.				ha		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	NOTET AT ENTERONMENT AND				PV.	AT WE SEAL
	Total support. (Add lines 9, 10c, 11, and 12.)			777777777777777777777777777777777777777	4.00-01.04 417.4		
	First five years. If the Form 990 i organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	-
	tion C. Computation of Pub						manage and a second sec
	Public support percentage for 20						
	Public support percentage from 2						8
	ion D. Computation of Inve						W.W. 100.
	Investment income percentage for			_			용
	investment income percentage for						용
	33-1/3% support tests-2019. If the	re organization di	d not check the b	ox on line 14, an	d line 15 is more t	han 33-1/3%, and	line 17
19a	is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppo	rted organization.	, 🟲 📗
b	is not more than 33-1/3%, check 33-1/3% support tests—2018. If the line 18 is not more than 33-1/3%, Private foundation. If the organiz	this box and stop ne organization did check this box a	here, The organi d not check a box nd stop here. The	zation qualifies a on line 14 or line organization qua	e 19a, and line 16 alifies as a publicly	is more than 33-1 / supported organi	/3%, and zation

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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Pa	at IV Supporting Organizations (continued)			
		Richardor (7	Yes	No
31	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	17c		
Se	ction B. Type I Supporting Organizations		1.,	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint	SEMESTR	Yes	No
•	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sec	ction C. Type II Supporting Organizations			
		Distriction in State of the	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
		Distriction of the Control of the Co	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion 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),			
ä				
Ł	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc:	lions).	
2	Activities Test. Answer (a) and (b) below.	f	Yes	No
6	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2 b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
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.	Зh		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	ations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	et on I	Nov. 20, 1970 (explain in ust complete Sections A	Part VI). See through E.
Sec	ction 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	1707-11	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ē	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1b		
C	: Fair market value of other non-exempt-use assets	10		
¢	S 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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		<u></u>
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount	oportone de la constante de la		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		The state of the s
2_	Enter 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		AUI-M
	Income tax imposed in prior year	5		W/MILE_EMA.
	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 inter(see instructions).	grate		
BAA			Schedule A (For	m 990 or 990-EZ) 2019

Section D — Distributions		Current Year	
Amounts paid to supported organizations to accomplish exempt			
2 Amounts paid to perform activity that directly furthers exempt purpose in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
B Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ation is responsive (provide	details	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.		The second secon	
3 Excess distributions carryover, if any, to 2019			
a From 2014, , ,			
b From 2015			
¢ From 2016			
⊄ From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years		+ 18 miles (19 miles 1 miles 19 miles 19 miles 19 miles 19 miles 19 miles (19 miles 19 miles 19 miles 19 miles 19 miles (19 miles 19 miles 19 miles 19 miles 19 miles 19 miles 19 miles (19 miles 19 mil	
h Applied to 2019 distributable amount			<u> 1906 - Angel Anterior de la companya de la compan</u>
I Carryover from 2014 not applied (see instructions)	ALTERNATION OF THE PROPERTY OF		
j Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
a Applied to underdistributions of prior years			
Applied to 2019 distributable amount			The second secon
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
BAA	and the second s	Schedule A /For	m 990 or 990-EZ) 20

Schedule A (Form 990 or 990-EZ) 2019

₽age 8

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

NATURE AND SOURCE	2019	 2018	2017	 2016		2015
MISCELLANEOUS INCOME LOAN FORGIVENESS INCOME		\$ 6,176.	\$ 9,081. 1,211,473.	\$ 18,681.	\$	73,070.
SOCIAL ENTERPRISE TOTAL	\$ 0.	\$ 2,684. 8,860.	\$1,220,554.	\$ 18,681.	\$	73,070.

SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer Identification number

	SOLUTIONS FOR CHANGE, INC.	33-0902617
P	Organizations Maintaining Donor Advised Funds or Other Similar Fund	ds or Accounts.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line (5.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	The second of th
2		11 TO TO AN AN A CO.
Ē	Aggregate value of grants from (during year)	The Part County of the Part of the State of the Part o
4		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donore the organization's property, subject to the organization's exclusive legal control?	nor advised funds
	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other primpermissible private benefit?	can be used only purpose conferring Yes No
Pe	irtsla Conservation Easements.	
-	Complete if the organization answered 'Yes' on Form 990, Part IV, line 7	7.
7	Purpose(s) of conservation easements held by the organization (check all that apply).	
		n of a historically important land area
		n of a certified historic structure
2	Preservation of open space	
	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form last day of the tax year.	or a conservation easement on the
		Held at the End of the Tax Year
	a Total number of conservation easements	. 2a
	b Total acreage restricted by conservation easements	
	c Number of conservation easements on a certified historic structure included in (a)	. 2c
	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic	
9	structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year •	organization during the
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, hand	ling 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 cons	* *
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and einclude, if applicable, the text of the footnote to the organization's financial statements that desconservation easements.	expense statement and balance sheet, and cribes the organization's accounting for
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or O Complete if the organization answered 'Yes' on Form 990, Part IV, line 8	ther Similar Assets.
1 :	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in the Part XIII the text of the footnote to its financial statements that describes these items.	ement and balance sheet works of art, furtherance of public service, provide in
ı	If the organization elected, as permitted under FASB ASC 958, to report in its revenue stateme historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	nce of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	,
	(ii) Assets included in Form 990, Part X.	T-8144
	If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under FASB ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1	
Ł	Assets included in Form 990, Part X	,,, > \$

Schedule D (Form 990) 2019 SOLU	דוראול ברים כמשוי	ICE INC		33-090	2617 Page
Part III Organizations Mainta	ining Collections	of Art, Historic	al Treasures, or C	ther Similar Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply):	THE TOWN OF THE PROPERTY OF TH	711 1111 1111			
a Public exhibition		d Loan or e	xchange program		
b Scholarly research		e Other		en er ser i van sommen er en er er er en er en er en en en en en en en er	
c Preservation for future gener	ations	107"		THE CONTRACTOR OF THE WAY AND ADDRESS OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P	
4 Provide a description of the organiz Part XIII.					
5 During the year, did the organiza to be sold to raise funds rather the	ition solicit or receive han to be maintained	donations of art, his as part of the organ	storical treasures, or o nization's collection?	other similar assets	Yes No
Part IV Escrow and Custodia line 9, or reported an	Arrangements.	Complete if the	organization answ		m 990, Part IV,
1 a Is the organization an agent, trus on Form 990, Part X?				assets not included	Yes No
b If 'Yes,' explain the arrangement	in Part XIII and comp	olete the following ta	apie;		A A
c Beginning balance				L	Amount
d Additions during the year					
e Distributions during the year					NAMES INC. AL
f Ending balance				1 e	TOTAL MARKANIA MARKAN
2 a Did the organization include an a				1	Yes No
bif 'Yes,' explain the arrangement					
bit ree, explain the arrangement	iii i are xiii. Ollobk iii	ore in this explainatio	in nes ceen provided c	7111 GH 7110	
Part V Endowment Funds. C	omplete if the ord	anization answe	red 'Yes' on Form	1990 Part IV lin	e 10
And the second s	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(=) , ==.	(-)) +		799.5
b Contributions	The state of the s				
c Net investment earnings, gains, and losses					
d Grants or scholarships	-			***************************************	AJVARA LIVI
e Other expenditures for facilities and programs	17 T T 1111. THE TOTAL OF THE TOTAL TO THE TOTAL SECTION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMIN				
f Administrative expenses			CANADA CA		
g End of year balance				AN 1-11 (NA 1876). 110 12 YEARING TO "1107 YEARING WEST, WEST, WEST, WEST, WEST, WAS	·u—^
2 Provide the estimated percentage	of the oursest year o	nd halance (line la	actions (a)) hald ac-		777 7 TO TO A COLUMN A
a Board designated or quasi-endowne	r.	granice (iiii) asiasaa os	, column (a)) nelu as:		
b Permanent endowment	- B				
c Term endowment					
The percentages on lines 2a, 2b, an	OATSLA, OALISS	6.			
3 a Are there endowment funds not in the organization by:	e possession of the org	janization that are he	ld and administered for	the	Yes No
(i) Unrelated organizations					3a(i)
(ii) Related organizations	*******			, , . , , . , , , , , ,	3a(ii)
b If 'Yes' on line 3a(ii), are the relat	ed organizations liste	d as required on Sc	hedule R?		3b
4 Describe in Part XIII the intended	uses of the organizat	ion's endowment fu	nds.	· ·	re surrecced.
Part VIS Land, Buildings, and E					
Complete if the organiz		Yes' on Form 99	0 Part IV line 11	a See Form 990	Part X line 10

A THE PROPERTY OF THE PROPERTY		THE RESIDENCE OF THE PROPERTY		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
	(investment)	basis (other)	depreciation	
1 a Land		4,185,895.		4,185,895.
b Buildings	THE THE TENTH OF T	7,943,269.	2,065,407.	5,877,862.
c Leasehold improvements			THE PARTY OF THE P	
d Equipment	The Court of Marian Annual Annual Court	388,562.	314,329.	74,233.
e Other		54,405.	54,405.	0.
Total. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X, c	column (B), line 10c.).		10,137,990.

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Schedule D (Form 990) 2019

Part VII Investments - Other Securities.		N/A	
Complete if the organization answered			1 TV - VV-10
(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.			NATURE AND ADDRESS OF THE ADDRESS OF
(2) Closely held equity interests			TTTATTOTIA LIMITORIA ALGO LA L
(3) Other			
(A)	AIRPRO-MARTINOSA ALORE MARTINE		The state of the s
(B)		LANGUER VICTOR LEGISLATION CONTRACTOR CONTRA	
(C)		THE THE THE TREE THE TREE THE THE TREE	116.00.4
(D) (E)	THE STATE OF THE S		THE STATE OF THE S
			· · · · · · · · · · · · · · · · · · ·
(F) (G)	WAS ALL TO THE MANAGEMENT OF T		
(H)		CHIEF T-CONTROLLED IN INCOME MATERIAL ACCOUNT	. Trapulates
(i)			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	10000000.0PPW.000PD.000000000000000000000		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.).		NI / D	
Part VIII Investments - Program Related. Complete if the organization answered	'Yes' on Form 990	. Part IV. line 11c. See Form 9	990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market value
(1)	The same of the sa	ann y a fean-airm ann ann ann an ann an ann an an an an a	· · · · · · · · · · · · · · · · · · ·
(2)	' '	THE PARTY OF THE P	**
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(4)	The state of the s	24 THE STATE OF TH	· ····································
(5)	<u> </u>		THE WARM AND VETTORIA IN A LABOR.
(6)		**************************************	
(7)			THE PROPERTY OF THE PARTY OF TH
(8)	THE STATE OF THE S	77.00 L (1.1.1 L 1.1.1	
(9)	"		
(10)		The state of the s	WIT-PART AND LOVE III.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)   Part IX Other Assets.  Complete if the organization answered  (a) Description	N/A 'Yes' on Form 990, cription	Part IV, line 11d. See Form 9	990, Part X, line 15.
(1)	NAMES OF THE PARTY		
(2)	TO THE PERSON OF		
(3)			
(4) (5)	WARTE A PROPERTY OF THE PROPER		THE POST PRINTED AND ADDRESS OF THE POST O
(6)	, , , , , , , , , , , , , , , , , , ,	POTT THE PT THE APPROXIMATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINI	
(7)			THE VALUE OF THE PARTY OF THE P
(8)	VATURITIES VALUE AND APPLICATION OF THE PROPERTY OF THE PROPER		THE PROPERTY OF THE PARTY OF TH
(9)			THE APPLICATION OF THE PROPERTY OF THE PROPERT
(10)		THE CONTRACT OF THE CONTRACT O	
fotal. (Column (b) must equal Form 990, Part X, column (B)	line 15.)		<b>v</b>
Part X Other Liabilities. Complete if the organization answered 'Yes' on For			
. (a) Descrip	tion of liability	The second secon	(b) Book value
(1) Federal income taxes			- The state of the
(2) ACCRUED EXPENSES	MANAGEMENT 1	THE THE THE TRUE TO THE TOTAL ALCOHOLOGY AND A STATE OF THE TRUE TO THE TRUE TRUE TO THE TRUE TO THE TRUE TO THE T	155,085.
(3) ACCRUED INTEREST		AN OPPOSITORY OF PRINCIPAL AS A PROGRAMMENT ROLL AND A LOCAL AS A	932,059.
(4) OTHER RELATED PARTY PAYABLE		The state of the s	3,500.
(5) RELATED PARTY PAYABLE			91,783.
(6) SHARE OF DEFICIENCY IN PARTNERSHIPS (7) TENANT SECURITY DEPOSITS	)		1,828.
(8) TENANT SECURITY DEPOSITS (8) TENANT TRUST FUND			42,802. 82,942.
(9)			02,342.
(10)	THE THE PERSON OF THE PERSON O		
(11)		The second secon	BAL-V47
otal. (Column (b) must equal Form 990, Part X, column (B) line 25.).	A T A T A T A A A A A A A A A A A A A A	Series de la companya del companya de la companya del companya de la companya del la companya de	1,309,999.
Liability for uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organization's finan	icial statements that reports the organization's	
x positions under FASB ASC 740. Check here if the text of the footpote has be			E PART XIII X

PartXI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	•
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
Total revenue, gains, and other support per audited financial statements	1	2,593,905.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	188	
c Recoveries of prior year grants	1	
c Recoveries of prior year grants d Other (Describe in Part XIII.) SEE PART XIII 2d -133,117.	188	
e Add lines 2a through 2d.	2 e	-133,117.
3 Subtract line 2e from line 1,	3	2,727,022.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	6000	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,727,022.
	1 -	6, C1, V££,
	4	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	4	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	4	rn.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	4	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	4	rn.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	4	rn.
Part XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:     a Donated services and use of facilities.	4	rn.
Part XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	Retu	rn.
Part XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:     a Donated services and use of facilities.	Retu	rn. 4,124,242.
Part XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	Retu	rn. 4,124,242. 260,093.
Part XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	Retu 1	rn. 4,124,242.
Part XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses c Other losses d Other (Describe in Part XIII.). SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b. 4 a	Retu 1	rn. 4,124,242. 260,093.
Part XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:   a Donated services and use of facilities	Retu	rn. 4,124,242. 260,093.
Part XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2e 3	260,093. 3,864,149.
Part XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:   a Donated services and use of facilities	2e 3	rn. 4,124,242. 260,093.

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 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

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Schedule D (Form 990) 2019

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

COST OF GOODS SOLD EXPENSE FUNDRAISING EXPENSE PASSTHROUGH INCOME/LOSSES. TOTAL	divini da	58,879. 71,614. -263,610. -133,117.
SCHEDULE D. PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S		
COST OF GOODS SOLD EXPENSE. FUNDRAISING EXPENSE. TOTAL	\$	58,879. 71,614. 130,493.

# SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# 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, Jine 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019 Open to Public Inspection

Employer Identification number

SOLUTIONS FOR CHANGE, INC	C				33-090261	.7
Part   Fundraising Activities. Complete Form 990-EZ filers are not re	te if the organiz	ation answ plete this :	/ered 'Yes' -	on Form 990, Part IV, lin	e 17.	
1 Indicate whether the organization	raised funds th	rough any	of the foll	lowing activities. Check	all that apply.	TOTAL TOTAL PROGRAMMAN AND STREET, ST.
a Mail solicitations			e	PUTTON	government grants	
b Internet and email solicitation	2		f	Solicitation of gove		
	•		•	<u> </u>	-	
c Phone solicitations			g	Special fundraising	) events	
d In-person solicitations						
2 a Did the organization have a written of	r oral agreemen	t with any	individual (	including officers, directo	rs, trustees, or key	Yes X No
employees listed in Form 990, Par						
bilf 'Yes,' fist the 10 highest paid ind compensated at least \$5,000 by the	nviduais or ent ne organization	ities (Tuna ,	iraisers) pi	irsuant to agreements	under which the fundral	iser is to be
CONTRACTOR OF THE PROPERTY OF			***************************************		(v) Amount paid to	
(f) Name and address of individual	(ii) Activity	, (fil) Did fundraiser		(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(.,,	have custody or control of contributions?		from activity	fundraiser listed in column (i)	organization
CONTRACTOR CONTRACTOR CONTRACTOR OF CONTRACTOR CONTRACT		Yes	No		Column ()	
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Total.						0.
3 List all states in which the organization or licensing.	n is registered o	r licensed	to solicit co	intributions or has been r	notified it is exempt from	registration
an itanicineity						
AIL 104 — — — — — — — — — — — — — — — — — — —	NOT NOT THE PAR NOT THE AT	. THE WIE 190. LIN .	~			
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33-0902617 Schedule G (Form 990 or 990-EZ) 2019 SOLUTIONS FOR CHANGE, INC. 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. (d) Total events (a) Event #1 (b) Event #2 (c) Other events (add column (a) NONE NCSC FUNDRAISI through column (c)) (total number) (event type) 我日とはない 回 (event type) 1 Gross receipts..... 325,218. 325,218. 2 Less; Contributions ..... 155,775 155,775. 169,443. 3 Gross income (line 1 minus line 2)..... 169.443. Noncash prizes..... D-RECT EXPENSE Rent/facility costs..... 7 Food and beverages..... Entertainment..... Other direct expenses..... 71.614. 71,614. 71,614. 97,829. 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. (b) Pull tabs/instant (d) Total gaming (a) Bingo (c) Other gaming bingo/progressive (add column (a) bingo through column (c)) 1 Gross revenue..... いだのスカもメル ひー発出の下 3 Noncash prizes..... 4 Rent/facility costs..... 5 Other direct expenses........ Yes Yes Yes No No 6 Volunteer labor..... No 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?...... b If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

bilf 'Yes,' explain:

Sch		33-0902617	Page 3
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:		_
	The organization's facility	. 13a	8
ł	An outside facility	. 13Ь	<u>\$</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	1	
	Name *		
	Address >		w w
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue if 'Yes,' enter the amount of gaming revenue received by the organization.  **Solution***  **Addition***  **This is a second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or second or	ue? <b>Yes</b> he amount	No
c	If 'Yes,' enter name and address of the third party:		
	Name •	PP 500 PAU SA. 44 — — — — — — —	
	Address >	· — — — — ««» ««» «» — —	
16	Garning manager information:		
	Name •		
	Gaming manager compensation ► \$ = = = = = = = = = = = = = = = =		
	Description of services provided •		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	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 organization's own exempt activities during the tax year 🛌 💲	the	Toront
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, column and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	umns (iii) and (v y additional	v);

TEEA3703L 08/19/19

Schedule G (Form 990 or 990-EZ) 2019

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### SCHEDULE J (Form 990)

# Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer Identification number SOLUTIONS FOR CHANGE, INC. 33-0902617 Part | Questions Regarding Compensation

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1	a Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any rele	of the following to or for a person listed on Form 990, Part evant information regarding these Items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			188
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
	<b>b</b> If any of the boxes on line 1a are checked, did the organization is reimbursement or provision of all of the expenses described	follow a written policy regarding payment or d above? If 'No,' complete Part III to explain	1 b		1200
2	Did the organization require substantiation prior to reimburs trustees, and officers, including the CEO/Executive Director	sing or allowing expenses incurred by all directors, , regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to e Executive Director. Check all that apply. Do not check any be establish compensation of the CEO/Executive Director, but o	establish the compensation of the organization's CEO/ coxes for methods used by a related organization to explain in Part III.			
	X Compensation committee	X Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII organization or a related organization:				
	a Receive a severance payment or change-of-control payment				X
	<ul> <li>b Participate in, or receive payment from, a supplemental nor</li> <li>c Participate in, or receive payment from, an equity-based cor</li> </ul>				X
,	If 'Yes' to any of lines 4a-c, list the persons and provide the				Λ
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizatio	ns must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the revenues of:	the organization pay or accrue any compensation			
	a The organization?		5 a	THE REAL PROPERTY.	Х
1	b Any related organization?	,.,	5 b		Х
	If 'Yes' on line 5a or 5b, describe in Part III.				
	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the net earnings of:				
	a The organization?		6a		X
	b Any related organization?		6 b	0.5.5	X
7	For persons listed on Form 990, Part VII, Section A, line 1a, payments not described on lines 5 and 6? If "Yes," describe	did the organization provide any nonfixed in Part III.	7		×
8	Were any amounts reported on Form 990, Part VII, paid or a to the initial contract exception described in Regulations sec If 'Yes,' describe in Part III.	tion 53.4958-4(a)(3)?	8		X
9	If 'Yes' on line 8, did the organization also follow the rebuttable p		-		:
-	section 53.4958-6(c)?		9		

