Form	99	0	Returi	n of Organization Ex	empt From Ir	ncome Tax		OMB No 1545-0047				
(Ca)				), 527, or 4947(a)(1) of the inter			(anoitebn	2019				
	Januan			), 327, or 4947(a)(1) or the inter- iter social security numbers on			. ^	Open to Public				
		he Treasury		rww.irs.gov/Form990 for instru			101/1	Inspection				
-		e Service 2019 calendar	year, or tax year begin			and ending	<del>\</del>	20				
	******	pplicable	· p	feChangers Outreach			D Employer	Identification number				
	ddress c	•	Doing business as				1	6-1158317				
_	Name change Number and street (or P 0_box if mail is not delivered to street address) Room/sulte E Telephone number											
一	nitial retu	_	202 Sugar Roll		,		1	865) 403-0519				
<del></del> -		m/lerminaled	***************************************	vince, country, and ZIP or foreign postal of	ade	<del></del>	G Gross rec					
<b>≓</b> '	mended		Pigeon Forge,				. \$	10,273,753				
	pplicatio	n pending		incipal officer Mark Gallo		H(a) Is this	a Guanb Legally (or en	bordingles? Yes X No				
			Same as C abov	<b>6</b>	161-2-161	}	il subordinates in					
1 1	ax-exom	pristatus. 🗶 50	01(e)(3) 501(e) (	) 4947(e)(1) or	527	) 11 "No	," attach a list, (s	ee Instructions)				
_ C	Vebsite:	► N/A	7 1		(	H(a) Gro	is exemption nur	nber 🕨				
K F	orm of d	rganization: 🕱 C	orporation Trust Ass	ociation	L Year of format	ion 2012 M	State of legal de	omicile TN				
Pe	A I	Summary										
)	1	Bnefly describe	the organization's missi	on or most significant activities.	We are a 12	month resid	ential C	hristian				
_ <u>e</u>		ministry f	or men and wome	an ages 18 and up who	have problems	in the are	a of dru	gs and alcohol				
au		addictions	, or any type o	of life controlling i	ssue. We seek	to help men	and wom	en overcome life				
Activities & Governance		controlling	ng addictions.				<del>,</del>	<del></del>				
۾ ڏر	2		_	discontinued its operations or di	sposed of more than :	25% of its net asse	f i					
**	3		-	ming body (Part VI, line 1a)	• • • • • • • • •		1 3	4				
es	4		•	s of the governing body (Part VI,	•		• 4	4				
Σ	5			ı calendar year 2019 (Part V, line	(2a) · · · · · ·		- 5	297				
Ç	6		f volunteers (estimate if	• • • • • • • • • • • • • • • • • • •			- 6					
	7a	Total unrelated	business revenue from	Part VIII, column (C), line 12	ENCO		7a	0				
	<u>b</u>	Net unrelated b	usiness taxable income	from Form 990-T line 39 CEC	EIVED		<del></del>	0				
				4	ျွ	Pnor Yea		Current Year				
43	8		nd grants (Part VIII, line	· (C){ ''UV A	2.3 2020 .   O	8,16	6,507	10,194,479				
2Revenue	40	•	e revenue (Part VIII, line	(2g)	8	`	0.056	70 274				
<u>₹</u>	10	Other muchus	ome (Part VIII, column (/	nes 5, 6d, 8c, 9c 10c, and Ge)	EN LIT	` <u></u>	300	79,274				
25	11 12	Total revenue	(Fart VIII, COlumni (A), III add lines & through 11 i	must equal Part VIII, column (A)	line 12)	9 21	6,763	10,273,753				
4	13			X, column (A), lines 1-3)	inc inc		0,703	10,213,733				
_	14		or for members (Part I)					0				
$\Box$	1		•	e benefits (Part IX, column (A), li	nes 5-10)	3.27	3,373	4,524,432				
	16a			column (A), line 11e)				0				
۲ã	Ь		g expenses (Part IX, co	• • •	2,406,586	જો કો કરાં <i>લ</i> હૈં <b>લ</b>	Sept. 183	White Cartain Street				
器	17		-			-	3,815	5,310,217				
Ž	18			equal Part IX, column (A), line 2	5)		7,188	9,834,649				
8	19		•	18 from line 12		. 95	9,575	439,104				
<b>W</b>						. Beginning of Cu	ment Year .	End of Year				
Net Assets & SCANEXPERSES	20	Total assets (P	art X, line 16) · · · ·			2,49	5,878	2,673,457				
	21		(Part X, line 26) · · ·			59	0,285	328,760				
				line 21 from line 20		1,90	5,593	2,344,697				
Pa		Signature	<del></del>			4.4.4						
				um, including accompanying schedules an ficer) is based on all information of which (			belief, it is					
*******	1					*************		11.7711				
۵i	_	Mark 6						/ Miles				
Sigi	- 4	Signature o	f officer				Date	10/15/20				
Her	e		Gallo, President			-		1111				
,			nt name and title	<del></del>		·····						
<b>.</b>	.d	Print/Type prepa		Preparer's signature	Oste	Chac	* 🔲 1 PT	1 1				
Paid			R Hughes CPA	Stephen R Hughes CPA	11-10-20		emptoyed	200934810				
•	parer			Gosnell, CPA's		Firm's EIN	<b>&gt;</b>	<u> </u>				
Use	Only	Firm a address		ærs Street		Phane no						
		1	A STATE OF THE PERSON NAMED IN COLUMN 2	e TN 37917			865-68					
				own above? (see instructions)	* * * * * * * * * *			X Yes No				
Forf	'aperw	ork Reduction	Act Notice, see the se	parate instructions.				Form 998 (2019)				

EEA

Forn	n 990 (2019) LifeChangers Outreach 46-11:	5831	7	Page 2
	Int III Statement of Program Service Accomplishments			
·	Check if Schedule O contains a response or note to any line in this Part III	• • •	• • •	·· <u> </u>
1	Briefly describe the organization's mission;			
	We are a 12 month residential Christian ministry for men and women ages 18 and up			
	problems in the area of drugs and alcohol addictions, or any type of life controll.	rna	issu	e. We
	seek to help men and women overcome life controlling addictions.	+		
2	Did the organization undertake any significant program services during the year which were not listed on the	+		
_	prior Form 990 or 990-EZ?	Yes	₩ N	lo
	If "Yes," describe these new services on Schedule O.		- LA.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program			
	services?	Yes	X N	io
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by			
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,			
	the total expenses, and revenue, if any, for each program service reported.			
4a	(Code: ) (Expenses \$ 6,294,684 including grants of \$ ) (Revenue \$			1
40	The expenses are incurred to provide a 12 month residential Christian ministry for	men	and	, / , /
	ages 18 and up who have problems in the area of drug and alcohol addictions, or an			
	controlling issues.	-		
			<del></del>	
			····	
		<del></del>	,444.477.44A	<del></del>
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	+		<del></del> -
	The state of the s	1		<b> ′</b>
		1		
			·	
		-		<del></del>
		++-		····
		<del></del>		
		-	<del></del>	<del></del>
		+	<del></del>	
4c	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$	1	<del></del>	)
				<b></b> '
			···	
	<u>Company of the second of the </u>			
		<del>  -</del>		···-
				<del></del>
		+	·	
		+-	<del></del>	****
		+	<u> </u>	
4d	Other program services (Describe on Schedule O.)	+-		
74	(Expenses \$ including grants of \$			
49	Total program service expenses   .6,294,684	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
FEA		F	om 99	(2019)

Pa	Int.IV. Checklist of Required Schedules			
`		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	x	
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	1	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-	<del>                                     </del>	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	x
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		<u> </u>	<del> </del>
	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	11	}	1
	"Yes," complete Schedule D, Part I	6	1	х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			İ
	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	·	T	
	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	Ì	х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			† <del></del>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	1	x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	le se	73.07	6.0
	VII, VIII, IX, or X as applicable.	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	, 21		[""
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	115		x
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		T	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	İ	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Π
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	116		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Г
	Schedule D, Parts XI and XII	12a	x	1
þ	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 · · · · · · · · · · · · · · · · · · ·	126		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		Ì	1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	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	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			]
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 12 /f "Yes." complete Schedule I. Parts I and II	21	1	

Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Form 990 (2019)