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

Schedule J (Form 990) 2019

33-0902617

Page 2

Schedule J (Form 990) 2019 SOLUTIONS FOR CHANGE, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(В) Вгеаксомя о	Breakdows of W-2 and/ox 1099-MISC compensation	с сотревзавол	3.46			
(A) Name and Title		(i) Base compensation	(ii) Bonus & inceraive compensation	(iii) Other reportable compessation	(c) reprement and other deferred compensation	(U) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
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BAA			TEE#4102 8/2/19				Schedule J	Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

## SCHEDULE M (Form 990)

### **Noncash Contributions**

- Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► 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 | 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			AMOUNT LEAD AND STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P	17 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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		6	59,628.	FMV
10	Securities Closely held stock				
11	Securities — Partnership, LLC, or trust interests.				
12	Securities - Miscellaneous.	743747474888888747488884			
13	Qualified conservation contribution Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential	or the restaurant of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	THE RESIDENCE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	AMERICA ANTONIO AMERICA PER ESTA A DESARTA ANTONIO A TAMBIÉN A PERENTA APPRIANTA	
16	Real estate - Commercial	COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DEL COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DEL COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DEL COLUMNIA DEL COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA COLUMNIA DE LA	THE STREET PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO	7.11.11.11.11.11.11.11.11.11.11.11.11.11	
17	Real estate - Other				
18	Collectibles				
19	Food inventory				AND AND AND AND AND AND AND AND AND AND
20	Drugs and medical supplies				
21	Taxidermy	MARINE CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of 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22	Historical artifacts				AND AND AND AND AND AND AND AND AND AND
23	Scientific specimens				V CONTRACTOR
24	Archeological artifacts				
25	Other (AUCTION ITEMS)		63	35,595.	78. V V 014 PARKET - 7 WAT I FOR FL. 10 1800 M 4
26	Other ()				
27	Other • ()				
28	Other► ( )	ļ			
29	Number of Forms 8283 received by the organization de organization completed Form 8283, Part IV, Dones				29
					Yes No
30a	During the year, did the organization receive by contribit must hold for at least three years from the date of for exempt purposes for the entire holding period?	of the initial	contribution, and which	n isn't required to be us	
ь.	If 'Yes,' describe the arrangement in Part II.	.,	7111111111111111111111111111111		NOTES AND VICTOR DESCRIPTION OF AND VI
	Does the organization have a gift acceptance policy	y that requi	res the review of any no	onstandard contribution	ns? 31 X
32a	Does the organization hire or use third parties or renoncash contributions?				
b	If 'Yes,' describe in Part II.				
	If the organization didn't report an amount in colun describe in Part II.	nn (c) for a	type of property for whi	ich column (a) is check	ed,

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

Schedule M (Form 990) 2019

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.

TEEA4602L 8/5/19

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

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

SOLUTIONS FOR CHANGE, INC

33-0902617

Employer Identification number

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

IN 2019, SOLUTIONS FOR CHANGE (SFC) CONTINUED ITS UNWAVERING COMMITMENT TO ADDRESS AND SOLVE THE ROOT CAUSES OF HOMELESSNESS FOR OVER 600 CHILDREN AND THEIR PARENTS ENROLLED IN THEIR LIFE TRANSFORMING EMPOWERMENT PROGRAMS. WITH A PHYSICAL PRESENCE WITHIN SEVEN NORTHERN SAN DIEGO COUNTY CITIES, SFC IS NOW THE LARGEST NONPROFIT HUMAN SERVICES AND TRANSFORMATIONAL HOUSING PROVIDER FOR HOMELESS FAMILIES IN THE COUNTY OF SAN DIEGO. FOLLOWING ITS PRINCIPLED STAND AFTER STATE AND FEDERAL POLICIES TOOK A DRAMATIC SHIFT INTO A NEW APPROACH THAT WAS COUNTER TO ITS MISSION AND CORE VALUES, SFC STEPPED UP ITS EFFORTS TO DIFFERENTIATE ITSELF FROM THE CURRENT TOP-DOWN ONE-SIZE-FITS-ALL HOMELESSNESS RESPONSE SYSTEM.

THE CURRENT HOMELESSNESS RESPONSE SYSTEM PUTS A STRONG EMPHASIS ON HOUSING AS THE SOLUTION TO HOMELESSNESS, YET IN ITS TWO DECADES OF SERVICE TO THE HOMELESS, SFC HAS SEEN FOR MANY THAT HOMELESSNESS IS A RESULT OF ROOT CAUSATIVE FACTORS. IF A PERSON OR FAMILY WHO IS CLASSIFIED AS "HOMELESS" IS NOT GUIDED IN SUCH A WAY TO SOLVE THE ROOT CAUSES OF WHAT GOT THEM TO THE STREETS, THEN THEY OFTENTIMES WILL RETURN TO THE STREETS, BECOME INCARCERATED OR INSTITUTIONALIZED, OR EVEN DIE. THIS DYNAMIC OF ADDRESSING SURFACE SYMPTOMS AND NOT SOLVING ROOT CAUSES GIVES THE ILLUSION THAT THE PROBLEM HAS BEEN SOLVED. THE ACTUAL OUTCOME, WHICH SFC HAS STUDIED AND PUBLISHED EXTENSIVELY FOR DECADES, ARE THE UNINTENDED CONSEQUENCES OF A COSTLY AND FUTILE CYCLE THAT CREATES MORE VULNERABILITIES, MORE HOMELESS, AND A DEEPER AND GREATER NEGATIVE IMPACT TO SOCIETY. SFC HAS NAMED THIS DYNAMIC THE CHURN.

AFTER BEING RECOGNIZED IN 2017/18 BY FEDERAL POVERTY AND WELFARE REFORM LEADERS AS A POTENTIAL NEW MODEL FOR THE NATION, SFC RECEIVED NOTICE IN 2019 FROM THE U.S.

Employer identification number

33-0902617

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

NONPROFITS NATIONALLY BEING CONSIDERED TO BE STUDIED AND EVALUATED THROUGH A

DEMONSTRATION EFFORT. IN NOVEMBER 2019 WITH NATIONAL DIGNITARIES ASSEMBLED, SFC

ANNOUNCED THAT IT WOULD LAUNCH A GROUND-UP, COMMUNITY BASED AND MARKET-DRIVEN LOCAL

SYSTEMS CHANGE INITIATIVE BY MID-2020. THE EFFORT WILL NOT ONLY SAVE HUNDREDS MORE

CHILDREN AND ADULTS FROM THE CHURN, IT WOULD DOCUMENT, THROUGH EVIDENCED BASED THIRD

PARTY EVALUATORS, SFC'S RESULTS WITH THE GOAL TO HELP RESHAPE PUBLIC POLICY. BECAUSE

THE SFC APPROACH IS BUILT ON AN EMPOWERMENT MODEL THAT INTENTIONALLY MOVES FAMILIES

AND PEOPLE OUT OF DEPENDENCY AND INTO HOPE-FILLED PURPOSE AND JOBS, IT IS INELIGIBLE

FOR ALL STATE HOMELESS FUNDING DUE TO THE STATE PASSING A LAW VIA SB 1380 THAT

REQUIRES A FORM OF SOCIALIZED HOUSING FOR 100% OF THE HOMELESS, REGARDLESS OF THEIR

PERSONAL CAPACITY. AS A RESULT SFC PROGRAMS ARE 100% FUNDED THROUGH LOCAL STAKEHOLDER

COMMUNITY BASED PARTNERS.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

THE CEO AND VP OF OPERATIONS HAVE A FAMILY RELATIONSHIP.

#### 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.

Name of the organization

SOLUTIONS FOR CHANGE, INC.

Employer identification number

33-0902617

#### 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	\$ -263,610,
PROPERTY TRANSFER.	2,114,581.
TOTAL	\$ 1,850,971.

#### FORM 990, P.5, PART V, LINE 2A

THE TOTAL NUMBER OF EMPLOYEES REPORTED CONSISTS OF FORM W-3 TOTALS FOR BOTH SOLUTIONS FOR CHANGE, INC. AND SOLUTIONS FARMS, LLC WHICH IS INCLUDED AS A DISREGARDED ENTITY:

SOLUTIONS FOR CHANGE, INC.: 67

SOLUTIONS FARMS, LLC.: 5

(g) Sec 512(b)(13) controlled entity? SOLUTIONS FOR SOLUTIONS FOR SOLUTIONS FOR CHANGE, INC. Ŷ Schedule R (Form 990) 2019 (f) Direct controlling entity CHANGE, INC CHANGE, INC Open to Public Inspection OMB No. 1545 0047 2019 Yes Batel Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it Employer identification number (f) Direct controlling entity 33-0902617 1,027,457. 3,432,706. (e) End-of-year assels Public charity status (if section 501(c)(3)) Part [8] Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990. 25,269. 213,987. e **(d)** Total income Go to www.irs.gov/Form990 for instructions and the latest information. Related Organizations and Unrelated Partnerships (d) Exempt Code section TEEA5001L 06/27/19 (c) Legal dornicile (state or foreign country)  $\mathcal{S}$ CA S (c) Legal dornicile (state or foreign country) had one or more related tax-exempt organizations during the tax year. JOB TRAINING, EMPLOYMENT, Primary activity EDUCATION, FARMING HOUSING HOUSING (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (3) SQLUTIONS ESCONDIDO BOULEVARD LLC INC. (a) Name, address, and EIN (if applicable) of disregarded enably SOLUTIONS FOR CHANGE, (a) Name, address, and EIN of related organization (2) SOLUTIONS CHESTNUT LLC 722 W CALIFORNIA AVE 722 W CALIFORNIA AVE SOLUTIONS FARMS LLC VISTA, CA 92083 VISTA, CA 92083 VISTA, CA 92083 Department of the Treasury Internal Revenue Service 46-3636006 32-0455012 46-5003223 Name of the organization SCHEDULE R (Form 990) €, ପ €.

Page 2

33-0902617

Schedule R (Form 990) 2019 SOLUTIONS FOR CHANGE, INC.

Partilly 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) Legai domicile	(d) Direct	(e) Predominant income	(f) (g) Share of total Share	(g) Share of	(h) Dispropor		(i) General or	(K) Percentage
TIM BONG DOS		(state or foreign	entity	eclused from tax sace sections	SHOOM	assets	allocations?	<u>~~~~~</u>	managang partner?	owrearship
SEE FARI VII		country)		512-514)			Yes No	1065)	Yes No	-
(1) SOLUTIONS FAMILY								Param		
722 WEST CALLFOR			SOLUTIONS							
VISTA, CA 92083	REAL		FOR							
33-0987615	ESTATE	CA	CHANGE		-263, 474.	4.158.862.	<u>×</u>	N/A	>~	00 00
(2) SOLUTIONS ESCOND								11 / 11	. İ	20.00
722 WEST CALIFOR										
VISTA, CA 92083										
32-0481681	HOUSING	CA	N/A		-33.	1,477,601.		K/N	×	n n
(3) SFC WEITZEL, LP								44		10.0
722 WEST CALIFOR									-waren	
VISTA, CA 92083										
37-1761208	HOUSING	CA	N/A		-58.	653,890.	×	N/A X	><	0.01
Partive 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.	f Related Organ e it had one or i	nizations nore rela	Taxable as a ( ted organization	corporation or land treated as a	rust. Complete corporation or t	if the organizations of the trust during the	ion answ tax year.	ered 'Yes' on Fo	rm 990, P.	art IV,

(i) Sec 512(b)(13) controlled entity? ž Yes (h) Percertage ownership Share of end-of-year assets during the tax year. (f) Share of total income (e)
Type of entity
(C corp, S corp, or trust) (d) Direct controlling entity (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of related organization €

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Schedule R (Form 990) 2019

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	s. Complete if the organization answered 'Yes' on Form 990 Part IV line 34 35h or 36
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1 Uuring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts (1-1)(7)	ted in Parts il-1V?			550	
a receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			<b></b>		y ><
<b>u</b> Shri, graffil, ut capital cutribution to felated organization(s).			-		×
c with graint, or capital contribution from related organization(s)			2		×
			10		$ \times$
e Loans or toan guarantees by related organization(s).			<u>a</u>	×	:
			<b>:</b>		<b>*</b>
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Exchange of assets with related organization(s).			;=		$ \times$
J. Lease un admittes, equipment, or other assets to related organization(s)			;= :		×
k Lease of facilities, equipment, or other assets from related organization(s)					
Performance of services or membership or fundraising solicitations for related prognization(s)			<b>*</b> ;		×
m Performance of services of membership or fundraising solicitations, by related organization (s)			=	×	- \$1
a Sharing of facilities, equipment, mailing lists, or other assets with related presentation(s).			E .		×
o Sharing of paid employees with related amanization(s)			<b>-</b>		×
			10		><
p Reimbursement paid to related organization(s) for expenses.			٠		<b>*</b>
q Reimbursement paid by related organization(s) for expenses			<u>a</u> ,		×():
			<b>b</b> _ :	HINDE	×
r Other transfer of cash or property to related organization(s)			1.	<u> </u>	
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2 If the answer to any of the above is "Yes," see the instructions for information on who must complete has line, including covered relationships and transaction thresholds.	d relaconships and tran	saction thresholds.	,		< ا
(a) Name of related organization	(b) Transaction type (a-s)	ed	(d) Method of determining amount involved	stermin wolved	.≝′_
(1) SOLUTIONS FAMILY CENTER, LP	R	190,220.COST	OST		
(2) SOLUTIONS ESCONDIDO BOULEVARD 33, LP	<del>[+1</del> ]	91, 783.COST	COST		
(3) SFC WEITZEL, LP	<b>,</b>	130, 514. COST	COST		
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BAA TEE-55031 06/27/19		Schedu	Schedule R (Form 990) 2019	990) 2(	150

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Schedule R (Form 990) 2019

PartVI 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 earlity 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.

Ves No	(a) Name, address, and EtN of entity	Primar	(b) (c) (d) (e) (e) Saction:  y activity Legal domicile Predominant Are all partners Section (state or foreign country) (related, unne. 501(c)(3) (above a country) (related, unne. 501(c)(3) (above a country) (from tax under	(d) Predominant uncome (refated, unre- lated, excluded from fax under	(e) Ase all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Dispropor- lionate allocations?	Code V-UBi Code V-UBi Code V-UBi Code V-UBi Code Schedule K-1	0 Seneral or managing partner?	(k) Percentage ownership
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Part VII Supplemental Information

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 ESCONDIDO BOULEVARD 33, LP 32-0481681

722 WEST CALIFORNIA AVENUE

VISTA, CA 92083

SFC WEITZEL, LP 37-1761208 722 WEST CALIFORNIA AVENUE VISTA, CA 92083

SFC VISTA TERRACE, LP 45-4761846 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

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CA 92083

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Schedule R Cont (Form 990) 2019 SOLUTIONS FOR SOLUTIONS FOR SOLUTIONS FOR SOLUTIONS FOR (f) Direct controlling entity CHANGE, INC. CHANGE, INC. CHANGE, INC ŏ CHANGE, Cordinuation Page Employer identification member 33-0902617 0 0. 0 (e) End-of-year assets ۵ ċ ó ٥. ď (d) Fotal income Legal domicite (state or foreign country)  $\mathbb{C}^{3}$ చ S S TEEA5101L 06/27/19 (b) Prímary activity HOUSING HOUSING HOUSING HOUSING Part [ ] Continuation of Identification of Disregarded Entities (a) Name, address, and EIN (if applicable) of disregarded entity SOLUTIONS VISTA TERRACE, LLC SOLUTIONS FOR CHANGE, INC. SOLUTIONS WEITZEL, LLC SOLUTIONS PARKVIEW, ILC 722 W CALIFORNIA AVE VISTA, CA 92083 SOLUTIONS EV, LLC 722 W CALIFORNIA AVE VISTA, CA 92083 82-2908333 722 W CALIFORNIA AVE VISTA, CA 92083 722 N CALIFORNIA AVE VISTA, CA 92083 Kame of filing organization 45-5455894 46-1613895 36-4788573

Part III Continuation of Identification of Related Organizations Taxable as a Partnership Schedule R Cont (Form 990) 2019 SOLUTIONS FOR CHANGE, INC.

Contrepation Page 🗓

33-0902617

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(a) Name, address, and EiN of related organization	(b) Primary activity		(d) Direct controlling entity	(e) Predominant income (refated, unrefated, excluded from fax	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-JBI amount in box 20 of Schedule K-1 Form	General or managing partner?		(K) Percentage ownership
		country)		under sections 512-514)	ne-inverse		Yes	1065)	X	3	
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#### Form 4562

Department of the Treasury Internal Revenue Service

Name(s) shown on return

#### 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.

ÖMB No. 1545-0172

2019

Identifying number

Attachment Sequence No. 179

SOLUTIONS FOR CHANGE, 33-0902617 Business or activity to which this form relates DEPRECIATION SCHEDULES ONLY Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) ...... 2 Total cost of section 179 property placed in service (see instructions)...... 3 Threshold cost of section 179 property before reduction in limitation (see instructions)........... 4 Reduction in limitation, Subtract line 3 from line 2. If zero or less, enter -0: Dollar limitation for tax year. Subtract line 4 from line 1, if zero or less, enter -0-, if married filling separately, see instructions 5 (a) Description of property 7 Listed property. Enter the amount from line 29 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 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs. . 12 Carryover of disallowed deduction to 2020. 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.) Special depreciation allowance for qualifled property (other than listed property) placed in service during the tax year. See instructions..... 14 Property subject to section 168(f)(1) election..... 15 16 Other depreciation (including ACRS)..... 373,275 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2019...... If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B — Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and (C) Basis for depreciation (a) (d) (e) Convention (g) Depreciation (business/investment use only — see instructions) Classification of properly Recovery period 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.... 25 yrs S/L g 25-year property. . . . 27.5 yrs h Residential rental MM S/L 27.5 yrs property ..... MM \$/1 MM S/L i Nonresidential real 39 yrs MM S/L property..... Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 12 yrs S/L c 30-year..... SIL 30 yrs MM d 40-year..... 40 vrs 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 . . . . . . . For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.....

#### Form 8868

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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Automatic	c 6-Month Extension of Time. Only sub	mit origin	al (no copies needed).		
Alt corporations and use Form 70	ons required to file an income tax return other th 104 to request an extension of time to file income	nan Form 99 e tax return	90-T (including 1120-C filers), partnershij s.		
Type or	Name of exempt organization or other filer, see instructions.			Taxpayer identifical	ion number (TIN)
print	COLUMNON CONTRACTOR				-
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File by the due date for	722 W CALIFORNIA AVENUE				
filing your return. See	City, town or post office, state, and ZIP code. For a foreign add	dress, see instru	ictions.		
instructions.	VISTA, CA 92083				
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BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

12/31/19	201	2019 FEDERAL BOOK DEPRECIATION SCHEDULE	RAL B	00 X	DEP	RECIA.		SCHE	DULE				PAGE 1
CLIENT 09-119			SOL	UTION	S FOR (	SOLUTIONS FOR CHANGE, INC.	INC.						33-0902617
NGDESCRIPTION	DATE DATE - ACQUIREDSOLO	E COST/	SHS.	CIR 173 BONUS	SPECIAL DEPR. ALLOW	PRIOR 1797 BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR	SALYAS /BASIS REDIACT	DEPR. BASIS	PRIOR DEPR.	ODET 3M	METHOD LIFE RATE	CURRENT
AUTO / TRANSPORT EQUIPMENT 3 VEHICLES	VARIOUS	128,554	<b>3</b> 5						128,694	93,589	 	Ŋ	, 'S
TOTAL AUTO / TRANSPORT EQUIP FURNITURE AND FIXTURES		128,594	, ,	0	<b>47</b>	0	C	0	128,654	93,569			7,263
5 FURNITURE & EQUIPMENT	VARIOUS	59,405	[ 음						54,405	54,405	S/E	-	0
TOTAŁ FURMITURE AND FIXTURE IMPROVEMENTS		56,405	:S	0	0	0	0	0	54 <del>,4</del> 05	54,405			đ
2 BUILDING & IMPROVEMENTS	YAREOUS	7,943,269	1 83 1						7,943,269	1,732,454		S/L 27.5	32,953
TOTAL IMPROVENENTS LAND		7,943,269	£	0	ക	ా	Ů	0	7,943,269	1,732,456			332,953
: LAND	VARIOUS	4,185,895	S I						4,385,895				0
TOTAL LAND MASHINERY AND EQUIPMENT		4,185,895	35	0	Ð	Đ	~	0	4,185,895	حث			0
4 MACHINERY & EQUIPMENT	VARIOUS	838'652	88 1						259,868	180,438	S/L	۲	33,038
TOTAL MACHINERY AND EQUIPME		259,858	88	0	Ð	0	ت	0	259,868	80,438			33,059
TOTAL DEPRECIATION		12,572,131							12,572,131	2,050,886			373,275

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12/31/19	2019 FEDERAL BOOK DEPRECIATION SCHEDULE	PAGE 2
CLIENT 09-119	SOLUTIONS FOR CHANGE, INC.	33-0902617
NO. DESCRIPTION	PRIOR SALVAG DATE DATE COST/ BUS. 179 DEPR. BONUS/ DEC. BAI /BASIS DEPR. PRIOR ACDURED SOLD BASIS PLT. BONUS. ALTOW SP. DEPR. REPIET BASIS DEPR. METH	CURRENT SATE SEPR
GRAND TOTAL DEPRECIATION	12,572,131 0 0 6 0 0 12,572,131 2,060,866	373,275

# 2019 California Exempt Organization Annual Information Return

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Calendar	Year 2019 or fiscal year b	eginning (mm/dd/yyyy)		, and ending	(mm/dd/yyyy)		-	
Corporation	Organization name					C	alifornia corporation ni	umber
SOLUT	IONS FOR CHANGE	, INC.	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			:	2048058	
Additional in	formation. See instructions.		,	COPP WOLF PARTY CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRA		t .	EIN	
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A First R	eturn	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	es X No J		R&TC Section 23701d, has t	he		
	ed Return		es X No		aged in political activities?			r==1
		· · · · · · · · · · · · · · · · · · ·	Pre-24	See instructions			····· • Yes	X No
	formation Return?		cs (4,4) 140					
_	15004	ered (Withdrawn) Merged	J/Reorganized K	is the organization	on exempt under R&TC Secti	on 2370'	g?, • [ Yes	X No
J			as trees doubterd	If "Yes," enter the	e gross receipts from		William	
	ccounting method:	a www.minister.com.com.com.com.com.com.com.com.com.com	1.		rces	<del>?</del> 	W.P. 10.	
1	Cash 2 X Accrual	3 Other	L	R&TC Section 23	s a public charity exempt und 3701d and meets the filing fe	er ė		
F Federal	return filed? T • 390T		Sch H (990)	exception, check	box. No filing fee is required	Ĭ	• X	
	ther 990 series		· ,	Is the organization	on a Limited Liability Compa	n <b>v</b> ?	···· • Yes	X No
	group filing? See instructions	• ∏ ʏ	lawi		tion file Form 100 or Form 10			[22] 140
	* , .	- Control	_  "	taxable income?		72 (0 teb	Yes	X No
H Is this	rganization in a group exempti	on y	es X No O		on under audit by the IRS or			
If "Yes,	what is the parent's name?		· · · · · · · · · · · · · · · · · · ·	audited in a prio	r year?		• Yes	X No
			P	Is federal Form 1	023/1024 pending?		Πvaa	X No
I Did the	organization have any changes	to its guidelines		Date filed with IP		******	[3162	[22] MO
		ons	es X No	Date Inch with Ir	<u> </u>			
Part I	Complete Part I unles	s not required to file this fo	rm. See Genera	al Information	B and C.			
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		assessments from members				2		, 023.
Receipts	1	ns, gifts, grants, and simila				$\overline{}$	1,744	686
and Revenues	i	pts for filing requirement te			,,o,ma,,p,o,m,,,o,	3/000/303		, 000.
Meveriues		e completed, if the result is			est Information 🖰 🕒	4	9 053	<u> </u>
		ld.,.,,,,,,				NE 36486	2,857	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					58,879.			
		sis, and sales expenses of a				532.00		
	/ Total costs. Add	line 5 and line 6			************			<u>,879.</u>
	8 Total gross incon	ne. Subtract line 7 from line	4		• • • • • • • • • • • • • • • • • • • •		2,798,	
Expenses		nd disbursements, From Si				9	3,935,	
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	_	e. If line 11 is more than lir			_	13	UPST MYA O AND A	
Filing	14 Use tax balance.	If line 12 is more than line	11, subtract line	e 11 from line	12 •	14		
Fee	15 Filing fee \$10 or	\$25. See General Information	on E			15	TO A CONTRACT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	
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		2 12, line 15, and line 16. Then sub				17		0.
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	self-employed)	CAMINO DEL RIO	SOUTH, SU	ITE 200	· · · · · · · · · · · · · · · · · · ·	9	5-2076568 Telephone	
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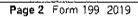
form 199 2019 Page 1



SOLUTIONS FOR CHANGE, INC.

Part II Organizations with gross receipts of more than \$50,000 and private foundations

		rega	rdless of amount of gross receipts —	complete Part II or furni	sh substitute informatio	٦.		
		1	Gross sales or receipts from all bi	usiness activities. See	instructions ,	, . , , , ,	, 1	20,159.
		2	Interest		,		, 2	63,082.
		3	Dividends				3	, men
Rece from	ipts	4	Gross rents				4	<del>,</del>
Other		5	Gross royalties				<u> </u>	
Sour	:es	6	Gross amount received from sale				AND COMPANY CHILDREN	THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED ADDRESS OF THE ATTENDED AND ADDRESS OF THE ATTENDED ADDRESS OF THE ATTENDED ADDRESS OF THE ATTENDED ADDRESS OF THE ATTENDED ADDRESS OF THE ATTENDED ADDRESS OF THE ATTENDED ADDRESS OF THE ATTENDED ADDRESS OF THE ATTENDED ADDRESS OF THE ATTENDED ADDRESS OF THE ATTENDED ADDRESS OF THE ATTENDED ADDRESS OF THE ATTENDED ADDRESS OF THE ATTENDED ADDRESS OF THE ATTENDED ADDRESS OF THE ATTENDED ADDRESS OF THE ATTEND
		7	Other income. Attach schedule					1,029,588.
		8	Total gross sales or receipts from other so	urces. Add line I through fin	ne 7. Enter here and on Page	1. Part I. line 1	8	1,112,829.
		9	Contributions, gifts, grants, and similar amo					
		10	Disbursements to or for members.				1	***
	i	11	Compensation of officers, director					217,408.
		12	Other salaries and wages					1,636,522.
Expe	1ses	13	Interest				13	222,526.
and Disbu	rse-	14	Taxes					159,221.
ments		15	Rents				La constanti na constant	87,101.
		16	Depreciation and depletion (See in					373,275.
	1	17	Other Expenses and Disbursemen					1,239,710.
	į	18	Total expenses and disbursements. Add line					3,935,763.
Sche	dula		Balance Sheet		taxable year	Authorities and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of	d of taxai	
Asset		<u>-</u>		(a)	(b)	(c)	a or taxar	(d)
			,		658,065.		•	442,759.
2	Net acco	unts	1778		118,968.		•	212,195.
3	Net note	s reco	aivable		2,857,541.		•	4,604,862.
					1,804.		•	7,500.
5 (	ederal	and st	tate government obligations				•	any management and a second
6 1	nvestm	ents #	n other bonds				•	
7 !	nyestm	ents ir	n stack				•	
8 !	Mortgag	e loan	s				•	
9 (	Other in	/estm	ents. Attach schedule		-1,173,733.		•	-1,437,230.
10 a (	Deprecia	ble as	sets	9,623,759.		8,386,2	36.	
b i	ess acc	umula	ated depreciation	2,551,204.	7,072,555.	2,434,1	41.	5,952,095.
					4,631,800.		•	4,185,895.
12	Other as	sets. A	Attach schedule		39,930.		- S	69,953.
13 1	otal as	sets.			14,206,930.		200	14,038,029.
Liabili	ties ar	id ne	et worth					
14 A	ccounts	pāya	ble		94,517.		•	109,050.
<b>15</b> 0	ontribu	ions,	gifts, or grants payable		·		•	TO THE TOTAL OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF
16 8	londs ar	id not	es payable		75,000.		•	11,166,605.
17 M	tortgage	s pay	able		11,903,209.		•	
18 0	ther hal	olities	s. Attach schedule STM 6		1,279,522.			1,323,448.
			r principal fund		854,682.		•	1,438,926.
<b>20</b> P	aid-in o	r capi	tal surplus. Attach reconciliation		·		<b>.</b>	THE PROPERTY CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE
			ngs or income fund				•	
			s and net worth,		14,206,930.			14,038,029.
Sche	dule	M-1	Reconciliation of Income per bo Do not complete this schedule if the	ooks with income per	return L. line 13. column (d), is	Jace than \$50 000		
J N	et incon	је пег	books	-1,720,557.	<u> </u>	books this year not incl	uded D	
			tax	1,720,001.		schedule, SEE, S'		-263,610.
			al losses over capital gains	THE THE THE THE THE THE THE THE THE THE	8 Deductions in this r	eturn not charged	nessing Wallship	
			orded on books this year.		against book income			
			•	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Attach schedule. , ,			The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
			ded on books this year not deducted			d line 8		-263,610.
			Attach schedule SEE . ST 7	319,820.	10 Net income per			
<b>6</b> To	otal. Ado	line	1 through line 5	-1,400,737.	Subtract line 9	rom line 6	. /	-1,137,127.





#### Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

## CALIFORNIA COPY Schedule of Contributors

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

OMB No. 1545-0047

Employer Identification number

2019

SOLUTIONS FOR CHANGE, INC 33-0902617 Organization type (check one): Filers of: Section: X 501(c)( 3 ) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions, Special Rules 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor. during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.. 🟲 🖇 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule 8 (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF. Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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Name of organization

SOLUTIONS FOR CHANGE, INC.

Employer identification number

33-0902617

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ZABLE FOUNDATION  722 W CALIFORNIA AVENUE	\$5 <u>50,000</u> .	Person X Payroll Noncash (Complete Part II for
(a) No.	VISTA, CA 92083  (b)  Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.)  (d)  Type of contribution
2	ISSA FAMILY FOUNDATION  722 W CALIFORNIA AVENUE  VISTA, CA 92083	\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No,	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WELLS FARGO FOUNDATION  722 W CALIFORNIA AVENUE  VISTA, CA 92083	\$35,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	COUNTY OF SAN DIEGO  722 W CALIFORNIA AVENUE  VISTA, CA 92083	\$75,000.	Person X  Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MASCO CORPORATION 722 W CALIFORNIA AVENUE VISTA, CA 92083	\$46,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(¢) Total contributions	(d) Type of contribution
6	SAN DIEGO FOUNDATION  722 W CALIFORNIA AVENUE  VISTA, CA 92083	\$49,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form 990	990-EZ, d	or 990-PF)	(2019
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? Page 2

Name of organization
SOLUTIONS FOR CHANGE, INC

Employer identification number

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Rart Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) No. (d) Type of contribution (b) (c) Total Name, address, and ZIP + 4 contributions Person X THE HAY FOUNDATION Payroll 722 W CALIFORNIA AVENUE 50,000 Noncash (Complete Part II for VISTA, CA 92083 noncash contributions.) (a) No. (d)
Type of contribution (b) (c) Total contributions Name, address, and ZIP + 4 Person |X|NORRIS FOUNDATION Payroll 722 W CALIFORNIA AVENUE 50,000. Noncash (Complete Part II for VISTA, CA 92083 noncash contributions.) (b) Name, address, and ZIP + 4 (a) No. (c) Total contributions (d) Type of contribution Person X CALLAWAY GOLF FOUNDATION Payroll 722 W CALIFORNIA AVENUE 50,000. Noncash (Complete Part II for VISTA, CA 92083 noncash contributions.) (b) (a) No. (c) Total (d) Type of contribution Name, address, and ZiP + 4 contributions Person  $|\mathbf{X}|$ 10 INTEGRAL COMMUNITIES Payroli 722 W CALIFORNIA AVENUE 35,000. Noncash (Complete Part II for VISTA, CA 92083 noncash contributions.) (b) Name, address, and ZIP + 4 (a) No. (c) Total (d) Type of contribution contributions Person X 11 CAPITAL ONE PHILANTHROPY Payroll 722 W CALIFORNIA AVENUE 35,000. Noncash (Complete Part II for VISTA, CA 92083 noncash contributions.) (b) Name, address, and ZiP + 4 (a) No. (¢) Total (d) Type of contribution contributions Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization

Employer identification number

SOLUTIONS FOR CHANGE, INC.

33-0902617

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
N/A	M	1. A. A. A. C. S. A. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Description of noncash property given  Description of noncash property given  Description of noncash property given  Description of noncash property given	Ce   S   S

(b) Purpose of gift

Transferee's name, address, and ZIP + 4

SOLUTIO	ONS FOR CHANGE, INC.		Employer Identification number 33-0902617	
	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contribu ompleting Part III, enter the total (Enter this information once, Set	of exclusively religious, charitable, etc	
(a) No. from Part I	(b) Purpose of gift N/A	(c) Use of gift	(d) Description of how gift is held	
TOTAL MEN AND MAN			700 400 400 400 400 400 400 400 400 400	
	Transferee's name, addres	Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Description of how gift is held	
	Transferee's name, address	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	Use of gift	(d) Description of how gift is held	
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relationship of transferor to transferee	

(a) No. from Part I

Relationship of transferor to transferee

(d) Description of how gift is held

(c) Use of gift

(e) Transfer of gift

#### **Corporation Depreciation and Amortization**

3885

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4	Reduction in limitat	ion. Subtract line 3	t from line 2. If zero	n or les		, , ,				4	<del>                                     </del>	\$200,000
5	Dollar limitation for										A+1111	
6		) Description of property	THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	mprovidence control	Cost (business			) Electe		150000	6 (2P)(0)(2	
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	· · · · · · · · · · · · · · · · · · ·	**************************************	"	†						138		
7	Listed property (ele-	cted IRC Section 3	79 cost)			7						
8	Total elected cost o						line 7			8	m - Crimani	<u> </u>
9	Tentative deduction									9	1	
10	Carryover of disalfor											
11	Business income lin									11		
12	IRC Section 179 exp							<u>1</u>		12	***********	wana
13	Carryover of disallov											
Par	***************************************	1	ional First Year Dep	reciatio	n Deduction		C Section	on 243	356			· · · · · · · · · · · · · · · · · · ·
14	<b>(a)</b> Description	(b) Date acquired	(c)	000	(d)	(e)		f)	()	g) :		(h)
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	RNITURE & EQU		259,868.		80,438.	S/L	<del> </del>	7		3,05	9.	
			54,405.	***************************************	54,405.	S/L	1 1	7				MANAGEMENT
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	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	R&TC Section 243	ine 15 356. ado	, column (g) I the amoun!	or s on line l	5. colu	ന്നദ (	(o) and (b)	or	- 1	
	Depréciation (if no e	lection is made), e	nter the amount fro	om line	15, column	(g)			,	1	6	
17	Total depreciation of	aimed for federal p	urposes from feder	ral Forn	n 45 <del>6</del> 2, line	22		,		., _1	7	
18	Depreciation adjustm Form 100W, Side 1,	ient. If line 17 is g. line 6. If line 17 is	reater than line 16, Jess than line 16, e	enter t	he difference	e here and bece and d	on For	m 100	0 or		- 1	
	rorm 100W, Side 2.	tine 12. (If Californ	la depreciation am	ounts a	re used to d	elermine ri	iet inco	me br	efore		l	
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19	<b>(a)</b> Description	(b) Date acquire	d (c)		<b>(d</b> Amortiz	) ration	(e) R&T		(f) Period	or		(g)
	of property	(mm/dd/yyyy			allowed or	ailowable	Secti	on	percenta			Amortization for this year
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	Form 100W, Side 2, I	ine 12	······································							22		
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2019	CALIFORNIA STATEMENTS	PAGE 1
CLIENT 09-119	SOLUTIONS FOR CHANGE, INC.	33-0902617
STATEMENT 1 FORM 199, PART II, LINE OTHER INCOME INCOME FROM SPECIAL PROGRAM SERVICE REVE	7 EVENTS	169,443. 860,145. 1,029,588.
STATEMENT 2 FORM 199, PART II, LINE OTHER EXPENSES ADVERTISING AND PROMO	77 OTION \$	12,786.
AUTOMOBILE & TRUCK BAD DEBT CONFERENCES, CONVENTS DUES/SUBSCRIPTIONS INSURANCE MISCELLANEOUS OFFICE EXPENSES OTHER EMPLOYEE BENEFS OTHER EXPENSES OTHER FEES PAYROLL PROCESSING EXPOSTAGE AND SHIPPING PROPERTY FEES REPAIRS & MAINTENANCE SPECIAL EVENT EXPENSE SUBSIDY EXPENSES SUPPLIES TAXES, LICENSES & FEE TELEPHONE	TOTAL ST	20,125. 1,479. 39,021. 22,498. 58,642. 68,948. 148,753. 1,539. 160,922. 4,543. 21,301. 184,200. 71,614. 190,220. 40,838. 29,875. 26,392. 1,239,710.
STATEMENT 3 FORM 199, SCHEDULE L, I OTHER INVESTMENTS	LINE 9	
SOLUTIONS FAMILY CENT	TOTAL \$	-1,437,230. -1,437,230.
STATEMENT 4 FORM 199, SCHEDULE L, L OTHER ASSETS	.INE 12	
DEPOSITS	RESSDEFERRED CHARGESTOTAL <u>\$</u>	36,344. 3,933. 29,676. 69,953.

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#### **CALIFORNIA STATEMENTS**

PAGE 2

**CLIENT 09-119** 

SOLUTIONS FOR CHANGE, INC.

33-0902617

STATEMENT 5 FORM 199, SCHEDULE L, LINE 16 BONDS AND NOTES PAYABLE

OTHER NOTES PAYABLE

BALANCE DUE

LENDER'S NAME: DATE OF NOTE: MATURITY DATE:

COUNTY OF SAN DIEGO 9/24/2009 9/24/2024 ALMOND AVE

PURPOSE OF LOAN: BALANCE DUE:

349,954.

LENDER'S NAME: COUNTY OF SAN DIEGO DATE OF NOTE: 11/16/2009
MATURITY DATE: 11/16/2024

ALVARADO AVE

PURPOSE OF LOAN: BALANCE DUE:

78,914.

LENDER'S NAME: COUNTY OF SAN DIEGO DATE OF NOTE: 9/03/2009
MATURITY DATE: 9/03/2024

DOUGHERTY

PURPOSE OF LOAN: BALANCE DUE:

290,825.

LENDER'S NAME: COUNTY OF SAN DIEGO DATE OF NOTE: 2/03/2010 MATURITY DATE: 2/03/2025

CUMBRES

PURPOSE OF LOAN: BALANCE DUE:

456,518.

COUNTY OF SAN DIEGO 2/26/2010 2/26/2025

LENDER'S NAME: DATE OF NOTE: MATURITY DATE: PURPOSE OF LOAN: BALANCE DUE:

2/26/2025 DEL CIELO

128,643.