(F. 41	Statements Regarding Other IRS Fillings and Tax Compliance (continued)	<u>.                                    </u>		
٠.			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		. ; ;	, -
	Statements, filed for the calendar year ending with or within the year covered by this return	· ~	_ (	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	. 2b	X	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	` '	
b		3a 3b		, X
4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	40		
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • • • • • • • • • • • • • • • • • •	4a		X
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			, , ,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1. 1		277
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	$\sum_{i=1}^{n} \frac{\partial^{2} f_{i}}{\partial x^{i}}$		
	and services provided to the payor?	7a		ж
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·			, ,,
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <b>f</b>		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? • • • •	7g		Х
h	if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		: 3	1.5
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		,	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter		7	
	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	`		. ; .
11	Section 501(c)(12) organizations. Enter:	ند		' '
a	Gross income from members or shareholders			
Þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		, ,	, i
12a	against amounts due or received from them.)	12a	, -	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			<del> </del>
	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 1	1.	ķ. *
	Is the organization licensed to issue qualified health plans in more than one state?	13a		ł
	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	'	Ì	
	the organization is licensed to issue qualified health plans	' '	'	
	Enter the amount of reserves on hand	,		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "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		ж
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
FFΔ		Form	990 (	20191

Pa	UEVI 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 in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI		,	· 🔀
Sec	ction A. Governing Body and Management	1		
		Ì	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		6.0	
	If there are material differences in voting rights among members of the governing body, or	1.35	7.7	1
	if the governing body delegated broad authority to an executive committee or similar	1, 3	1 6	
	committee, explain on Schedule O	1	r . [	13.
ь		,		, 1
	Enter the number of voting members included in line 1a, above, who are independent	1		733T
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		, ,	177.7
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			Ī
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	x	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			}
	one or more members of the governing body?	7a	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?	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	र कर	0.1	
•		1	34	
_	the year by the following.	5, 82	3 33	P: 3
a	The governing body?	88	X	<b></b>
b	Each committee with authority to act on behalf of the governing body?	8b	X	ļ
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		_ <u>x</u> _
28C	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	ļ.,,		
		1	Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12 % 1.	,, ,
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	'
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • •	12b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	x	ļ
3	Did the organization have a written whistleblower policy?	13		
		<b>!</b>	Х.	<del> </del>
14	Did the organization have a written document retention and destruction policy?	14	X	
5	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?		۸٠	-
a	The organization's CEO, Executive Director, or top management official	15a	X	
ь	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		``\\	
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		., '	
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	. '		
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			<del></del>
7	List the states with which a copy of this Form 990 is required to be filed Tennessee		·	
8	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 W Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Mark Gallo (865) 403-0519, 202 Sugar Hollow Road, Pigeon Forge, TN 37863			
EA		Form	990 (2	2019)

Form 990 (201	9) LifeChangers Outr	each								46-11583	17 Page 7
Part VII.	Compensation of Officers, Dire	ectors, Tr	uste	es,	Ke	y Ei	mpio	yee	s, Highest Co	ompensated Em	iployees, and
•	Independent Contractors										
	Check if Schedule O contains a response			_		_				* • • • • • • • • • • • • • • • • • • •	<u> </u>
Section A.	Officers, Directors, Trustees, Key Emplo										
	this table for all persons required to be listed	I. Report com	pensa	ition	for t	he c	alenda	ır ye	ar ending with or w	othin the	1
organization's	tax year.										
<ul> <li>List all o</li> </ul>	if the organization's current officers, director	rs, trustees (\	whethe	er inc	livid	uals	or org	anız	ations), regardless	of amount of	
compensation	, Enter -0- in columns (D), (E), and (F) if no	compensation	n was	paid							
<ul> <li>List all o</li> </ul>	of the organization's current key employees,	if any. See if	nstruct	ions	for o	defin	iition o	f "ke	y employee."		
<ul> <li>List the</li> </ul>	organization's five current highest compens	ated employ	ees (o	ther	than	an	officer,	, dire	ector, trustee, or ke	y employee)	
who received i	reportable compensation (Box 5 of Form W-	2 and/or Box	7 of F	orm	109	9-M	ISC) o	f mo	re than \$100,000 f	rom the	
organization a	nd any related organizations.										
<ul><li>List all o</li></ul>	f the organization's <b>former</b> officers, key emp	ployees, and	highe	at co	mpe	nsai	ted em	ptoy	ees who received	more than	}
\$100,000 of re	portable compensation from the organizatio	n and any rel	ated d	rgan	ızatı	ions.					
<ul> <li>List all o</li> </ul>	f the organization's former directors or tru	stees that re	ceived	l, ın t	he c	apa	city as	a fo	rmer director or tru	ustee of the	
organization, n	nore than \$10,000 of reportable compensati	on from the o	rganiz	atio	n and	d an	y relat	ed o	rganizations.		
See instruction	ns for the order in which to list the persons a	bove									
	box if neither the organization nor any relat		on cor	nper	rsate	ed a	ny curi	rent :	officer, director, or	trustee.	
						(C)					
	440	100	}			silion			(7)	(E)	(F)
	(A)	(8)	h *				han one		(D) Reportable	Reportable	Estimated amount
	Name and title	Average		•			s boih a r/trustee		compensation	compensation	of other
		per week	L						from the	from related organizations	compensation from the
		(list any	옥쿩	3	Q	8	岛差	75	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
		hours for related	Individual or director	L L	Officer	9	Volg	Former			related organizations
		organizations	Individual trustée or director	Institutional trustee		Key employee	# g			1 1	
		below	visle:	12 ST		8	T Tpen				
		dolted line)	•	8	,		Highest compensated employee		,		
							"				
<del></del>						ļ				ļ	
(1) Mark Ga	1110	40.00								1.	
President	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ļ	X		X	<b> </b>			94,600	<u> </u>	0
(2) Juane 11	L Gallo	4.00	i .								
Secretary			X	_	X	<b>-</b>		-	0	0	0
(3) Tim Ros		4.00					1	1			
Board Mem	W		X	<del> </del>		-		-	0_	<u> </u>	0.
	Roach	2.00	l.	1					-		
Board Mem	· · · · · · · · · · · · · · · · · · ·	4 00	X	<u> </u>		├	<del> </del>	<del> </del>	· O	0	
(5) Adam Sn Treasurer		4.00	x		x	1	į	ł	0		0
	/ Johnson	4.00	· · · · · · · · · · · · · · · · · · ·	-	<u> </u>	┪	<b> </b>	-			· · · · · · · · · · · · · · · · · · ·
	Board Member		x	-	_	1			0	0	0
(7) Vanessa		2.00	<del>                                     </del>	<del>                                     </del>		1			<u> </u>		
Board Memi			x	Ì					0	oll	0
	Irotter	4.00	<del> </del>	<u> </u>		1					
Board Mem			ж	1		l	1		.0	0	0
(9)			1								<del></del>
	سندا شد الحمد عرب مولاً عمد عدم محمد محمد پروس وست وقد عمد وقد عمد وجه الحمد عمد وجه الحمد عمد		1				1	Ì		1	
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(12)											
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										. 11	