LENDER'S NAME: COUNTY OF SAN DIEGO DATE OF NOTE: 8/04/2010 MATURITY DATE: 8/04/2025

131 DOUGHERTY

PURPOSE OF LOAN: BALANCE DUE:

323,095.

LENDER'S NAME: DATE OF NOTE:

COUNTY OF SAN DIEGO

MATURITY DATE: PURPOSE OF LOAN:

1/07/2025 KENSINGTON

BALANCE DUE:

277,018.

LENDER'S NAME: DATE OF NOTE: MATURITY DATE: PURPOSE OF LOAN:

COUNTY OF SAN DIEGO 7/22/2010 7/22/2025 OLD STAGE

#### CALIFORNIA STATEMENTS

PAGE 3

**CLIENT 09-119** 

SOLUTIONS FOR CHANGE, INC.

33-0902617

STATEMENT 5 (CONTINUED) FORM 199, SCHEDULE L, LINE 16 BONDS AND NOTES PAYABLE

OTHER NOTES PAYABLE

BALANCE DUE

BALANCE DUE:

373,712.

LENDER'S NAME:

COUNTY OF SAN DIEGO

DATE OF NOTE:

4/13/2011

MATURITY DATE: INTEREST RATE:

4/01/2066

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 5/01/2021

MATURITY DATE: INTEREST RATE:

5.75

PURPOSE OF LOAN:

2240-2260 PRIMROSE 1,100,000.

ORIGINAL AMOUNT:

BALANCE DUE:

884,682.

LENDER'S NAME:

CITY OF CARLSBAD

DATE OF NOTE:

12/24/2014

MATURITY DATE: INTEREST RATE:

12/24/2074

ORIGINAL AMOUNT:

2,646,000.

BALANCE DUE:

2,646,000.

LENDER'S NAME:

ALLIANCE HEALTHCARE FOUNDATION

DATE OF NOTE:

8/01/2018

MATURITY DATE:

8/01/2050

INTEREST RATE:

ORIGINAL AMOUNT:

755,572.

BALANCE DUE:

755,572.

LENDER'S NAME:

CITY OF OCEANSIDE

DATE OF NOTE:

1/30/2017

MATURITY DATE:

1/30/2032

INTEREST RATE: DESC. OF CONSIDERATION: DEED OF TRUST ORIGINAL AMOUNT: 154,000.

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.

#### CALIFORNIA STATEMENTS

PAGE 4

**CLIENT 09-119** 

SOLUTIONS FOR CHANGE, INC.

33-0902617

STATEMENT 5 (CONTINUED) FORM 199, SCHEDULE L, LINE 16 **BONDS AND NOTES PAYABLE** 

OTHER NOTES PAYABLE

BALANCE DUE

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: DATE OF NOTE:

CITY OF OCEANSIDE

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.

CITY OF OCEANSIDE

LENDER'S NAME: DATE OF NOTE: MATURITY DATE:

1/30/2017 2/01/2050

INTEREST RATE:

DESC. OF CONSIDERATION: DEED OF TRUST

ORIGINAL AMOUNT: 58,650.

BALANCE DUE:

56,947.

CITY OF OCEANSIDE

1/30/2017 1/30/2032

LENDER'S NAME: DATE OF NOTE: MATURITY DATE: INTEREST RATE:

DESC. OF CONSIDERATION: DEED OF TRUST

ORIGINAL AMOUNT: 203,572.

BALANCE DUE:

195,459.

LENDER'S NAME: DATE OF NOTE:

PACIFIC COAST REALITY

4/18/2019 5/01/2021

MATURITY DATE: INTEREST RATE:

DESC. OF CONSIDERATION: DEED OF TRUST ORIGINAL AMOUNT: 120,000.

BALANCE DUE:

DSD CAPITAL, LLC

LENDER'S NAME: DATE OF NOTE: MATURITY DATE:

12/31/2019

7/30/2020

INTEREST RATE: 5.5
DESC. OF CONSIDERATION: UNSECURED ORIGINAL AMOUNT: 250,000.

BALANCE DUE:

250,000.

115,062.

TOTAL OTHER NOTES PAYABLE \$ 11,166,605.

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#### **CALIFORNIA STATEMENTS**

PAGE 5

**CLIENT 09-119** 

SOLUTIONS FOR CHANGE, INC.

33-0902617

STATEMENT 5 (CONTINUED) FORM 199, SCHEDULE L, LINE 16 BONDS AND NOTES PAYABLE

OTHER NOTES PAYABLE

BALANCE DUE

TOTAL NOTES AND BONDS PAYABLE \$ 11,166,605.

#### STATEMENT 6 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES

ACCRUED EXPENSES	155,085.
ACCRUED INTEREST	932,059.
DEFERRED REVENUE	13,449.
OTHER RELATED PARTY PAYABLE.	3,500.
RELATED PARTY PAYABLE	91,783.
SMARE OF DEFICIENCY IN PARTNERSHIPS	1,828.
TENANT SECURITY DEPOSITS	42.802.
TENANT TRUST FUND	82,942.
TOTAL	\$ 1,323,448.
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# STATEMENT 7 FORM 199, SCHEDULE M-1, LINE 5 EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN

DONATED USE OF FACILITIES.	\$ 129,600.
GRANT EXPENSE	19,800.
SUBSIDY EXPENSE	 170,420.
OTAL	\$ 319,820.

#### **STATEMENT 8** FORM 199, SCHEDULE M-1, LINE 7 INCOME RECORDED ON BOOKS NOT ON RETURN

LOSS ON INVESTMENTS	-263,610.
TOTAL	\$ -263,610.

STATÉ OF CALIFORNIA RRF-1 (Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts F.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

STREET ADDRESS: 1300 ( Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS:

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA DEPARTMENT OF JUSTICE PAGE 1 or 5 (For Registry Use Only)

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen 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 \$600, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

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SOLUTIONS FOR CHANGE, INC	·		Change of address						
Name of Organization			Amended report						
List all DBAs and names the organization uses or ha	S used	EWANGOURAN DE PROTECTION AND CADA FALL	Ш						
722 W CALIFORNIA AVENUE	722 W CALIFORNIA AVENUE State Charity Registration Number 117152								
VISTA CA 92083 City or Town, State and ZIP Code			Co	rporation or	Organi	zation No. 2048058			
1 -	CUSTO	sesolutionsforchange							
Tolephone Number	E-mail Ad	diese	Fed	deral Emplo	yer iD î	No. <u>33-0902617</u>		rnin	
ANNUAL REGISTR	ATION F	RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departr				91-307, 311, and 312)			
Gross Annual Revenue	Fee	Gross Annual Revenue		Fee	Gross	Annual Revenue	F	ee	
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 millio		\$50 \$75	Betwe	en \$1,080,803 and \$10 million en \$10,900,001 and \$50 millio r than \$50 million	п \$	150 225 300	
PART A - ACTIVITIES									
For your most recent full accounti	ng peri	od (beginning 1/01/19		ending	12/	31/19 ) list:	PPRIIVIN IN LIVE		
Gross Annual Revenue \$ 2,72	7,022	Noncash Contributions \$_			0.	Total Assets \$ 14,03	B, 02	29.	
Program Expenses	\$	3,373,952	rota	d Expenses	\$	3,935,763.			
PART B - STATEMENTS REGA	RDING	G ORGANIZATION DURING	3 TI	HE PERIO	D OF	THIS REPORT			
Note: All questions must be answered. providing an explanation and det	If you : ails for	answer "yes" to any of the questi- each "yes" response. Please rev	ons iew	below, you RRF-1 instr	must a	ittach a separate page s for information required.	Yes	No	
During this reporting period, were there     officer, director or trustee thereof, either dir	e any c	ontracts, loans, leases or other financial t with an entity in which any such	trans offic	actions betwe cer, director or	en the trustee h	organization and any ad any financial interest?		X	
2 During this reporting period, was there	any th	eft, embezzlement, diversion or r	misı	use of the or	ganızatio	n's charitable property or funds?		X	
3 During this reporting period, were any	organiz	zation funds used to pay any pen	alty	, fine or judg	gment?			X	
4 During this reporting period, were the coventurer used?	service:	s of a commercial fundraiser, fundrais	ing	counsel for	charitable	e purposes, or commercial		X	
5 During this reporting period, did the or	ganizat	ion receive any governmental fun	ndin	g?		SEE STATEMENT 1	X		
6 During this reporting period, did the or	ganizat	ion hold a raffle for charitable pu	rpos	ses?		70TT-04-07 TEACHER		X	
7 Does the organization conduct a vehic								区	
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?									
9 At the end of this reporting period, did	the org	ganization hold restricted net assets, v	while	e reporting r	regative	unrestricted net assets?		X	
I declare under penalty of perjury that I I and belief, the content is true, correct ar				npanying do	cumen	ts, and to the best of my kno	wiedę	ge	
TAXPAYERS COPY		S MEGISON E	PRE	SIDENT	& CEC				
Signature of Authorized Agent	Printed N	Name	ille			Date			

#### **CALIFORNIA STATEMENTS**

PAGE 1

**CLIENT 09-119** 

SOLUTIONS FOR CHANGE, INC.

33-0902617

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

## CALIFORNIA SUPPLEMENTAL INFORMATION

PAGE 1

**CLIENT 09-119** 

SOLUTIONS FOR CHANGE, INC.

33-0902617

COMPENSATION OF OFFICERS

CHRIS MEGISON

PRESIDENT & CEO \$145,574

TAMERA MEGISON VP OPERATIONS

\$71,834

## Form 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Check if applicable:

For the 2019 calendar year, or tax year beginning

C

#### 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.

, 2019, and ending

OMB No. 1545-0047

Open to Public inspection

В	Check	if applicable:	С							D Empio	yer ider	tification number	
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P	art l	Summan	У										
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Ō	3	Number of vot	ting members o	of the gover	ning body (F	Part VI, iin	ne la)				3		12
οc	4	Number of inc	dependent votin	ig members	of the gove	rning bod	ly (Part VI, I	ine 1b) , , ,	,,,,,,,,		4		12
₽	5	Total number	of individuals e	moloyed in	calendar ye	ar 2019 (i	Part V, line	2a)			5		72
Activities & Governance	6	total number	of volunteers (	estimate if r	necessary)						6		1,565
=	/a	rotal unrelate	d business reve	enue from F	art VIII, col	umn (C), I	line 12	,			Žа		0.
	b	Net unrelated	business taxab	ie income t	rom Form 9	90-T, line	39,,,,,,				7b	700.7744000.	٥.
	i								Pr	ior Year		Current \	
<u></u>	8	Contributions	and grants (Pa	rt VIII, fine	1h)	, , , ,	,,,,,,,,,,			,770,3		1,744	1,686.
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Revenue	10	Investment inc	come (Part VIII	, column (A	), lines 3, 4,	and 7d).	, ,			12,9	60.	6.5	3,082.
<b></b>	11	Other revenue	: (Part VIII, colu	ımn (A), lin	es 5, 6d, 8c,	, 9c, 10c,	and fle)			-137,(		5.9	3,109.
	72	Total revenue	<ul> <li>add lines 8 t</li> </ul>	hrough 11 (	(must equal	Part VIII,	<u>columa (A),</u>	line 12)	4	,354,2	?06.	2,727	7,022.
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hetts or Lancos	20 1	Total assets /5	Part Y line 161						Beginning			End of Y	
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	n 990 (2019) SOLUTIONS FOR CHANGE, INC.	33-090261	7 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		A/8/11%
	Check if Schedule O contains a response or note to any line in this Part III		X
٦	Briefly describe the organization's mission:	TOTAL TO CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CON	
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	(16) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
2	Did the organization undertake any significant program services during the year which were not listed on the pr	ior	I ALLEN TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE
	Form 990 or 990-EZ?	.,,,	Yes X No
	If "Yes," describe these new services on Schedule O.	ا	11
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices?	Yes X No
	If "Yes," describe these changes on Schedule O.	Ļ.,l	(1.1)
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	vices, as measure	d by expenses.
	and revenue, if any, for each program service reported.	no to others, the t	nai expenses,
4 a	(Code:) (Expenses \$ 3,373,952, including grants of \$) (Fig. 2)	Revenue \$	860,145.)
	SEE SCHEDULE O	· · · · · ·	000,2751
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4 e	Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 3,373,952.	THE STATE OF THE S	, managertus

Form 990 (2019) SOLUTIONS FOR CHANGE, INC.

Part V Checklist of Required Schedules

	1- the constitute described in continue 503(a) (2) at 0.07(a) (1) at 1.07(a) (1)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	mu	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		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	**************************************	х х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
73	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.	11 a	х	
	b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	7.0000 0000 000
	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	711	х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		х
1	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	125	Х	TRANSMA PTOTAGO.
13	is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14:	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	And the second of the second o	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
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 Ik	21		Х

Form 990 (2019) SOLUTIONS FOR CHANGE, INC.

Part IV Checklist of Required Schedules (continued)

_	Mark Mark Control of the Control of		Yes	No
2	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		Х
2	3 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	
2	4a 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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		7/1014
	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	in the second	
2	5 a 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		Х
	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		х
26	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		х
27	7 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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			ğş.
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		х
29		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		Х
31		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
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	Х	
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	Х	
35	a 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		Х
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		Х_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			\Box
_	One of a Confeder C Contains a response or note to any line in this part V		Yes	No
1 :	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			740 28224
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	3.0	\$1\$X	
BAA		1c Form	990 7	2019)
		4.11		,

Form 990 (2019) SOLUTIONS FOR CHANGE, INC.

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

			Yes	Νo
	2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 7. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		80000000	
:	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	1	X
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O.	3 b		
•	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)?	4 a		x
	bif 'Yes,' enter the name of the foreign country ►		1879.00	152000
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Tê S		
į	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	**********	X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
e	ia 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?	6 a		х
	bif 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			·
	not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		2.2.3	
		7 a	Х	
	bif 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 ь	Х	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 6		Х
	d if 'Yes,' indicate the number of Forms 8282 filed during the year		Matrice 1	992950-1-1 National Control
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е	material character	Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
	g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		i
	h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
9	Form 1098-C?. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		NACCO INC.
•	organization have excess business holdings at any time during the year?	8	0969900	***************************************
9		550	(Set restricted	54550 %
_	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	00000000000	<u> </u>
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:	190	3-K//2525/rG	E-3256 57
	a initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		278	
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders		6.55	
	b Gross income from other sources (Do not net amounts due or paid to other sources			
		735		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		and the second
	bit 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	8.8		
	Section 501(c)(29) qualified nonprofit health insurance issuers.		6 A.	
,	a is the organization licensed to issue qualified health plans in more than one state?	13a	Market on to	Lord Clark Victor
	Note: See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand		Š.	ŠŽ,
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
1	off 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		_X_
	If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
H4.' - ''-	If 'Yes,' complete Form 4720, Schedule O.	20		
BAA	TEEA0105L 07/31/19	Form	990 (20191

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

			THE STATE OF A CONTRACT OF A C			
1	a 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	Тa	1.2		Yes	No
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
	b Enter the number of voting members included on fine 1a, above, who are independent	1 b	12			
	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip wi		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, trustees, or key employees to a management company or other person	e dire	ct supervision	3		х
4	all and the state of the state					37
_				4		X
5				5		X
6				6		Х
7	a Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?	ppoint	one or more	7 a		х
	b Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?	mbers	3,	7 b	***************************************	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following:	during	the year by			
	a The governing body?			38.0F00		Control of the second
	b Each committee with authority to act on behalf of the governing body?			8 a 8 b	· · · · · · · · · · · · · · · · · · ·	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen and the section between the section bet	ot be	reached at the			
<u> </u>	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.			9		X
Sec	ction B. Policies (This Section B requests information about policies not req	uirec	i by the Internal Ro	event		ide,)
	-				Yes	No
	a Did the organization have local chapters, branches, or affiliates?			10 a		X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, a operations are consistent with the organization's exempt purposes?		******************	10 b		
37 8	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f	orm?		77a	×	
i	Describe in Schedule O the process, if any, used by the organization to review this Form 990	· S	EE SCHEDULE O		0.00	
12 8	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13		,	12a	Х	
ŧ	a Were officers, directors, or trustees, and key employees required to disclose annually interests that of to conflicts?	ould (give rise	125	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Y Schedule O how this was doneSEE. SCHEDULE.O	es, ' de	escribe in	12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	******
14	Did the organization have a written document retention and destruction policy?	,	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14	Х	-
15	Did the process for determining compensation of the following persons include a review and approva			52857	S255501	W2008515
	persons, comparability data, and contemporaneous substantiation of the deliberation and dec	ision	?		8070	
	The organization's CEO, Executive Director, or top management official			15 a	X	
Ė	Other officers or key employees of the organization SEE . SCHEDULE .O			15Ь	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).					
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?			16a		X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	s safe	guard the	16b		
Sec	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed > CA		THE TOTAL PROPERTY OF THE PARTY		 	***************************************
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable) available for public inspection. Indicate how you made these available. Check all that apply.	, 990,	and 990-T (Section 50	31(c)(3)s oni	у)
		г (ехр	lain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po the public during the tax year. SEE SCHEDULE O			ble to		
20	State the name, address, and telephone number of the person who possesses the organization's boo					
	CHRIS MEGISON 722 W CALIFORNIA AVENUE VISTA CA 92083 (760) 94	11-6545			

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

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

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

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

Check this box if neither the organization nor any re	lated organiz	ation	con	nper	rsate	ed any	y cu	irrent officer, direct	or, or trustee.	
				(C)	,					
(A) Name and title	(B) Average hours	l	dir	(do n box, n an c roctor	/trust			(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	individual brustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRIS MEGISON	40									
PRESIDENT & CEO				Х				145,574.	0.	32,922.
(2) TAMERA MEGISON	40									
VP OPERATIONS	0			Х				71,834.	0.	73.
(3) MIKE KENNEDY	11									
DIRECTOR	0	Х						0.	0.	0.
(4) MARK T EALY, CFP, CPA	1									
DIRECTOR	0	Х			<u> </u>			0.	0.	0.
(5) STEVE MCNULTY	1									
DIRECTOR	0	Χ						0.	0.	0.
(6) DAVID CREAN										
SECRETARY	0	Х		X				0.	0.1	0.
(7) LEANNE ABRAHAM	11]				
CHAIRWOMAN		Х		X				0.		0.
_(8)_DAWN_HALL_CUNEEN	11	- (Ì			
DIRECTOR	0	X				ļ	.venenus-e	0.	0.	0,
(9) JACK_LANDERS	1									
TREASURER	0	Х	_	Х		\sqcup		0.	0.	0.
(10) JOHN CONRAD								_		
DIRECTOR	0	Χ						0.	0.	0
(11) BRET_SCHANZENBACH								_		
DIRECTOR	0	Х	-				_	0.	0.	<u> </u>
(12) STEVEN OGUS	$\begin{bmatrix} \frac{1}{0} & -1 \\ 0 & 1 \end{bmatrix}$									
DIRECTOR		X						0.	0.	0.
(13) GLORIA FOOTE		v						_	_	
DIRECTOR	0	Х	+					0.	0.	Ö.
(14) TOBY WIIK DIRECTOR		х						ا. ه	ο.	^
DIRECTOR	0	Λ	- 1				- }	υ.,	U.1	O .