(14)

46-1158317

Part VII. Section A. Officers, Directors, Trustees	, Key Empl	oyees,	and	1 His	ihes	t Con	per	reated Employees	(continueà	)			
				(	(C)						1		
(A)	(B)				sition			(0)	(E)	(E)			
Name and title	Average	(do not check more than one box, unless person is both ar officer and a director/trustee)						Reportable	Reportal	Fetu	(F) nated am	ount	
Wester and the	hours							compensation	compensa	- 1		of other	
	per week	dines and a one-tunitasise						from the	from rela			mpensati	ion
	(list any	9 =	=	0	7	ΩĮ	-	organization (W-2/1099-MISC)	organizat (W-2/1099-N		1	inom ihe Inization	204
	hours for	Indiwdual trustee or director	nstitutional trustee	Officer	key employee	argin a	Former	(**-21035-11100)	100-20103341			d organi	
	related organizations		900	[ ]	n pic	yee c	۱ ٩	1		- [			
	below	1	3		yee	ğ				1			
	dolled line)	8	Stee		•	Highest compensated employee	Ì			1			
						8	ŀ						
(15)		<del> </del>					-		************		Ì		
				-				1		1	1		
(16)	<del>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>					-			<del></del>		1	····	
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(18)													
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(19)								- 1,			1		
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(20)													
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(21)											1		
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(22)										- 1			
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(23)								•		- (			
	**********											<del>,</del>	~
(24)													
						ļ	<u></u> :						
(25)		1					] '		ļ	- 1			
					<u> </u>	<u> </u>	<u> </u>				ļ		
1b Subtotal		• • •	• •	• •	• •		٠ •					·,,-	
c Total from continuation sheets to Part VII, Sect		• • •	• •	• •	• •	• • •						<del></del>	
d Total (add lines 1b and 1c)								94,600	<u> </u>	ō l			0
2 Total number of Individuals (including but not limite		sted al	bove	e) wr	o re	ceive	mo	ore than \$100,000 c	ıf				
reportable compensation from the organization	<u> </u>				J			· <del></del>		····		<del></del>	r
												Yes	No
3 Did the organization list any former officer, directo	•	•	•	e, o	r hig	hest c	omp	ensated			1	1	
employee on line 1a? If "Yes," complete Schedule				•	• •	• • •	• •		* * * ** *	• • • •	3	<del> </del>	X
4 For any individual listed on line 1a, is the sum of re		•										1 . "	ļΩ.,
organization and related organizations greater that												•	1"
									* * * * * *	• • • •	1.4	+	X.
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes,"	•		-			•					5	1	
Section B. Independent Contractors	complete 3	crieda	10 0 1	10/ 8	ucn	peraci					<b></b>	J	X
Complete this table for your five highest compensation.	ted indepen	dent c	ontra	acto	re th	at ren	311/6/	d more than \$100.0	non of				******
compensation from the organization. Report comp										V VORE			
(A)	O1100HO17 101		10110	<u></u>		J. 101129	<u> </u>	(8)	772011011011	A Juni	(C	<del></del>	~
Name and business addres	•							Description of servi	as.		Comper		
Traine and cooliess audits	<u> </u>				<del></del>	<del></del>	<u> </u>	2001.75001.01.00141					
	<del></del>						1					*	**********
	<u> </u>			·			1				<del></del>	*****	
	· <del>············</del>			******	******	<del></del>	1		······································				
	<del></del>							***************************************		i			<del></del>
2 Total number of independent contractors (including	but not limi	ted to	thos	e lis	ted :	above'	wh	0		- +		-	ennerites :
received more than \$100,000 of compensation from	=			> <b>.</b>				-		1			
EEA	<del>4. No</del> 111					·			لىى		Form	990 (2	0191