Form 990 (2019) SOLUTIONS FOR CHANGE, I	NC.		<u></u>	1					33-090261	7 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated (B) (C)									pensated Emp	loyees (continued)
(A) Name and tilis	Average hours	box	, unle	Po: check	sition (mor ersor	i e than i is bo tor/fru:	th an	(D) Reportable compensation from	(E) Reportable	(F) Estimaled amount
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	employee	Former	the organization (W-2/1099-MISC)	reialed organizations (W-2/1099-MISC)	of other compensation from this organization and related organizations
(75)							-	7 L ⁻¹ 1 17 elle	MARP	
(16)									THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND	
(17)						************			MINISTER AND STATE OF THE STATE	
(18)					**********			10000000	MA-AA-A	
(19)			+	-				ATVANA ALL		T TO MALAPILANA
(20)		-	1						- Internal Company	77 3 W 1866 L
(21)			+					N	THE POST IV AND ASSAULT	T TANK A C P.
(22)			\dashv	\dashv					orenomia osavoti	
(23)			1			momen			VOID-PALV	
(24)		1							7777 T 7770 ACCA	TOTAL WELL A
(25)				1			-		A ASSIT	THE VILLE TO THE V
T b Subtotal							<u>-</u> -	217,408.	<u> </u>	32,995.
d Total (add lines 1b and 1c)							_	217.408	Ο.	32 995
2 Total number of individuals (including but not limited to from the organization 1	those list	ted a	DOVE	:) wh	10 re	sceive	ed n	nore than \$100,000	of reportable compe	ensation
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r, trustee, Individual	key	em	ploy	/20,	or h	ighe	est compensated e	employee	Yes No
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater such individual.	15an \$150	າດດດ	17 11	'\V'25	,e',	-om-	deta	Schodula I for	om	
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'									ndividual	4 X X
Section B. Independent Contractors										1 A
Complete this table for your five highest compensation from the organization. Report compensation.	tion for the	ence e cale	enda	r ye	racı ar e	ors (ndint	nat j wit	received more than In or within the orga	in \$100,000 of inization's tax year.	1777/1870
Name and business addres	1\$		***************************************					(B) Description of	services ((C) Compensation
777 777 777 777 777 777 777 777 777 77	77777777			wary.ne		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		The state of the s		THARVUIS.
TO THE RESIDENCE AS A MANAGEMENT OF THE RESIDENCE OF THE	TTTTP FAM.				-				TOTAL AND AND AND AND AND AND AND AND AND AND	- 101 Mark
2 Total number of independent contractors (including but \$100,000 of compensation from the organization ►	not limited	to ti	ose	list	ed a	bove) Wh	no received more th	an 🤼	
BAA	· · · · · · · · · · · · · · · · · · ·	A010	SL 07	7/31/1	19					Form 990 (2019)

Pa	rt \	·;							(-)
_		Check if Sched	lule O contains	a res	ponse or note to a	-	VIII	T OF THE PROPERTY OF THE PARTY	<u></u>
		W				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nits	3 7	t		1a					
Gra	3	b Membership dues.		1 b					
ts.		c Fundraising event d Related organizati		1 c	M 47-07 / 7 10-1	-			
2.5		e Government grants (co		1e	4		200	100	
E E	,	f All other contributions,			75,000.				
her		similar amounts not inc	cluded above	1 f	1,513,911.				
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributions lines 1a-1f.		1 1 g	95,223.			1	
Cor		h Total. Add lines la				1,744,686.	and the same		
					Business Code			100000000000000000000000000000000000000	
Program Service Revenue		RENTAL INCO			531110	725,659.			
œ.	'	SUPPORTING			900099	130,514.			
꾶		: <u>LAUNDRY & V</u>	ENDING		531110	3,972.	3,972.		
Š	1	" •					ANY WATER PORTECTION AND A SECOND SEC		TO THE STREET STREET
	1	All other program	service revenu	e			The second secon	M.W.W.	
8	,	Total. Add lines 2a	a-2f			860,145.			
	3	Investment income ((including divide	⊵nds, i	nterest, and		Martin Co. In another Market to 20 to distance or control		magnetic residence of the second party of the
		other similar amou				63,082.			63,082.
	5								THE THE MANAGEMENT
	_	Noyemes	(i) Re		(ii) Personal				
	6 a	Gross rents	6a						
	1	Less: rental expenses	6b		NAME OF THE PARTY				100
		: Rental income or (loss)						200	
	C	Net rental income			-	on an appear to him a control albam resident nor	e e escar canal deservations academic formation for		and the second s
	7 a	Gross amount from sales of assets	(i) Secu	rities	(ii) Other				
		other than inventory	7a						
	Ħ	Less: cost or other basis and sales expenses	76						
	¢	Gain or (loss)	7c			Carterina Del Carterina Carterina (Carterina Carterina C	de Santa de Maria		
	d	Net gain or (loss)		, .	. , . ,			A company of the control of the cont	- Control of the Cont
<u>a</u>	8 a	Gross income from fundi	iraising events						
e II		(not including \$ of contributions reported	155,775	<u>. </u>					
		See Part IV, line 18		88	3.50 443	A Company			
20	ь	Less: direct expens		81	# A 2 1 1 1 1 1 1				
듄		Net income or (loss		L		97,829.			97,829.
Other Revenue	9 a	Gross income from gamin See Part IV, line 19	ing activities.		V		5,460.4		
				9 a					
		Less: direct expens		9 E					
		Net income or (loss		activ	ities.	en er skalender i State van de State van de State van de State van de State van de State van de State van de S	BONDERSON BENERALISMAN GARAGO (AND AND AND AND AND AND AND AND AND AND	Gree Bengine Charles and Carlot States of Carlot States of the agent of	erinan sanata, a minanga katawan katawan katawan katawan katawan katawan katawan katawan katawan katawan kataw
[10 a	Gross sales of inventory, returns and allowances	, iess , . , ,	10 5	20,159.			1000	
		Less: cost of goods		i O t					
	С	Net income or (loss) from sales o	inve		-38,720.	And the second s	- San Carlotte - San	-38,720.
9					Business Code				ar game his adjusted to a company
3	l Ta								THE TWO INVESTIGATION OF THE PARTY OF THE PA
E E	b	AL AL 36 36 AL CL				NOT THE TOTAL HEAVEN - 1 4 4 4 4 4 4 4			THE STREET STREET
7 E	a Fi d c	All other revenue							. THE PERSON NAMED IN
=		Total. Add lines 11a	a-11d	L					
7	_	Total revenue. See			par i	2,727,022.	860,145,	0 .	122,191.
BAA					TEEAO	1109L 07/31/19	777,177		Form 990 (2019)

Form 990 (2019) SOLUTIONS FOR CHANGE, INC.

| Part | X | 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 r	esponse or note to an	y line in this Part IX		
Do 6b	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	**************************************			<u> </u>
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	THE THE THE WASHINGTON CONTRACTOR OF THE THE THE THE THE THE THE THE THE THE		7100	999
4					
5	Compensation of current officers, directors, trustees, and key employees	217,408.	71,834.	58,230.	87,344.
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.	Ď.
7		1,636,522.	1,529,581.	105,013.	1,928.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,000,022,		103,013.	1, 320
9	Other employee benefits	148,753.	114,460.	24,720.	9,573.
10	Payroll taxes	159,221.	122,664.	26,254.	10,303.
77	Fees for services (nonemployees):				The second secon
	Management	1204 0 100 - 100 100 100 100 100 100 100 100		WATER AND THE PARTY OF THE PART	
	Legal	THE PERSON LINEAR PROPERTY AND INC. SEC. LANC.			
	Accounting		VIDALL		
	Lobbying.			- 114-11 A - 114-11 A	MARIAN PA
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	CONTRACTOR CONTRACTOR			
ē	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	160,922.	120,691.	40,231.	
12	Advertising and promotion	12,786.	12,786.		- There is
13	Office expenses	68,948.	62,053.	6,895.	
14	Information technology	- PANNATURA LINE LINE LINE LINE LINE LINE LINE LINE		A PROMOTE IN THE PROMOTE A PARTICULAR AND A PARTICULAR AN	
15	Royalties		***************************************		
16	Occupancy	87,101.	87,101.	- MINISTRALIA - I	THE WARE TO SELECT
17	Travel	**************************************	"		
	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
	Conferences, conventions, and meetings.	39,021.	15,608.	23,413.	THE THE PARTY NAMED AND ADDRESS OF THE PARTY NAMED AND ADDRESS
20	Interest	222,526.	222,526.	THE PROPERTY AND THE SAME AND ADDRESS OF THE SAME AND	
21	Payments to affiliates.	,	TOTAL STREET, STREET, ALCOHOL:		
22	Depreciation, depletion, and amortization	373,275.	373,275.	TOTAL CONTROL VANDON A VARIANTA VALLE	· · · · · · · · · · · · · · · · · · ·
23 24	Other expenses, (temize expenses not	58,626.	49,079.	5,454.	4,093.
2-	covered above (List miscellaneous expenses 🏻				
	on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e	• : : : : : : : : : : : : : : : : : : :			
	of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	SUBSIDY EXPENSES	190,220.	190,220.		The state of the s
	REPAIRS & MAINTENANCE	184,200.	165,780.	18,420.	
	UTILITIES/REFUSE REMOVAL	130,392.	117,351.	13,041.	
	SUPPLIES	40,838.	40,838.	THE THE PARTY AND ADDRESS OF THE PARTY AND ADD	
	All other expenses.	133,390.	78,105.	54,662.	623.
	Total functional expenses. Add lines 1 through 24e	3,864,149.	3,373,952.	376,333.	113,864.
	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 F if following SOP 98-2 (ASC 958-720)				
BAA	The same (new same real)	TEE AD 110: 07/3	21.00		Form 990 (2019)

Part X Balance Sheet (A) Beginning of year **(B)** End of year 544,989 1 314,308. Savings and temporary cash investments 2 113,076. 2 128,451. Pledges and grants receivable, net 3 118,968 212,195. 4 4 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 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 2,857,541 7 4,604,862. Inventories for sale or use..... 8 1,804 7,500. Prepaid expenses and deferred charges..... 10,249 9 29,676. 10a 12,572,131 10 b 11,704,355 2,434,141. 10 c 10,137,990. 11 Investments - publicly traded securities 11 Investments -- other securities. See Part IV, line 11..... 12 Investments -- program-related. See Part IV, line 11...... 13 14 74 Intangible assets Other assets. See Part IV, line 11..... 15 -1,144,052-1,396,953.Total assets, Add lines 1 through 15 (must equal line 33)...... 14,206,930. 16 14,038,029. Accounts payable and accrued expenses..... 17 94,517 17 109,050. 38 Grants payable 18 Deferred revenue..... 19 124,108 19 13,449. Tax-exempt bond liabilities...... 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D.......... <u>Liabilities</u> 21 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 22 Secured mortgages and notes payable to unrelated third parties..... 23 11,903,209 10,916,605. 24 75,000. 250,000. 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. 1,155,414 25 1,309,999 Total liabilities. Add lines 17 through 25..... 26 12,599,103 13,352,248. Organizations that follow FASB ASC 958, check here or Fund Balances X and complete lines 27, 28, 32, and 33. Net assets without donor restrictions. 690,686 27 1,306,723. Net assets with donor restrictions..... 28 163,996 132,203. Organizations that do not follow FASB ASC 958, check here > and complete lines 29 through 33. Capital stock or trust principal, or current funds...... 29

Paid-in or capital surplus, or land, building, or equipment fund.....

Retained earnings, endowment, accumulated income, or other funds...........

Total net assets or fund balances.....

Total liabilities and net assets/fund balances

Assets

Net

30

31

32

33

1,438,926.

14,038,029.

30

31

32

33

854,682

14,206,930.

2c X

3b X

3a X

Form 990 (2019)

bilf "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

TEEA0112L 01/21/20

If the organization changed either its oversight process or selection process during the tax year, explain

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.....

on Schedule O

BAA

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

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

2019

Open to Public Inspection

Иапте	of the organization					Employer identif	
SO	LUTIONS FOR CHANGE,	INC.				33-09026	
Pa	rt I Reason for Public C	harity Status (Ali	organizations mus-	t comp	lete th	s part.) See instru	ctions.
The	organization is not a private for	indation because it is	: (For lines 1 through 1:	2, check	only on	e box.)	
1	A church, convention of chur)(i).	
2	A school described in section						
3	A hospital or a cooperative						
4	A medical research organi	zation operated in co	njunction with a hospita	J descrit	bed in s e	ction 170(b)(1)(A)(iii).	Enter the hospital's
5	name, city, and state: An organization operated f						
	section (76(D)(1)(A)(IV). (I	complete Part II.)					lescribed in
6 7	A federal, state, or local go					,	
,	X An organization that normally in section 170(b)(1)(A)(vi).	/ receives a substantia (Complete Part II.)	part of its support from it	a govern	mental u	nit or from the general po	blic described
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Pari	t II.)			
9	An agricultural research orga	nization described in s	ection 170(b)(1)(A)(ix) ope	erated in	conjunct	ion with a land-grant coll	ege
	or university or a non-land-gr	ant college of agricultu	re (see instructions). Ent	er the na	me, city,	and state of the college	or
**	university:		·				
10	An organization that normally from activities related to its investment income and uniquies 30, 1975. See section	CANDULT TOUCHOUS	UNIOCE to cortain avecant	IAME AM	# (7) on	mare then 22 1/20/ +4	(I
11	An organization organized	and operated exclusiv	ely to test for public sa	fety. Se	e sectio	n 509(a)(4).	
12							sut the numbers of one
	An organization organized or more publicly supported lines 12a through 12d that (organizations describ describes the type of	ed in section 509(a)(1) supporting organization	or secti and co	ion 509(a mpiete li	(2). See section 509(a) ines 12e, 12f, and 12g.	a)(3). Check the box in
ä	Type I. A supporting organization(s) the power to r complete Part IV, Sections	tion operated, supervis equiarly appoint or elec-	ed, or controlled by its su at a majority of the direct	ipported ors or tru	organiza istees of	tion(s), typically by giving the supporting organizat	g the supported on. You must
b	Type II. A supporting organ management of the supporting must complete Part IV, Sec	O OLOGUUZANOO VESTEO U	controlled in connection the same persons that	n with its control o	s suppor r manage	ted organization(s), by the supported organiza	having control or tion(s). You
С	Type III functionally integrated organization(s) (see instruction		ation operated in connection	on with, a	and functi	onally integrated with, its	supported
d	Type III non-functionally inter-	t raied . A supporting or	canization operated in co	nnection	Carlette ite.	connected areasings:	N 45-4 (
	functionally integrated. The instructions). You must com	iplete Part IV, Section	y must satisfy a district rs A and D, and Part V.	Moutes	şuremen	t and an attentiveness	requirement (see
ę	Check this box if the organizated, or Type III non-fi	vocuonany miegraled	supporting organization	n.			
f	Enter the number of supported	organizations,					
g	Provide the following information Name of supported organization	- management -	d organization(s).				
(I) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10	(iv) organiza	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			above (see instructions))	In your o	governing ment?	,,,,	222271 (000 1101/000015)
	v.comond.			Yes	No		
/A\	T T T T S T S T S T S T S T S T S T S T		, , , , , , , , , , , , , , , , , , ,			THE THOUSAND ST.	
(A)	- ALL - ALL			ļ		· · · · · · · · · · · · · · · · · · ·	
(B)							
(C)						Y Print 1 100 2 70 1	
(D)	,		THE THE STEELE STATE OF THE STA			- 1170ATVAA V 100LUUV	18 / / L - (8 / L - L - L - L - L - L - L - L - L - L
	· "PARES", PARES all sha					TO SAFE SAMULATION PLANE.	OF MARKET PARTY CO.
(E)				Projekt jondern i	100000000000		NAT VANS.
Total							

Schedule A (Form 990 or 990-EZ) 2019 SOLUTIONS FOR CHANGE, INC. 33-0902617

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

(Complete only if you check	ed the box on line $5, 7, ar 8$ of P :	art I or if the organization f	ailed to qualify under Part III, If the
organization fails to qualify	y under the tests listed below,	please complete Part III.)

<u>5e</u>	ction A. Public Support	OT-IN LIALITA PAR					
Cal	iendar year (or fiscal year ginning in) 🟲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,881,226.	1,858,390.	1,836,849.	2,770,331.	1.744.686.	10,091,482.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	Productive in the second secon			e consideration value A .		0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	Peter et en communication et al afficiency and a second			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.
4	Total. Add lines 1 through 3,	1,881,226.	1,858,390.	1,836,849.	2,770,331.	1,744,686.	10,091,482.
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)						1,285,552.
6	Public support. Subtract line 5 from line 4						8,805,930.
Sec	tion B. Total Support			10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			
Cale beg	endar year (or fiscal year inning in) 🟲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,881,226.	1,858,390.	1,836,849.	2,770,331.	1,744,686.	10,091,482.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			24,691.	12,960.	63,082.	100,733.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		The second secon	,,	2 / 2 3 3	97,829.	97,829.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	73,070.	18,681.	1,220,554.	8,860.	- ,	1,321,165.
11	Total support. Add lines 7 through 10						11,611,209.
12	Gross receipts from related activi	ties, etc. (see ins			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7,276,662.
13	First five years. If the Form 990 is forganization, check this box and	or the organization stop here	's first, second, thi	rd, fourth, or fifth te	ex year as a sectio	n 501(c)(3)	
Sec	tion C. Computation of Pub	lic Support Pe	ercentage				land.
14	Public support percentage for 20	19 (line 6, column	(f) divided by lin	e 11, column (f)).		14	75.84 %
15	Public support percentage from 2	018 Schedule A, i	Part II, line 14				76.45%
16a	33-1/3% support test-2019. If the and stop here. The organization of	e organization diq qualifies as a pub	I not check the bo licly supported or	ox on line 13, and ganization	line 14 is 33-1/3	% ar mare, check	this box
b	33-1/3% support test-2018. If the and stop here. The organization	e organization did qualifles as a pub	not check a box licly supported or	on line 13 or 16a, ganization	and line 15 is 33	-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances tes or more, and if the organization in the organization meets the 'facts-	st—2019. If the org neets the 'facts-ar and-circumstance	ganization did not nd∗circumstances s' test. The organ	check a box on li test, check this b nization qualifies a	ine 13, 16a, or 16 box and stop her e as a publicly supp	ib, and line 14 is s. Explain in Part ported organizatio	10% VI how n►
	10%-facts-and-circumstances tes or more, and if the organization norganization meets the 'facts-and Private foundation, if the organization	neets the facts-ar -circumstances te	id-circumstances est. The organizat	test, check this bition qualifies as a	oox and stop here publicly supporte	e. Explain in Part d organization	VI how the
BAA	the diameters to the difference	Ston did not ciled	K 2 DOX ON HITE 1.	J, 106, 100, 172,			Ļ.,. <u>.</u>
MM					5ch	eaule A (Form 99	0 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 SOLUTIONS FOR CHANGE, INC.