		Check if Schedule O contains a response	nse or no	ote to any.line in thi	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a	a .				
ह्य छ	Ь		1b			Patron Control		traffed the contract of
Gra oun	C		10	10,162,341				
A E	d		1d	1				
ā	e	Government grants (contributions)	1e	32,138	WALL TO SE			17. 17. 17. 17. 17. 17. 17. 17. 17. 17.
Sign	f					<b>第二四十二</b>		
語を		and similar amounts riot included above Noncash contributions included in	16	11174				
Cortritutions, Gifts, Grants and Other Similar Amounts	9	lines 1a- If	1g	s .				
ઉ જે	h	Total. Add lines 1a-1f	***************************************	<del> </del>	10,194,479			
<del></del>	<del>                                     </del>	Toom you mad to		Business'Cude	2000 1010			
<b>6</b> 0	2a							
Program Service Revenue	Ь							
Sel	C				- 1			
e e e	∱ d							
<u> </u>	9							
ď	f	All other program service revenue • • •	• • • •					
	9	Total. Add lines 2a-2f	<u></u>	· · · · · · ·	ļ			
	3	Investment income (including dividends,					•	
	١.	other similar amounts)			708	708		ļ ,
	4	Income from investment of tax-exempt be	•	*	·			
1	5	Royalties		1 1	THE PROPERTY OF THE PARTY OF TH	MAISTER VIDE		The Total Control of the Control
	6a	Gross rents 6a	leal .	(iii) Personal				
	{ ·	· • • • • • • • • • • • • • • • • • • •						
	1	Rental income or (loss) 6c "	······································					
	1	Net rental income or (loss)	* * * *	· · · · ·	1			
	78	Gross amount from (i) Bec	untiga	(it) Other	A STATE OF THE PARTY OF THE PAR	THE PROPERTY OF		
•	'-	sales of assets						
-	Ь	other than inventory Less: cost or other basis	**************************************	78,566				
Reveaus	ĺ	and sales expenses . 7b						
eve	•	Gain or (loss) 7c	· · · · · · · · · · · · · · · · · · ·	78,566	<b>高级的特别的</b>	arreside partien	ALLEY METERS OF THE PARTY.	<b>阿斯尼州里</b> 一种工作的
<b>62</b>	1		`	· · · · · · · · · · · · · · · · · · ·	78,566	78,566	Tura di balan-1911 za	NO. 32 Texas & Res 3.
C ta	83	Gross income from luftdraising					A PARTY DELAKT	
0		events (not including \$ 10,162; 34 of contributions reported on line	<del>-</del>					William Street
		1c), See Part IV, line 18	. Ra					
4	ь	Less direct expenses						(in the state of t
	1	Net income or (loss) from fundraising eve	<del>محدثیث</del>	.,,	7.6 1 - <b>5.0</b> (a) <u>2.84(1) 3.0 (6.0)</u>			2.5335 2.75 124 50 57 4
		Gross income from gaming				TOTAL STREET	<b>ENDRESSE</b>	
	. `	activities, See Part IV, line 19 - · · · ·	9a	the second second				
,	ē	Less direct expenses	ببب			世史之中的社	A STATE OF THE STA	THE THE PARTY OF T
	C	Net income or (loss) from gaming activities	es 🗀					
	10n	Gross sales of inventory, less	.	, ,	<b>自然是是一个一个</b>	<b>"</b> "		的特殊的
·	1	returns and allowances · · · · · · ·	10a		<b>一种</b>	1880年的1886年		
;	,	Less cost of goods sold · · · · · ·	-	<del></del>	· · · · · · · · · · · · · · · · · · ·	できた。	<b>这是"太阳"成了为"是</b>	r Alexander
<del></del>	- c	Net income or (loss), from sales of invent	oth	· · · · · · · · · · · · · · · · · · ·	26 3 2 TE 95 TE	1 1 6x 25 25-554	G.S. (# 2 1.53)	-in state
w	44-			Business Code	(1977年) 1876年 (1976年) 1877年 (1976年) 1877年)			Part of the second
ue a	11a	**************************************				<del> </del>	<del> </del>	<del>-</del>
e iii			<del></del>	<del></del>	<del> </del>	<del> </del>		,
Miscellanous Revenue	4	All other revenue			<b>_</b>	<del>                                     </del>		<del></del>
Ē		Total. Add lines 11a-11d			<del>                                     </del>		53° 5 77 ° 5	
		Total revenue. See instructions	· · · · ·	,	10,273,753	<del></del>	n	0
EA	<u>-</u>	,			,, -, , , , , ,			Form <b>990</b> (2019)

from a combined educational campaign and fundraising solicitation. Check here > | if

following SOP 98-2 (ASC 958-720)

	TX.	Balance Sheet						
٠,		Check if Schedule O contains a response or note to any	line in	this Part X		4, 4 4		
					(A)			(B)
					Beginning of year			End of year
	1	Cash - non-interest-bearing			634,074	1		731,287.
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net		3	,			
	4	Accounts receivable, net				4	,	
	5	Loans and other receivables from any current or former	officer	, director,				
	İ	trustee, key employee, creator or founder, substantial co	ntnbul	or, or 35%	THE WALL OF			
		controlled entity or family member of any of these person	าร			5		
	6.	Loans and other receivables from other disqualified pers		•				
		under section 4958(f)(1)), and persons described in sect	ion 49	58(c)(3)(B)		6		
R	7	Notes and loans receivable, net	• • •			7		
Assets	8	Inventories for sale or use		8				
ž	9	Prepaid expenses and deferred charges			Marie Company of the last the second	9	) 1000000000000000000000000000000000000	 
	10a	Land, buildings, and equipment cost or other				<b>100</b>		
		basis Complete Part VI of Schedule D	<b></b>		A AND A MINISTER AND AND AND AND AND AND AND AND AND AND			
	ь	Less accumulated depreciation	<u></u>		1,861,804	10c	<u></u>	1,942,170
	11	Investments - publicly traded securities				11		
	12	* *************************************			LETE I TO THE RESERVE AND ADDRESS OF THE PARTY OF THE PAR	12		
	13	Investments - program-related, See Part IV, line 11				13		
	14	Intangible assets			<del></del>	14		
	15	Other assets, See Part IV, line 11				15		
	16	Total assets. Add lines 1 through 15 (must equal line 33			2,495,878	16		2,673,457
	17	Accounts payable and accrued expenses			302,893	17		285,638
	18 19	Grants payable				18		
	20				· · · · · · · · · · · · · · · · · · ·	19	<u> </u>	
	21	Tax-exempt bond liabilities				21	<del>                                     </del>	
ø	22	Loans and other payables to any current or former office			22.22.23.23.23.23.23.23.23.23.23.23.23.2	1900	20150	
Liabilities	~~	trustee, key employee, creator or founder, substantial co				7		
e j		controlled entity or family member of any of these person			AND SHADON AND SHADON SAN	22	354.24	·····································
Ë	23	Secured mortgages and notes payable to unrelated third		s	287,392	<del></del>		43,122
	24	Unsecured notes and loans payable to unrelated third pa				24	<u> </u>	
	25	Other liabilities (including federal income tax, payables to		ed third		<u> </u>		<del></del>
		parties, and other liabilities not included on lines 17-24).			1			
		of Schedule D	_		1	25	1 1	
	26	Total flabilities. Add lines 17 through 25			590,285	26		328,760
		Organizations that follow FASB ASC 958, check here	; þ	×		Half.		
ces		and complete lines 27, 28, 32, and 33.					NAME 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 T	
lan	27	Net assets without donor restrictions			1,905,593	27		2,344,697
Ba	28	Net assets with donor restrictions				28		
פ		Organizations that do not follow FASB ASC 958; che	ck he	re ▶ 🗍	<b>"在对学术的关系是是</b>	100	·登山	
<u></u>		and complete lines 29 through 33.			<b>多数是想到了多数的</b>		學對	
ō	29	Capital stock or trust principal, or current funds			1.4.	29		
set	30	Paid-in or capital surplus, or land, building, or equipment				30		
As	31	Retained earnings, endowment, accumulated income, or				31	<u> </u>	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,905,593	32	-	2,344,697
لمجسي	33	Total liabilities and net assets/fund balances	• • •		2,495,878	33	1	2,673,457
EΛ							1	Enrm 990 (2019)