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

Sec	fails to qualify under the testion A. Public Support	lests listed below,	, prease complete	7 61(11.)			,
Caler	ndar year (or fiscal year beginning in) 🟲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(2) 2013	TO THE STATE OF TH		(4) 2018	(6) 8013	(1) TOTAL
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	77.77.77.77.77.77.77.77.77.77.77.77.77.	P. MINISTER PROPERTY OF THE PR		The second secon	INCOMENTAL SECTION AND ASSESSMENT OF SECTION	- V- 395Abl
3	Gross receipts from activities that are not an unrelated trade or business under section 513.				TOTAL SERVICE AND AND AND AND AND AND AND AND AND AND		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf,		TRANSPORT A			NUMBER - LALLY L	
	The value of services or facilities furnished by a governmental unit to the organization without charge	THE STATE OF			THE PROPERTY OF THE PROPERTY O		11 - 400711 AA 14
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	1000000	THE THE STREET STREET, AND STREET STREET, AND STREET,			PP-VIDA - VALVA VIDA -	WE PROPERTY NAME.
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.		The second secon	Jan 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		THE ANY ASSESSMENT OF THE SECOND	- West
c	Add lines 7a and 7b				· · · · · · · · · · · · · · · · · · ·		
8	Public support. (Subtract line 7c from line 5.)						
Sec	tion B. Total Support		,				
Calend	dar year (or fiscal year beginning in) 🟲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6			armanical international and a second	. ,-,	(-) (14-)	(1) 10121
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	THE PROPERTY OF THE PROPERTY ASSESSMENT ASSE			TO THE PROPERTY OF THE PROPERT		77 / 78 (West VP & West)
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.		7.1.1	(VPRINTED IN THE PERSON AND AND AND AND AND AND AND AND AND AN		THE COMP. NO. 21 PROCESS / T	
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is		; <u> </u>		1		
	regularly carried on						
12	regularly carried on				ATT THE PARTY OF T		- APPRICA DE LA CONTRACTOR DE LA CONTRAC
12	regularly carried on Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						The state of the s
12 13 14	regularly carried on. Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 in organization, check this box and	stop nere		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	
12 13 14 Sect	regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and ion C. Computation of Pub	stop here dic Support Po	ercentage				
12 13 14 Sect	regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and ion C. Computation of Pub Public support percentage for 20	stop here, dic Support Po 19 (line 8, column	ercentage r (f), divided by lin	e 13, column (f)).		15	
12 13 14 Sect	regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and ion C. Computation of Pub Public support percentage for 20	stop here, dic Support Po 19 (line 8, column	ercentage r (f), divided by lin	e 13, column (f)).		15	
13 14 Sect 15	regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and ion C. Computation of Pub	stop here. Diic Support Po 19 (line 8, column 2018 Schedule A,	ercentage (f), divided by lin Part III, line 15	e 13, column (f)).		15	\$
13 14 Sect 15 16 Sect	regularly carried on. Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and ion C. Computation of Pub Public support percentage for 20 Public support percentage from 2 ion D. Computation of Investigation stop here plic Support Po 19 (line 8, column 2018 Schedule A, estment Incom	ercentage n (f), divided by lin Part III, line 15 ne Percentage	е 13, columл (f)).		75	\$ \$	
13 14 Sect 15 16 Sect	regularly carried on. Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and ion C. Computation of Public support percentage for 20 Public support percentage from 2 ion D. Computation of Investment income percentage for	stop here. Dic Support Polic Support Polic Support Polic Schedule A, estment Incongr 2019 (line 10c,	ercentage (f), divided by lin Part III, line 15 1e Percentage column (f), divided	e 13, column (f)).	тл (f))		\$ \$
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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	10b		

1-2	int IV: Supporting Organizations (continued)		,——	
13	Has the arganization appropried a cift or appropriately from any of the following governor?	Policina sour	Yes	No
1 1	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	176		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	116		
Se	ction B. Type I Supporting Organizations			
NW10-F12			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in			
	Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.			355
	If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applied to such powers during the tax year.	1 2007/2009/200	XXXXXXXX	
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	7.		
	benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the	2	100000	
C	supporting organization.	-		
<u> 560</u>	tion C. Type II Supporting Organizations		Yes	No
7	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	50.20		California (
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
		(40000000	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	2000		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	un Tanananan	1115000 3000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	30,000		
_	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	GOOD STA	
		************	× 48 - 1	10000
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at			*
	all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played	3	322245	100000 TEXT
Sec	in this regard. tion E. Type III Functionally Integrated Supporting Organizations	ا جا		
7	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
ć	The organization satisfied the Activities Test. Complete line 2 below.			
ŧ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruci	ions).	
2	Activities Test. Answer (a) and (b) below.	Γ	Yes	No
ā	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the	\$20 S.	S.	
	supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was			
	responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	2a	Silversold Co	000028071006
É	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
	the organization's position that its supported organization(s) would have engaged in these activities but for the	74.34S	E-25-2	
	organization's involvement.	2b	ingenium o	Jegišjojna tien
3	Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI</i> .	Зв	2284	0158755
		38	A384	78 55
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b	Sangara	HERRICE (C. C.)

SOLUTIONS FOR CHANGE, INC.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	ations	, , , , , , , , , , , , , , , , , , ,
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on ons m	Nov. 20, 1970 (explain ir ust complete Sections A	n Part VI). See through E .
Se	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		THE REPRESENTATION OF THE PERS
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		THE STATE OF THE S
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		170 PRO NO 170 PA - 1 170 PA - 1
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	16		
	Fair market value of other non-exempt-use assets	1c		
•	i Total (add lines 1a, 1b, and 1c)	1d	The state of the s	
(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 3-1/2% 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 .035,	6		
7	Recoveries of prior-year distributions	7		77070710
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount	ASSOCIATION AND PROPERTY OF A STATE OF A STA		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		W
2	Enter 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		TOWNSIE
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 interesting (see instructions).	grated	d Type III supporting org	anization
ВАА			Schedule A (Fo	rm 990 or 990-EZ) 2019

Part V 🖑	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	00011
Section D) – Distributions		3-411-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Current Year
1 Amou	nts pald to supported organizations to accomplish exempt p	urposes		
	nts paid to perform activity that directly furthers exempt purposes less of income from activity	of supported organization	5,	
3 Admir	nistrative expenses paid to accomplish exempt purposes of s	supported organizations		140000000000000000000000000000000000000
4 Amou	nts paid to acquire exempt-use assets			
A STATE OF THE PARTY OF THE PAR	ied set-aside amounts (prior IRS approval regulred)			
	distributions (describe in Part VI). See instructions,			
7 Total	annual distributions. Add lines 1 through 6.	I TRANSPORTE I I AND AND AND AND AND AND AND AND AND AND		JIIV. LE.
8 Distrib	utions to attentive supported organizations to which the organiza t VI). See instructions.	tion is responsive (provide	details	
9 Distrib	outable amount for 2019 from Section C, line 6			
10 Line 8	amount divided by line 9 amount	COT THE SECTION OF THE TOTAL TOTAL TO THE RESIDENT WAS THE COST OF THE TOTAL T	48 - 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Section E	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distrib	utable amount for 2019 from Section C, line 6			-
2 Under cause	distributions, if any, for years prior to 2019 (reasonable required — explain in Part VI). See Instructions.			
	s distributions carryover, if any, to 2019			
	2014			
	2015			
	2016			200000000000000000000000000000000000000
	2017			
	2018		- Attended to the Article Sales (Article Sales)	
APPROXIMATE TANK MANAGEMENT	of lines 3a through e			
g Applied	d to underdistributions of prior years		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
h Applied	d to 2019 distributable amount			PATERIA MINING AND AND AND AND AND AND AND AND AND AND
i Carryo	ver from 2014 not applied (see instructions)			
j Remaii	nder, Subtract lines 3g, 3h, and 3i from 3f.			
line 7;	utions for 2019 from Section D,			
	d to underdistributions of prior years			
	d to 2019 distributable amount			**************************************
	nder. Subtract lines 4a and 4b from 4.	24-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
Subtrac	ning underdistributions for years prior to 2019, if any. ct lines 3g and 4a from line 2. For result greater than xplain in Part VI. See instructions.			
	ning underdistributions for 2019. Subtract lines 3h and 4b ne 1. For result greater than zero, explain in Part VI. See tions.			100 A 100 A
7 Excess	distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakd	own of line 7:			
a Excess	from 2015			
b Excess	from 2016			
c Excess	from 2017			
d Excess	from 2018	经建筑的有效 的		

e Excess from 2019 BAA

Schedule A (Form 990 or 990-EZ) 2019

Page 8

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

NATURE AND SOURCE	2019	2018	2017	2016	2015
MISCELLANEOUS INCOME LOAN FORGIVENESS INCOME		\$ 6,176.	\$ 9,081. 1,211,473.	\$ 18,681.	\$ 73,070.
SOCIAL ENTERPRISE TOTAL	<u> </u>	2,684. \$ 8,860.	\$1,220,554.		<u>\$ 73,070.</u>

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer Identification number

SOLUTIONS FOR CHANG		
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
Form 990-PF	527 political organization	
	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	red by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.	
General Rule		
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	
Special Rules		
under sections 509(a)(received from any on	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that the contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
during the year, total	tescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational prevention of cruelty to children or animals. Complete Parts I, II, and III.	
during the year, contr \$1,000. If this box is charitable, etc., purpo	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, ributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than checked, enter here the total contributions that were received during the year for an exclusively religious, ose. Don't complete any of the parts unless the General Rule applies to this organization because ively religious, charitable, etc., contributions totaling \$5,000 or more during the year	on the state of
Caution: An organization that Is	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-£Z, or	

990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

Department of the Tressury 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.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Name of the organization Employer identification number

	SOLUTIONS FOR CHANGE, INC.		33-0902617	
Pa	Organizations Maintaining Donor Advised Funds or Other Si	milar Fun	ds or Accounts.	
1	Complete if the organization answered 'Yes' on Form 990, Par	t IV, line	б <i>.</i>	
ALIMPUN .	! (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 are the organization's property, subject to the organization's exclusive legal control)17	Yes N	0
6	Did the organization inform all grantees, donors, and donor advisors in writing that for charitable purposes and not for the benefit of the donor or donor advisor, or for impermissible private benefit?	t grant funds r any other s	s can be used only ourpose conferring Yes No	0
Рa	rt II Conservation Easements.			
	Complete if the organization answered 'Yes' on Form 990, Par		7.	
7	Purpose(s) of conservation easements held by the organization (check all that app			
		5	n of a historically important land area	
	Protection of natural habitat	Preservatio	n of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution last day of the tax year.	n in the form	of a conservation easement on the	
	The conjust the ten year.		Held at the End of the Tax Y	ear
	a Total number of conservation easements.			
	b Total acreage restricted by conservation easements			
	c Number of conservation easements on a certified historic structure included in (a).			~10.004104104
	d Number of conservation easements included in (c) acquired after 7/26/06, and not	on a historio		
,	d Number of conservation easements included in (c) acquired after 7/25/06, and not structure listed in the National Register		. 2d	
3	Number of conservation easements modified, transferred, released, extinguished, or term tax year *	ninated by the	organization during the	
4	Number of states where property subject to conservation easement is located ►			
5	Does the organization have a written policy regarding the periodic monitoring, insp	ection, hand	Iling of violations,	
-	and enforcement of the conservation easements it holds?)
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and en	ntording done	servation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforces	ing conserva	tion easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirem and section 170(h)(4)(B)(ii)?	ents of sect	ion 170(h)(4)(B)(i)Yes No	5
9	In Part XIII, describe how the organization reports conservation easements in its reinclude, if applicable, the text of the footnote to the organization's financial statements.	evenue and e ents that de:	expense statement and balance sheet, scribes the organization's accounting for	and or
Par	Organizations Maintaining Collections of Art, Historical Treas Complete if the organization answered 'Yes' on Form 990, Part	ures, or C	Other Similar Assets. 3.	
Tε	If the organization elected, as permitted under FASB ASC 958, not to report in its thistorical treasures, or other similar assets held for public exhibition, education, or Part XIII the text of the footnote to its financial statements that describes these iter	research in	tement and balance sheet works of art, furtherance of public service, provide i	n
ŀ	If the organization elected, as permitted under FASB ASC 958, to report in its reversities in treasures, or other similar assets held for public exhibition, education, or resear following amounts relating to these items:	ch in furthera	ance of public service, provide the	
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, historical treasures, or other similar asse amounts required to be reported under FASB ASC 958 relating to these items:			
	Revenue included on Form 990, Part VIII, line 1			
Ė	Assets included in Form 990, Part X		.,.,,. ⊢ \$	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Schedule D (Form 990) 2019 SQLU						33-090		Page 2
Every certificial processor deciribition deci	Part III Organizations Mainta	ining Collec	tions of A	.rt, Histo	rical Treasures,	or Other	Similar Ass	ets (cor	ntinued)
b Saholarly research e Other	3 Using the organization's acquisition items (check all that apply):	n, accession, an	d other record	s, check ar	ny of the following tha	t make signif	icant use of its	callection	
Preservation for future generations Preservation for future generations and exclaim how they further the organization's exempt purpose in Part XII. During the year, did the organization's collections and exclaim how they further the organization's collections. Vea	a 🗂 Public exhibition		ď	Loan c	or exchange progran	7			
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 exsets to to see such of the rest hand to be maintained as part of the organization answered "Yes" on Form 990, Part IV. Fairt IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV. In a ls 1se organization an agent, trustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X. In a ls 1se organization an agent, trustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X. In a ls 1se organization include an amount on Form 990, Part X, line 21. In a ls 1se organization during the year. 1 te	b Scholarly research		e	Other					
Part XII. 5 During the year, did the organization solicit or receive donations of art, historical freasures, or other similar assets be sold to raise stunds vather line to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 a is the organization an appent, trustae, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 a is the organization and appent, trustae, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 a is the organization and pagent, trustae, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, and the pagent of the organization and complete the following table: C Beginning balance. 1 a Beginning balance and a pagent, trustae, custodian or other intermediary for contributions or other assets not included on Part XIII. Indications during the year. 1 a Beginning of the organization has been provided or pagent XIII. Part VIII. Part VIII. Part VIII. Amount the explanation include an amount on Form 990, Part X, line 21, for escrew or outstodial account liability? 1 a Beginning of year balance. 1 a Beginning of year balance. 1 a Beginning of year balance. 2 a Provide the assimated percentage of the current year end balance (line 1g, column (a)) held as: 2 a Board designated or quasi-redowment the second organization a	c Preservation for future gene	rations		rimar-		'			
to be sold to relies funds rather than to be maintained as part of the organization's collection?. [Yes No Part IV.] Excrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form '900, Part IV.] 1 a is the organization an agent, Irustee, custodian or either intermediary for contributions or other assets not included on Form '900, Part IV.] 1 a is the organization an agent, Irustee, custodian or either intermediary for contributions or other assets not included on Form '900, Part IV.] 1 a is the organization an agent, Irustee, custodian or either intermediary for contributions or other assets not included on Form '900, Part IV.] 1 a is the organization an agent, Irustee, custodian account liability and the additions during the year. 2 a bid the organization include an amount on Form '900, Part IV. If the Italian account liability and the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V. Endowment Funds. Complete if the organization answered 'Yes' on Form '990, Part IV., If the ID. 1 a Beginning of year balance. 2 a Did the organization funds on the properties of the current year end balance (line 1g, column (a)) held as: a Band designated or quasi-endowment \$ 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Band designated or quasi-endowment \$ 3 Are time endowment \$ 5 Term endowment \$ 6 Term endowment \$ 7 Amount \$ 8 Permanent endowment \$ 8 Are time endowment hunds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iv) Related organizations. (iv) Related organizations. (iv) Related organizations. (iv) Accountilated (d) Reconsidering the possession of the organization sendowment funds. Part VI. Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form '990, Part IV, Iline 11a. See Form '990,	 Provide a description of the organia Part XIII. 	zation's collectio	ns and explai	n how they	further the organizati	on's exempt	purpose in		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, fine 9, or reported an amount on Form 990, Part X, line 21. 1 a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Dill Yes' explain the errangement in Part XIII and complete the following table: C Beginning beliance.	5 During the year, did the organiza	ation solicit or r	eceive donat	ions of art	, historical treasures	s, or other si	milar assets .		
inine 9, or reported an amount on Form 990, Part X, line 21. 1 a is the organization an egent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. b if Yes, explain the arrangement in Part XiII and complete the following table: c Beginning balance. d Additions during the year. e Distributions during the year. 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 t								-5.44-51	
on Form 990, Part X7. State	line 9, or reported an	amount on	orm 990,	Part X, i	ine 21.	answered	Yes on Fo	rm 990,	Part IV,
b if Yes, explain the arrangement in Part XIII and complete the following table: Calcaborate Ca	1 a is the organization an agent, true	stee, custodian	or other inte	rmediary f	or contributions or c	other assets	not included	Yes	□Np
c Beginning balance. d Additions during the year. f Ending balance. g Distributions during the year. 1 te 1 ti 2 tild 3 til									
d Additions during the year. e Distributions during the year. f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? bif "Yes," explain the arrangement in Part XIII, Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance. b Contributions. 1 a Beginning of year balance. c Other expenditures for facilities and losses. d Grants or scholarships. e Other expenditures for facilities and programs. 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 Ferm endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. 5 If Yes on line 3a(i), 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. Describition of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value basis colored (experiment) basis colored (experiment) basis colored (experiment) basis colored (experiment) basis colored (experiment) basis colored (experiment) colored (experiment) colored (experiment) basis (other basis of the organization of experiment) colored (experiment) colored								Amount	
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f Ending balance. 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V: Endowment Funds. Complete if the organization has been provided on Part XIII, line 10. Part V: Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1 a Beginning of year balance. 6 Contributions. 6 Net investment earnings, gains, and losses. 6 Cine trivestment earnings, gains, and losses. 9 End of year balance. 9 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 1 a Beginning of year balance. 9 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 1 a Board designated or quasis-indowment *									
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Part V Endowment Funds. Complete if the organization answered Yes' on Form 990, Part IV, line 10. 1 a Beginning of year balance							and white the same of the same		
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1 a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back							k.	/	
1 a Beginning of year balance b Contributions C Net investment earnings, gains, and losses C Net investment earnings, gains, and losses C Net investment earnings, gains, and losses C Net investment earnings, gains, and losses C Net investment earnings, gains, and losses C Net investment earnings, gains, and losses C R Net investment earnings, gains, and losses C R Net investment earnings, gains, and losses C R Net investment earnings, gains, and losses C R Net investment earnings (R Net Investment)	b ir Yes, explain the arrangement	in Part XIII, Ci	Jeck Hete II f	ue explana	ation has been prov	ided on Pan	Alliantin		🔲
1 a 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 >	Part V Endowment Funds C	omplete if th	ne organiz	ation ans	swered 'Yes' on	Form 990	Part IV lin	ne 10	
1 a 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 >	Mark Miles and The Land Co. As L. H. C. L. L. L. C. L.						Marana		r vears back
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 b Permanent endowment b The percentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations bit 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 VII Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1 a Land Describe in Part XIII the intended uses of the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1 a Land 4, 185, 895, 4, 185, 895, 4, 185, 895, 5, 877, 862. c Leasehold improvements. d Equipment 5, 4, 405, 54, 405, 54, 405, 0. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (d), line 10c.) 510, 137, 990.	1 a Beginning of year balance	(=, ==,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(=,)	(=)	,		
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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 The percentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI: Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other (c) Accumulated depreciation of property (a) Cost or other basis (other) depreciation depreciation (d) Book value depreciation improvements b Buildings 7, 943, 269, 2, 065, 407, 5, 877, 862. c Leasehold improvements d Equipment 8 Yes No (3) Sa(i) Ine 10c. (4) Book value (d) Book valu									
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: (i) Unrelated organizations (ii) Related organizations bif '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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1 a Land 4, 185, 895. 4, 185, 895. 5 Buildings 7, 943, 269. 2, 065, 407. 5, 877, 862. c Leasehold improvements. d Equipment 4, 185, 895. 54, 405. 54, 405. 54, 405. 7, 943, 990. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c. 10, 137, 990.									Allestature
f Administrative expenses g End of year balance g of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment be granization that are held and administered for the percentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations Sa(ii) Related organizations listed as required on Schedule R? Sa(ii) Pert Yes' on line 3a(ii) are the related organizations listed as required on Schedule R? Sab Pert Yes' on line 3a(ii) are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other depreciation (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value		The second secon	NATIONAL PROPERTY OF THE PROPE	-011/01057-10911-111-0011					,
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment						CONTRACTOR OF STREET	PRINCIPAL INCOMENTATION / LANGE OF LICENSE	<u> </u>	
a Board designated or quasi-endowment b Permanent endowment c Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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	g End of year balance								MILLEVELS PLANTON LIE
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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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	a Board designated or quasi-endowment	ent 🟲	· {	, i					
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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) According 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.	b Permanent endowment 🐣	老							
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Yes No (i) Unrelated organizations 3a(i)	3 a Are there endowment funds not in the	ne possession of	the organiza	tion that are	e held and administer	ed for the			
(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 inlended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1a Land 4, 185, 895. 4, 185, 895. 5, 877, 862. c Leasehold improvements. d Equipment 4388, 562. 314, 329. 74, 233. e Other 54, 405. 54, 405. 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 10, 137, 990.	organization by:	,	-					Y	es No
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the inlended uses of the organization's endowment funds. Part VI: Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1 a Land 4, 185, 895. 4, 185, 895. 5, 877, 862. c Leasehold improvements. d Equipment 6 Other 388, 562. 314, 329. 74, 233. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 10, 137, 990.									
## Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.									
Part VI Land, Buildings, and Equipment.		-		•				3ь	NISTER AND THE PARTY AND THE P
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property			ganization's i	endowmen	it funds.				
Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value			ered 'Yes'	on Form	990, Part IV, Iir	ne lla. Se	e Form 990	D. Part X	 Iine 10.
(investment) basis (other) depreciation 1 a Land 4,185,895 4,185,895 b Buildings 7,943,269 2,065,407 5,877,862 c Leasehold improvements 388,562 314,329 74,233 e Other 54,405 54,405 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 10,137,990									
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c Leasehold improvements. 388,562. 314,329. 74,233. e Other. 54,405. 54,405. 0. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 10,137,990.	,				4,185,895	na de reconstrue militare antico de la Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria	rivaire a resultant little and bearing		
d Equipment 388,562. 314,329. 74,233. e Other 54,405. 54,405. 54,405. 0. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 10,137,990.	***				7,943,269	. 2,0	065,407.	5,8	77,862.
e Other	c Leasehold improvements					1		TO STATE OF THE ST	
e Other	d Equipment								74,233.
	e Other			***************************************	54,405		54,405.		**************************************
		n (d) must equa	ai Form 990,	Part X, co	lumn (B), line 10c.).				