•					
	1990 (2019) LifeChangers Outreach	46-1158317	<u> </u>	Pag	ge 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<del></del>		Ш
7	Total revenue (must equal Part VIII, column (A), line 12)			73,7	
2	Total expenses (must equal Part IX, column (A), ilne 25)	. 2	9,8	34,6	49
3	Revenue less expenses. Subtract line 2 from line 1	. 3	4	139,1	04
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	1.9	05,5	93
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				,,
	32, column (台))	- 10 l	2,3	344,€	597
Pa	rt XIII Financial Statements and Reporting		1		
	Check if Schedule O contains a response or note to any line in this Part XII	* * * * * * * *			$\prod_{\cdot}$
1 2a	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 📗 Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	No
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		2b	X	有ではは
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis	en anglandig			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				د اندون د اندون
3a	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?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ſ			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		لە
EEA			Form :	990 (2	019)

## 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.

2019

Open to Public

OMB No 1545-0047

Department of the Tressury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number											
LiÊ	aCh	angers Outreach					46-115831	7			
	ŧĮ,		y Status (All or	ganizations must c	omplete	this part.	) See instruction:	<b>3</b> .			
The	orga	nization is not a private foundation beca	ause it is: (For lines	1 through 12, check only	one box )						
1		A church, convention of churches, or	association of churc	ches described in sectio	n 170(b)(1	)(A)(I).					
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	chedule E (Form 990 or	990-EZ),)		10	7			
3		A hospital or a cooperative hospital se	ervice organization (	described in <b>section 17</b> 0	(b)(1)(A)(l	ii).	U	1			
4	Ш	A medical research organization oper	ated in conjunction	with a hospital described	in section	170(b)(1)(	A)(III). Enter the				
		hospital's name, city, and state.									
5	П	An organization operated for the bene	fit of a college or ur	niversity owned or operat	ted by a go	vemmental	unit described in				
		section 170(b)(1)(A)(iv). (Complete i	Part II )								
6		A federal, state, or local government of	or governmental uni	it described in section 1	70(b)(1)(A)	)(v).					
7	X	An organization that normally receives	s a substantial part	of its support from a gove	emmental	unit or from	the general public				
described in section 170(b)(1)(A)(vi). (Complete Part It.)											
8	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )										
9	Ц	An agricultural research organization									
		or university or a non-land-grant collection	ge of agriculture (se	ee instructions). Enter the	name, cit	y, and state	of the college or		1		
	m	university						-	<del></del>		
10	Ш	An organization that normally receives		• •							
		receipts from activities related to its ex	•	•							
		support from gross investment income					m businesses				
44		acquired by the organization after Jun									
11 12	H	An organization organized and operat	-				amended the numbers				
12	Ц	An organization organized and operation of one or more publicly supported organized organized and operations.									
		Check the box in lines 12a through 12						a.	1		
	а	Type I. A supporting organization						Α,			
	•	the supported organization(s) the									
		supporting organization. You mu			<b>,</b> 0, 0, 0						
	b	Type II. A supporting organization			its suppor	ted organiza	ation(s), by having				
	_	control or management of the sup	· ·						}		
		organization(s) You must comp									
	С	Type ill functionally integrated.			ection with	, and function	onally integrated with.				
		its supported organization(s) (see		•							
	đ	Type III non-functionally integra	ated. A supporting	organization opérated in	connection	with its sup	ported organization(s	)			
		that is not functionally integrated	The organization ge	enerally must satisfy a di	stribution r	equirement	and an attentiveness				
		requirement (see instructions). Ye	ou must complete	Part IV, Sections A and	i D, and P	art V.					
	0	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I, T	ype II, Type III				
		functionally integrated, or Type III	non-functionally int	egrated supporting organ	nization.						
	f	Enter the number of supported organi						٠.			
	g	Provide the following information abou	it the supported org	janization(s).	<del></del>		- 10° 10° 10° 10° 10° 10° 10° 10° 10° 10°				
	(1)	Name of supported organization	(ii) EÌN	(iii) Type of organization		rganization	(v) Amount of monetary		(vi) Amount of		
				(described on lines 1-10 above (see instructions))	docum	rent?	support (see instructions)		other support (see Instructions)		
					<del></del>			1	1		
					Yes	No	<del></del>	-	<del> </del>		
(A)						[					
				**************************************		<del> </del>		-	<u> </u>		
(B)					1						
			<u>~</u>		<u> </u>			+			
(C)											
					<u> </u>			Î			
(D) 								Ļ			
(E)					1						
Total			1111 (Tab. 4)	es	1	<del>                                     </del>		+			
1000			1, 2, 5	- 1	1			L	L		