Part VII Investments — Other Securities.		N/A	00 DLV E 1
Complete if the organization answered			
(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		Vanior Alas (No. 17 Arts 17 Ar	
(2) Closely held equity interests			
(3) Other	**************************************		
(A)	WWW.MATANTANTON TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TO	-	
(B)			
(C)			**************************************
(D)	·····		- W
(E)	,		**************************************
(F)			
(G)			7.44W
(H)	AC VARTILLA DE SERVA AND SERVA DE SERVA DE SERVA DE SERVA DE SERVA DE SERVA DE SERVA DE SERVA DE SERVA DE SER	W-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
			ST Section Commission (1997) in the Section Commission (1997) in the Co
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	,		
Part VIII Investments - Program Related. Complete if the organization answered	'Yes' on Form 990	N/A L Part IV. line 11c. See Form 9	90. Part X. line 10
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)	4-7	——————————————————————————————————————	
(2)			
(3)	' ' '	2.712.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	W4P
(4)			
(5)		A STATE OF THE PARTY OF THE PAR	
(5)			
(7)			
(8)		ALEXANDER MANAGEMENT MANAGEMENT DE L'ANNE LE L'ANTINO DE L	
(9)			CONTROL TERM AND AND AND AND AND AND AND AND AND AND
(10)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	N/A		
		, Part IV, line 11d. See Form 9	
(a) Des	cription		(b) Book value
(2)			
(3)			
(4)	1 1		TOWNS AND A STREET OF THE STRE
(5)			
(6)	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
(7)			
(8)			
(9)			TARAK METAWA A
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)		
Part X Other Liabilities, Complete if the organization answered 'Yes' on Fo	rm 990 Part IV line 11	e or 11f See Form 990 Part X line 25	
	otion of liability	e or 171. dea sorm obo, : ase x, nine 25.	(b) Book value
(1) Federal income taxes			(2) 2 3 3 1 1 2 1 2 3
(2) ACCRUED EXPENSES			155,085.
(3) ACCRUED INTEREST			932,059.
(4) OTHER RELATED PARTY PAYABLE			3,500.
(5) RELATED PARTY PAYABLE			91,783.
(6) SHARE OF DEFICIENCY IN PARTNERSHIP	S		1,828.
(7) TENANT SECURITY DEPOSITS			42,802.
(8) TENANT TRUST FUND			82,942.
(9)	77-0418 TENEROUS (TELEVISION SERVISION SERVISION SERVISION SERVISION SERVISION SERVISION SERVISION SERVISION S	1000.100.000.000.000.000.000.000.000.00	
(10)	<u> </u>		THE PROPERTY OF THE PROPERTY O
(11)			1 200 000
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			1,309,999.
tax positions under FASB ASC 740. Check here if the text of the footnote has be			

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	•
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	7	2,593,905.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	3000	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants	TREE N	
c Recoveries of prior year grants. 2c d Other (Describe in Part XIII.) SEE PART XIII 2d -133,117	1	
e Add lines 2a through 2d		-133,117.
3 Subtract line 2e from line 1	. 3	2,727,022.
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		
b Other (Describe in Part XIII.)	7	
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	2,727,022.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
it dit will tracolicitation of trybelises bet wratter i maneig prataments and trybelises bet	Retur	m.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retur	m.
	on decreasions	70 TO STORE THE TOTAL PROPERTY OF THE STORE TH
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	on decreasions	4,124,242.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	70 TO STORE THE TOTAL PROPERTY OF THE STORE TH
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 a 129,600.	1 1	70 TO STORE THE TOTAL PROPERTY OF THE STORE TH
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 b	1 1	70 TO STORE THE TOTAL PROPERTY OF THE STORE TH
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of Facilities. 3 Donated Services and Use of Facilities. 4 Donated Services and Use of Facilities. 4 Donated Services and Use of Facilities. 5 Donated Services and Use of Facilities. 6 Donated Services and Use of Facilities. 7 Donated Services and Use of Facilities. 8 Donated Services and Use of Facilities. 9 Donated Services and Use of Facilities. 9 Donated Services and Use of Facilities. 9 Donated Services and Use of Facilities.	1	70 TO STORE THE TOTAL PROPERTY OF THE STORE TH
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 a 129,600.	1	4,124,242.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. C Other losses d Other (Describe in Part XIII.) SEE PART XIII 2 130,493.	1	4,124,242. 260,093.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d.	. 1 2e	4,124,242.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b.	. 1 2e	4,124,242. 260,093.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 1 2e	4,124,242. 260,093.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b	2e 3	260,093. 3,864,149.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). 4 Ab	2e 3	4,124,242. 260,093.

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 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

Schedule D (Form 990) 2019

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

COST OF GOODS SOLD EXPENSE FUNDRAISING EXPENSE PASSTHROUGH INCOME/LOSSES TOTAL	\$ 58,879. 71,614. -263,610. -133,117.
SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S	
COST OF GOODS SOLD EXPENSE FUNDRAISING EXPENSE TOTAL	\$ 58,879. 71,614. 130,493.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► 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

SOLUTIONS FOR CHANGE, IN	C				33-090261	.7
Part I Fundraising Activities, Complete Form 990-EZ filers are not re	ete if the organiz	ation answ plete this c	ered 'Yes' o part.	on Form 990, Part IV, lin	ę 17.	
1 Indicate whether the organization	raised funds th	rough any	of the fall	owing activities. Check	all that apply.	
a Mail solicitations			e	Solicitation of non-	government grants	
b Internet and email solicitation	s		f	Solicitation of gove	ernment grants	
c Phone solicitations			g	Special fundraising	g events	
d in-person solicitations				Europe C		
2 a Did the organization have a written of	r oral agreemen	t with any	individual (i	noluding officers, directo	rs, trustees, or key	□., ⊌.,
employees listed in Form 990, Pa	rt VII) or entity	in connec	tion with p	rofessional fundraising	services?	Yes X No
bif 'Yes,' list the 10 highest paid in- compensated at least \$5,000 by the	dividuais or ent ne organization	ities (tund	raisers) pu	rsuant to agreements	unger which the fundra	iser is to be
BROWN AND A PROPERTY OF	1	ALCONIC OF THE PROPERTY OF THE	NICOLON MINUTES: TT		(v) Amount paid to	A A D A D D D D D D D D D D D D D D D D
(i) Name and address of individual	(ii) Activity	(BI) Did	fundraiser	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)		of cont	dy or control ributions?	from activity	fundraiser listed in column (i)	organization
		Yes	No	A LANCON CONTRACTOR CONTRACTOR		
7						
2						
V-8000774-4-7-4-7-4-	The second secon	·				
3						
3						
A CONTRACTOR OF THE PROPERTY O				C FIRELESCENT AT VICTOR		
4						
COLUMN TO A STATE OF THE STATE				- Land Control		
5						
Andread Section (1977), 1977, 1977			<u> </u>		_1_1_000000000000000000000000000000000	
6	1					
	<u> </u>				A. A. A. A. A. A. A. A. A. A. A. A. A. A	
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				A CONTRACTOR OF THE PROPERTY O		
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AND AND AND AND TO THE STATE OF					The second secon	The second secon
10						
LI TOTANO	L.,	1	<u>'</u>	LO LIBERT DAVING MANAGEMENT CONTRACTOR		
Total					440	0,
3 List all states in which the organization	on is registered o	or licensed	to solicit co	ontributions or has been	notified it is exempt from	registration
or licensing.						
						mr
					* *	
						

Schedule G (Form 990 or 990-EZ) 2019 SOLUTIONS FOR CHANGE, INC. 33-0902617 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 (b) Event #2 (d) Total events (c) Other events (add column (a) NCSC FUNDRAISI NONE through column (c)) サーション ア (event type) (event type) (total number) 7 Gross receipts..... 325,218. 325,218. 2 Less: Contributions 155,775. 155,775. 3 Gross income (line 1 minus line 2)..... 169,443. 169,443, Noncash prizes..... O-RECT Rent/facility costs........... Food and beverages..... EXPENSES Entertainment..... Other direct expenses...... 71,614. 71,614. 71,614. 11 Net income summary. Subtract line 10 from line 3, column (d)...... 97,829. 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. (b) Pull tabs/instant (d) Total gaming 何ことがく何る (a) Bingo bingo/progressive (c) Other gaming (add column (a) bingo through column (c)) Gross revenue..... 0-670F 3 Noncash prizes..... Rent/facility costs.....,...,..,., 5 Other direct expenses...... Yes Yes 6 Volunteer labor..... No Νö Νo 7 Direct expense summary. Add lines 2 through 5 in 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?...... b If 'No,' explain:

b If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Sch	edule G (Form 990 or 990-EZ) 2019 SOLUTIONS FOR CHANGE, INC. Does the organization conduct gaming activities with nonmembers?	3-0902617	Page 3
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to	1,,,,,,	
	administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility		\$ <u>\$</u>
	b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records		<u></u>
1-4	Lines the flame and address of the parabit who prepares the organizations gaining/special events books and records		
	Name		
	Address •	707 Tab Ada NAM VAN TIC TIT T	
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenu	e? Yes	No
	b If 'Yes,' enter the amount of gaming revenue received by the organization. \$ and th	e amount	
	of gaming revenue retained by the third party * \$ c if 'Yes,' enter name and address of the third party:		
	thes, enter hame and address of the time party.		
	Name F		<u>-</u>
	Address •		
16	Gaming manager information:		
	Name ►		. – – – -
	Gaming manager compensation * \$		
	Description of services provided *		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
ŧ	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne	_
Par	organization's own exempt activities during the tax year * \$	imps (iii) and (۸۶۰
1	*IV Supplemental Information. Provide the explanations required by Part I, line 2b, colors and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information. See instructions.	additional	*/1

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Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization

SOLUTIONS FOR CHANGE,

INC

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

Employer identification number

33-0902617

Part	Questions Regarding Compensation		E. P. V. B. A. L. V. B. L. V. B. L. V. B. L. V. B. L. V. B. L. V. B. L. V. B. L. V. B. L. V. B. L. V. B. L. V.		
			PT-2737-4-44-4-1-1	Yes	No
1a (thock the appropriate box(es) if the organization provided any of th fl, Section A, line 1a. Complete Part III to provide any relevan	ne following to or for a person listed on Form 990, f nt information regarding these items.	Part		ě.
	First-class or charter travel	Housing allowance or residence for persona	il use		
	Travel for companions	Payments for business use of personal resid	Jence 💮		
i	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			1386-046-1 (2012-046-1
	Discretionary spending account	Personal services (such as maid, chauffeur,	chef)		\$ 3
	neard .	en de la company			
	any of the boxes on line la are checked, did the organization follo simbursement or provision of all of the expenses described at		,	garana.go	10/20/200000000000000000000000000000000
	announcement of provision of an ortific expenses deadnoted at	The transfer of the temperature of temperature of the temperature of temperature of temperature of temperature of temperature o			1985
	id the organization require substantiation prior to reimbursing		,	JOHNSON CO.	TOWNSON.
t	ustees, and officers, including the CEO/Executive Director, re	garding the items checked on line 1a?	2		
3 in	idicate which, if any, of the following the organization used to estal xecutive Director. Check all that apply. Do not check any boxe stablish compensation of the CEO/Executive Director, but exp	blish the compensation of the organization's CEO/ es for methods used by a related organization lain in Part III.	to		
,	777%	X Written employment contract			
ĺ	Independent compensation consultant	Compensation survey or study		-3.1	ÄŽ
I	<u></u>	X Approval by the board or compensation com	umittee		
i.	and the state of t	A Deliver by the Board of Bothportsation both			
4 0	uring the year, did any person listed on Form 990, Part VII, S ganization or a related organization:	ection A, line 1a, with respect to the filing			
	eceive a severance payment or change-of-control payment?				Х
	articipate in, or receive payment from, a supplemental nonqui	•	Proposition and the second sec		Х
	articipate in, or receive payment from, an equity based composite	**	4c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
lf	'Yes' to any of lines 4a.c, list the persons and provide the ap-	plicable amounts for each item in Part III.			
C	nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.			
5 F	or persons listed on Form 990, Part VII, Section A, line 1a, did the onlingent on the revenues of:	organization pay or accrue any compensation			
аΤ	ne organization?		5a	ermenay	Х
	ny related organization?		5 b		Χ
lf	'Yes' on line 5a or 5b, describe in Part III.				
6 F	or persons listed on Form 990, Part VII, Section A, line 1a, did the entingent on the net earnings of:	organization pay or accrue any compensation			
a T	ne organization?		ба		Χ
bΑ	ny related organization?	· · · · · · · · · · · · · · · · · · ·	6 b		X
lf	Yes' on line 6a or 6b, describe in Part III.			924	
7 F	or persons listed on Form 990, Part VII, Section A, line 1a, dic lyments not described on lines 5 and 6? If 'Yes,' describe in F	I the organization provide any nonfixed Part III.	7		Х
to	ere any amounts reported on Form 990, Part VII, paid or accr the initial contract exception described in Regulations section 'Yes,' dascribe in Part III	53.4958-4(a)(3)?	8		X
9 If	Yes' on line 8, did the organization also follow the rebuttable prest ction 53.4958-6(c)?	umption procedure described in Regulations	9		
	or Paperwork Reduction Act Notice, see the Instructions for F		Schedule J (Form	990)	2019

33-0902617

Page 2

SOLUTIONS FOR CHANGE, INC. Schedule J (Form 990) 2019

Partil Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(f)-(iii) for each listed individual must equal the total amount of Form 990, Part VIII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(R) Breakstown o	(R) Breskdown of W.2 and Arr 1000 MICC commension	Companion				
(A) Name and Title		(f) Base compensation	(ii) Borus & iscentive	(iii) Olner reportable compensation	(C) Relirement and offier deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(()-(D)	(E) Total of (F) Compensation columns(B)(I)-(D) in column (B) reported as deferred on prior Form 990
CHRIS MEGISON	€	145,574.	0.	0.	0	32, 922.	178,496	C
1 PRESIDENT & CEO	Ξ	0.	0.	0.0	0	.0		
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ВАА			TEE44102L 8/2/19				Schedule	Schedule J (Form 990) 2019

33-0902617

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

Employer Identification number

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Open to Public Inspection

SO	LUTIONS FOR CHANGE, INC.			33-	<u>-090261</u>	.7		
Pa	t I Types of Property							
14,,,,,,		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(d) od of de contribu	etermin	iing mounts
1	Art — Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests			The state of the s				
4	Books and publications			AND THE PROPERTY OF THE PROPER				
5	Clothing and household goods			100 M. Fill 11				
6	Cars and other vehicles.,,		A CAMPANIA MARKATAN AND AND AND AND AND AND AND AND AND A					
7	Boats and planes							TTTO TTO STATE OF
8	Intellectual property		- Land Control of the					
9	Securities - Publicly traded		6	59,628.	FMV	***		
10	Securities - Closely held stock		- THE CONTRACTOR OF THE CONTRA	,				
11	Securities - Partnership, LLC, or trust interests.						··········	
12	Securities - Miscellaneous		POSSESSES AND ADDRESS OF THE PROPERTY OF					
13	Qualified conservation contribution — Historic structures	# # # # # # # # # # # # # # # # # # #						
14	Qualified conservation contribution - Other			VIDELOVARIO AL VIDINA PARTICIPA VA DE				-
15	Real estate - Residential			, ,				
16	Real estate - Commercial		11.000000000000000000000000000000000000					
17	Real estate - Other	~			WARE AND THE DAMESTER OF	HERE PROFESSION COM	AND AND COLUMN	
18	Collectibles		A LONDON MARKET					
19	Food inventory			TELEVANIE AFTER ALL AND ALL AN	141241244111111111111111111111111111111	PROFESSIONAL SERVICES		
20	Drugs and medical supplies		PLANES - SAN CONTROL OF STREET					
21	Taxidermy			COLUMN TO THE PERSON OF THE PE	**************************************			ARREST NATIONAL PROPERTY OF
22	Historical artifacts,		NOOS_DEPENDENTATION					
23	Scientific specimens.	v	"		AND THE PERSON NAMED OF TH	ALEMAN AND BUILD		
24	Archeological artifacts			ALL LAND DE LA CONTRACTOR DE LA CONTRACT			~~~	***************************************
25	Other (AUCTION ITEMS)		63	35,595.				
26	Other • (00,0707				
27		**************************************						
28	Other ()			TARREL STATE OF THE STATE OF TH			MIN'N AND AND PARTY OF	M-MMARKPER-
29	Number of Forms 8283 received by the organization di	uring the tax	year for contributions for	which the				
23	organization completed Form \$283, Part IV, Dones				29			
			-				Yes	No
		,.		V 1 M 50 M	1	888	0.202	
30a	During the year, did the organization receive by contrit it must hold for at least three years from the date	oution any pr of the initial	roperty reported in Part 1,	unes i inrough 28, inat hise'i required to be u	cori			
	for exempt purposes for the entire holding period?					30 a	A 100 YEAR	Х
h	If 'Yes,' describe the arrangement in Part II.	.,,,				1623	2000000	
	Does the organization have a gift acceptance police	v that requi	ires the review of any n	onstandard contribution	ns?	31	vorm times.	X
		*	-					
	Does the organization hire or use third parties or r noncash contributions?	-				32 a	815F257 42F3	X
_	If 'Yes,' describe in Part II.			.:	,			
33	If the organization didn't report an amount in colur describe in Part II.	nn (c) fòr a	type of property for wh	iich column (a) is checl	kea,			
	E. B		000		Sebadu	to DA ATT.	AD	01 2011

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.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ,

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

Employer identification number

33-0902617

SOLUTIONS FOR CHANGE, INC.

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

IN 2019, SOLUTIONS FOR CHANGE (SFC) CONTINUED ITS UNWAVERING COMMITMENT TO ADDRESS AND SOLVE THE ROOT CAUSES OF HOMELESSNESS FOR OVER 600 CHILDREN AND THEIR PARENTS ENROLLED IN THEIR LIFE TRANSFORMING EMPOWERMENT PROGRAMS. WITH A PHYSICAL PRESENCE WITHIN SEVEN NORTHERN SAN DIEGO COUNTY CITIES, SFC IS NOW THE LARGEST NONPROFIT HUMAN SERVICES AND TRANSFORMATIONAL HOUSING PROVIDER FOR HOMELESS FAMILIES IN THE COUNTY OF SAN DIEGO. FOLLOWING ITS PRINCIPLED STAND AFTER STATE AND FEDERAL POLICIES TOOK A DRAMATIC SHIFT INTO A NEW APPROACH THAT WAS COUNTER TO ITS MISSION AND CORE VALUES, SFC STEPPED UP ITS EFFORTS TO DIFFERENTIATE ITSELF FROM THE CURRENT TOP-DOWN ONE-SIZE-FITS-ALL HOMELESSNESS RESPONSE SYSTEM.

THE CURRENT HOMELESSNESS RESPONSE SYSTEM PUTS A STRONG EMPHASIS ON HOUSING AS THE SOLUTION TO HOMELESSNESS, YET IN ITS TWO DECADES OF SERVICE TO THE HOMELESS, SFC HAS SEEN FOR MANY THAT HOMELESSNESS IS A RESULT OF ROOT CAUSATIVE FACTORS. IF A PERSON OR FAMILY WHO IS CLASSIFIED AS "HOMELESS" IS NOT GUIDED IN SUCH A WAY TO SOLVE THE ROOT CAUSES OF WHAT GOT THEM TO THE STREETS, THEN THEY OFTENTIMES WILL RETURN TO THE STREETS, BECOME INCARCERATED OR INSTITUTIONALIZED, OR EVEN DIE. THIS DYNAMIC OF ADDRESSING SURFACE SYMPTOMS AND NOT SOLVING ROOT CAUSES GIVES THE ILLUSION THAT THE PROBLEM HAS BEEN SOLVED. THE ACTUAL OUTCOME, WHICH SFC HAS STUDIED AND PUBLISHED EXTENSIVELY FOR DECADES, ARE THE UNINTENDED CONSEQUENCES OF A COSTLY AND FUTILE CYCLE THAT CREATES MORE VULNERABILITIES, MORE HOMELESS, AND A DEEPER AND GREATER NEGATIVE IMPACT TO SOCIETY. SFC HAS NAMED THIS DYNAMIC THE CHURN.

AFTER BEING RECOGNIZED IN 2017/18 BY FEDERAL POVERTY AND WELFARE REFORM LEADERS AS A POTENTIAL NEW MODEL FOR THE NATION, SFC RECEIVED NOTICE IN 2019 FROM THE U.S.

Employer identification number

33-0902617

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

NONPROFITS NATIONALLY BEING CONSIDERED TO BE STUDIED AND EVALUATED THROUGH A

DEMONSTRATION EFFORT. IN NOVEMBER 2019 WITH NATIONAL DIGNITARIES ASSEMBLED, SFC

ANNOUNCED THAT IT WOULD LAUNCH A GROUND-UP, COMMUNITY BASED AND MARKET-DRIVEN LOCAL

SYSTEMS CHANGE INITIATIVE BY MID-2020. THE EFFORT WILL NOT ONLY SAVE HUNDREDS MORE

CHILDREN AND ADULTS FROM THE CHURN, IT WOULD DOCUMENT, THROUGH EVIDENCED BASED THIRD

PARTY EVALUATORS, SFC'S RESULTS WITH THE GOAL TO HELP RESHAPE PUBLIC POLICY. BECAUSE

THE SFC APPROACH IS BUILT ON AN EMPOWERMENT MODEL THAT INTENTIONALLY MOVES FAMILIES

AND PEOPLE OUT OF DEPENDENCY AND INTO HOPE-FILLED PURPOSE AND JOBS, IT IS INELIGIBLE

FOR ALL STATE HOMELESS FUNDING DUE TO THE STATE PASSING A LAW VIA SB 1380 THAT

REQUIRES A FORM OF SOCIALIZED HOUSING FOR 100% OF THE HOMELESS, REGARDLESS OF THEIR

PERSONAL CAPACITY. AS A RESULT SFC PROGRAMS ARE 100% FUNDED THROUGH LOCAL STAKEHOLDER

COMMUNITY BASED PARTNERS.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

THE CEO AND VP OF OPERATIONS HAVE A FAMILY RELATIONSHIP.

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.

Name of the organization

SOLUTIONS FOR CHANGE, INC.

Employer identification number

33-0902617

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	\$ -263,610.
PROPERTY TRANSFER	2,114,581.
TOTAL	\$ 1,850,971.

FORM 990, P.5, PART V, LINE 2A

THE TOTAL NUMBER OF EMPLOYEES REPORTED CONSISTS OF FORM W-3 TOTALS FOR BOTH SOLUTIONS FOR CHANGE, INC. AND SOLUTIONS FARMS, LLC WHICH IS INCLUDED AS A DISREGARDED ENTITY:

SOLUTIONS FOR CHANGE, INC.: 67

SOLUTIONS FARMS, LLC.: 5

SCHEDULE R (Form 990) Department of the Treasury Internal Reverse Service

Name of the organization

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.

2019

GMB No. 1545-8047

Open to Public Inspection

SOLUTIONS FOR SOLUTIONS FOR SOLUTIONS FOR (f)
Direct controlling entity INC CHANGE, CHANGE, CHANGE, Partity 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. Employer identification number 33-0902617 1,027,457 (e) End-of-year assets 3,432,706 Rate Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. 25,269. 213,987. (d) Total income (c) Legal domicile (state or foreign country) J 3 S JOB TRAINING, EMPLOYMENT, **(b)** Primary activity EDUCATION, FARMING HOUSING HOUSING (a) Name, address, and EtN (if applicable) of disregarded entity SOLUTIONS FOR CHANGE, INC. SOLUTIONS ESCONDIDO BOULEVARD LIC 722 W CALIFORNIA AVE VISTA, CA 92083 (2) SOLUTIONS CHESTNUT LLC 722 M CALIFORNIA AVE 722 M CALIFORNIA AVE SOLUTIONS FARMS LLC VISTA, CA 92083 VISTA, CA 92083 46-3636006 46-5003223 32~0455012 ල €

(g) Sec 512(bX33) controlted entity? ¥ Yes (f) Direct controlling entity Public charity status (if section 501 (c)(3)) 3 (d) Exempt Code section (c)
Legal domicite (state or foreign country) Primary activity (a) Name, address, and EIN of related organization 0 $\overline{\mathbf{g}}$ 3 €

Schedule R (Form 990) 2019

TEEA50011, 06/27/19

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

Schedule R (Form 990) 2019 SOLUTIONS FOR CHANGE, INC.

Page 2 **Partills** 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. 33-0902617

(a) Name, address, and EIN of refated organization SEE PART VII	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (recated, unrelated, excluded from lax under sections 572-514)	(0) (0) Share of total Share income end-of- asse	Share of end-of-year assets	養養養	Code V-UBI amount in box 20 of Schedule K-1 (Form		(k) Proentage emreship
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722 WEST CALIFOR				erennen erve						
VISTA, CA 92083				AND A PERSON						
32-0481681	HOUSING	IJ	N/A			1.477.601	><	Q / 38	>	5
(3) SEC WELTZEL, LP							;	tr /w		0.0r
722 WEST CALIFOR				11	**************************************					
VISTA, CA 92083				AND PAREL						
37-1761208	HOUSING	ឡ	N/A		.58.	653,890.	×	A/N	×	D 01
Parely 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 conoration or furst during the tay year.	if Related Organ e it had one or i	iizations Tore rela	Taxable as a (Corporation or I	Frust. Complete	if the organization	tion answer	ed 'Yes' on Fo	rm 990, Pz	art IV,

neated as a corporation of trust during the tax year.

(9)	(4)	(3)	177					
Name, address, and ElN of related organization Primary activity	Primary activity	Legal domicile (state or foreign	Direct Controlling	Type of entity (C corp, S corp.)	(U) Share of total income	(g) Share of end-of- year assets	(fr) Percentage ownershis	(f) Sec 512(b)(13) controlled entitiva
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ВАА		TEEASI	TEEASOOOL DELETTII 9			S	chedule R (F	Schedule R (Form 990) 2019

33-0902617

Party Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form both Boot by the line of the organizations.	m 000 004 87	70 20 JE4 JE 30 JE	, 10.5	ਤੱ' <u> </u>	2
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a Receipt of (i) interest, (ii) annuities, (iii) royalities, or (iv) rent from a controlled entity.				() () ()	; } >
b Gitt, grant, or capital contribution to related organization(s)			-	+	: ۲
				-	×
d loans or loss argantose to or for relation argantization (2)			1 c		×
u constant grassificas to us for related digalization(s)			10	_	×
e Loans of loan guarantees by related organization(s).			16	>	2
			200 200	487	
f Dividends from related organization(s).				4: V. V.	% >
g Sale of assets to related organization(s).			- ,	+	4 >
h Purchase of assets from related organization(s).			<u>.</u>	-	<
i Exchange of assets with related organization(s).			= ;	+	× :
d organizatio			=		×
			-		×
b sace of facilities an imment or other secret from selected secret in the					
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r Other transfer of cash or property to related organization(s).				% % ≻	\$0. \$0. \$0.
s Other transfer of cash or property from related organization(s).			<u>- -</u>	4	}
2 if the answer to any of the above is Yes, see the instructions for information on who must compate this line including covered catalytics and transporter	edalionships and irang	avitor thrachoide	5		×
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Name of related organizations	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	i etermia ovolved	ging d
(1) SOLUTIONS FAMILY CENTER, LP	æ	190,220.C	COST		
(2) SOLUTIONS ESCONDIDO BOULEVARD 33, LP	[1]	91,783.5	COST		
(3) SFC WRITTELL L.P		200	E C		
מוכח ווחד וחוחול	7	130, 514.	COST		
(b)	orregions (Malancotts)	TOTAL PLANSAGE			
(5)					
(9)					
BAA TEEA5083L 06/27/19		Schedul	Schedule R (Form 990) 2019	990) 21	2019

SOLUTIONS FOR CHANGE, INC. Schedule R (Form 990) 2019

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

Page 4

33-0902617

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.

(-)		101 10 10 10 10 10 10 10 10 10 10 10 10		and manage	risks.					
Name, address, and EIN of entity	Primary activity	(c) Legał domiciłe (stale or foreign country)	(d) Predominant income (related, unre- lates, exclused from sty under	心 经英色克	(f) Share of total income	(g) Share of end-of-year assets	h) ropor- rate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) Prad or Paging Prer?	(k) Percentage ownership
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Part VII | Supplemental Information

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 ESCONDIDO BOULEVARD 33, LP 32-0481681

722 WEST CALIFORNIA AVENUE

VISTA, CA 92083

SFC WEITZEL, LP

37-1761208

722 WEST CALIFORNIA AVENUE

VISTA, CA 92083

SFC VISTA TERRACE, LP

45-4761846

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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2019

Schedule R Cant (Form 990) 2019 (f) Direct controlling entity SOLUTIONS FOR SOLUTIONS FOR SOLUTIONS FOR SOLUTIONS FOR CHANGE, INC. CHANGE, INC CHANGE, INC. ö Cartinuation Page CHANGE, Empkayer identification number 33-0902617 0. 0. 9 Ö, (e) End-of-year assets ö ¢. Ö (d) Fotal income (c) Legal domicile (state or foreign country) ij T S IJ TEEA5331L 06/27/19 (b) Primary activity HOUSING HOUSING HOUSING HOUSING Part [13] Continuation of Identification of Disregarded Entities (a) Name, address, and EIN (if applicable) of disregarded entity INC. SOLUTIONS VISTA TERRACE, SOLUTIONS PARKVIEW, LLC 722 W CALIFORNIA AVE SOLUTIONS NEITZEL, LLC SOLUTIONS FOR CHANGE, 722 W CALIFORNIA AVE VISTA, CA 92083 SOLUTIONS EV, LIC 722 W CALIFORNIA AVE VISTA, CA 92083 722 W CALIFORNIA AVE VISTA, CA 92083 VISTA, CA 92083 Name of filing organization 36-4788573 45-5455894 46-1613895 82-2908333

Schedule R Cart (Form 990) 2019 SOLUTIONS FOR CHANGE, INC.

Partill Continuation of Identification of Related Organizations Taxable as a Partnership

Continualion Page 1 of

33-0902617

(a) Name, address, and EtN 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	(f) Share of total income	(g) Share of end-of year assets	(h) Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1965)	() General or managing partner?	(k) Percentage ownership
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VISTA, CA 92083										
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Form 4562

Depreciation and Amortization (Including Information on Listed Property)

- Attach to your tax return.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2019

Attachment Sequence No. 179

Identifying number

SOLUTIONS FOR CHANGE, INC. 33-0902617 Business or activity to which this form relates DEPRECIATION SCHEDULES ONLY Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions)..... 2 Threshold cost of section 179 property before reduction in fimitation (see instructions)...... 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions (a) Description of property Listed property. Enter the amount from line 29...... Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7...... 8 Tentative deduction. Enter the smaller of line 5 or line 8..... 9 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562..... 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs. , 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11...... Carryover of disaflowed deduction to 2020. 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 I Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions..... Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS)..... 373,275 Part HIM MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2019..... If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and (a) Classification of property (C) Basis for depreciation (g) Depreciation year placed in service (business/investment use only — see instructions) Recovery period Convention 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 27.5 yrs MM \$/L property..... 27.5 yrs MM S/L i Nonresidential real 39 yrs ΜM S/L MM S/L Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 12 yrs S/L **b** 12-year..... 30 yrs MM S/L d 40-year..... yrs S/L Part V Summary (See instructions.) 21 Listed property. Enter amount from line 28...... For assets shown above and placed in service during the current year, enterthe portion of the basis attributable to section 263A costs.....

Form 8868

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Form 8868 (Rev. 1-2020)

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

	C Manual Carana - CTime Caran					
A !!	6-Month Extension of Time, Only Su	ıbmit origin	al (no copies needed).			
All corporation	ons required to file an income tax return other	than Form 99	90-T (including 1120-C filers), partnershi	ps, RE	MiCs, and	trusts must
use Form /U	04 to request an extension of time to file incol Name of exempt organization or other filer, see instructions	me tax return	5,	Taxo	ever identifica	tion number (TIN)
Type or				1.000	.,	CONTRACTOR COMP
print	COLUMNA CON CUNNAM TAXA			1		Mu.
Autorio de	SOLUTIONS FOR CHANGE, INC. Number, street, and room or suite number, it a P.O. box, se	e visituations.	1711/JANI M.1.3747, 1717/31.14	133-	090261	7
file by the due date for						
filing your return. See	722 W CALIFORNIA AVENUE City, town or post office, state, and ZIP code. For a foreign is	address, see instri	actions.	THE ARMEDIA		-n-m
instructions.	· .					
	VISTA, CA 92083		, , , , a va reade	CAPILACIONA PRODU		
Enter the Ret	urn Code for the return that this application is	for (file a se	parate application for each return)			····· 01
Application		Return	Application			Return
is For	- 101 F. A. J. J. J. J. J. J. J. J. J. J. J. J. J.	Code	ls For			Code
Form 990 or i	Form 990-EZ	01	Form 990-T (corporation)		1111111	07
Form 990-BL		02	Form 1041-A			08
Form 4720 (ir	ndividual)	03	Form 4720 (other than individual)			09
form 990-Pf	THE STANDOG GROUND CONTRACTOR OF THE STANDOG	D4	Form 5227			10
Form 990-Ť (s	section 401(a) or 408(a) trust)	05	Form 6069			71
Form 990-1 (t	trust other than above)	06	Form 8870			12
 If the orga If this is for check this 	No. (760) 941-6545 enization does not have an office or place of bor a Group Return, enter the organization's for box	ur digit Group	United States, check this box Exemption Number (GEN)	this is	for the w	hole group, 🔭
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BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

12/31/19

2019 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT 09-119

SOLUTIONS FOR CHANGE, INC.

33-0902617

NO	DESCRIPTION HEDULE ONLY	DATE <u>ACOURED</u>	DATE SOLD	COST/ BASIS	BUS.	CUR 179/ SDA ,	PRIOR 179/ SDA/ DEPR	_METHÓD_	LLEE .	CURRENT DEPR.
***************************************	Al Astronomical Andreas is to should VIII. 1977 WWWWWWWWW									
AUTO /	TRANSPORT EQUIPMENT									
3 VEH	CLES	VARIOUS		128,694			93,569	S/L	5 -	7,263
	AL AUTO / TRANSPORT EQUI IRE AND FIXTURES			128,694		0	93,569			7,263
5 FURN	NITURE & EQUIPMENT	VARIOUS		54,405		MATURE TARREST AND THE SECOND	54,405	\$/L	7	O
TOTA	AL FURNITURE AND FIXTURE			54,405		0	54,405			0
S BAILT	DING & IMPROVEMENTS	VARIOUS		7,943,269			1,732,454	\$/L	27.5	332,953
TOTA	AL IMPROVEMENTS			7,943,269		0	1,732,454			332,953
LAND										
1 LAND)	VARIOUS		4,185,895			B		_	0
	L LAND TRY AND EQUIPMENT			4,185,895		0	0			0
4 MACH	IINERY & EQUIPMENT	VARIOUS		259,868			180,438	\$/L	7_	33,059
TOTA	L MACHINERY AND EQUIPME			259,868		0	180,438			33,059
TOTA	L DEPRECIATION			12,572,131	•	0	2,060,866		=	373,275
GRANI	D TOTAL DEPRECIATION			12,572,131	=	0	2,060,866		-	373,275

12/31/19

2019 CALIFORNIA BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT 09-119

SOLUTIONS FOR CHANGE, INC.

33-0902617

NO. DESCRIPTION.	DATE ACQUIRED	DATE SOLO	COST/ BASIS	BUS.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	_METHOD_	LIFE _	CURRENT OF PR
DEPR. SCHEDULE ONLY									
AUTO / TRANSPORT EQUIPMENT									
3 VEHICLES	VARIOUS		128,694			93,569	\$/L	5	7,26
TOTAL AUTO / TRANSPORT EQUI FURNITURE AND FIXTURES			128,694		0	93,559			7,26.
5 FURNITURE & EQUIPMENT	VARIOUS		54,405			54,405	S/L	7	I
TOTAL FURNITURE AND FIXTURE			54,405		0	54,405			(
2 BUILDING & IMPROVEMENTS	VARIOUS		7,943,269			1,732,454	S/L	27.5	332,95
TOTAL IMPROVEMENTS			7,943,269		0	1,732,454			332,95
1 LAND	VARIOUS		4,185,895						1
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4 MACHINERY & EQUIPMENT	VARIOUS		259,868			180,438	\$/[7	33,059
TOTAL MACHINERY AND EQUIPME			259,868		0	180,438		_	33,059
TOTAL DEPRECIATION			12,572,131	:	0	2,060,866		21.2	373,27
GRAND TOTAL DEPRECIATION			12,572,131		0 2020	2,060,866			373,275

12/31/19	20.	19 CA	LIFOR	MA	B00	K DEF	PRECL	ATIO	100	2019 CALIFORNIA BOOK DEPRECIATION SCHEDIII E				
CLIENT 09-119				SOL	UTION	SFORC	SOLUTIONS FOR CHANGE, INC.	<u>ڇ</u>						7 MAE
	DATE	DATE	CDST/	Y N	55 55 55 55 55 55 55 55 55 55 55 55 55	SPECIAL	PRIOR 1797	PRICR	SALVAG					07020-55
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AUTO / TRANSPORT EQUIPMENT														
3 VEHICLES	YAROUS	1	128,694	}						463,851	88.83	3/F	. .	7,763
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5 FURNIURE & EQUIPMENT	YARIOUS	ı	58,405	!						54,405	54,405	3/1	~	O
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1 EAND	YARIOUS	ĭ	4,185,895	1						4,185,895				0
TOTAL LAND MACHINERY AND EQUIPMENT			4,185,895		0	Ċ	æ	0	وت	4,185,395	9			CD
4 MACHINERY & EQUIPMENT	VARIGUS		329,853							259,868	180,433	S/L	7	33,659
TOTAL MACHINERY AND EQUIPINE			259,858		–	Ģ	0	ů	O	239,868	180,438			33,059
TOTAL DEPRECIATION		1 11	12,572,131				0	0	0	12,572,131	2,040,856			371,275

12/31/19	2019 CALIFORNIA BOOK DEPRECIATION SCHEDULE	PAGE 2
CLIENT 09-119	SOLUTIONS FOR CHANGE, INC.	33-0902617
NO DESCRIPTION	PRIOR DATE DATE COST/ 8US. 179 DEPR. BONUS/ DEC. BAL /BASIS DEPR. PRIOR ACQUIRED SIND. BASIS. PCT. BONUS. ALLOW. SP. DEPR. DEPR. REDUCT. BASIS.	CURRENT NETHOD LIFE RATE DEPR
GRAND TOTAL DEPRECIATION	32,572,131 0 0 0 0 0 0 <u>12,572,131</u> 2,060,866	373.275