R	intil Support Schedule for Organiz						
	(Complete only if you checked to	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	lease comple	te Part III.)	
	ction A. Public Support						
Ca	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1		1			-		
	membership fees received. (Do not					1	
	include any "unusual grants.") · · · · ·	3,398,587	4.,777,575	5,323,022	8,131,354	10,194,479	31,825,017
2	Tax revenues levied for the						
	organization's benefit and either paid					}	
	to or expended on its behalf						
3							
	furnished by a governmental unit to the	ł		1			
_	organization without charge						
4		3,398,587	4,777,575	5,323,022	8,131,354	10,194,479	31,825,017
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly					N 427450	
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)	N. S. S. S. S. S. S. S. S. S. S. S. S. S.					<del></del>
6	Public support. Subtract line 5 from line 4	1925 4 7 12 12 12 1	CANAL SERVICE		6条为"标准"。25.45世	DESCRIPTION OF	31,825,017
	ction B. Total Support				1 (0.0045	1	
	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	3,398,587	4,777,575	5,323,022	8,131,354	10,194,479	31,825,017
8	Gross income from interest, dividends,						
	payments received on securities loans,				}		·
	rents, royalties and income from	}					
•	similar sources			62	, , , , , , , , , , , ,	708	855
9	Net income from unrelated business			·			
	activities, whether or not the business	1				1	
40	is regularly carried on	ļ		<u>,                                      </u>		<del>]</del>	· · · · · · · · · · · · · · · · · · ·
10	Other income Do not include gain or					1	
	loss from the sale of capital assets					]	
4.4	(Explain in Part VI.)	Section Control	ANIMATER CARROLLAR	State College State College	GELVETY SEATH WE'VE	STATE OF THE STATE	200 000
	Gross receipts from related activities, etc. (s					12	31,825,872
	First five years. If the Form 990 is for the o						(c)(3)
13	organization, check this box and stop here	•	-				· · · · · · · · · · · · · · · · · · ·
Sa	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 6,			column (f)\.		14	100.00 %
15	Public support percentage from 2018 Sched	tule A Part II I	line 14			15	100.00 %
	33 1/3% support test - 2019. If the organiza						
, 04	box and stop here. The organization qualifier						
ŀ	33 1/3% support test - 2018. If the organiza						re check
_	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2019						
	10% or more, and if the organization meets	-				1	
	Part VI how the organization meets the "fact						
	organization						
ł	10%-facts-and-circumstances test - 2018						
•	15 is 10% or more, and if the organization m						
	Explain in Part VI how the organization mee	te the "facte_ar	rd-circumetano	es" test. The	organization di	ualifies as a nul	blicty
	supported organization						
18	Private foundation. If the organization did						
	instructions	•		•		1	

	dule A (Form 990 or 990-EZ) 2019 LifeChang	ers: Outrea	ch.			46-11583	17 Page 3
, e.,	irt III Support Schedule for Organi						
	(Complete only if you checked	the box on li	ne 10 of Part	I or if the org	anization faile	ed to qualify u	inder Part II.
~	If the organization fails to quality	fy under the t	ests listed be	low, please	complete Par	t II.)	
_	ction A. Public Support			<del></del>	<del></del>		
Ca	lendar 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		<b>{</b>		1		
	received. (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				1	<b>/</b>	·
	furnished in any activity that is related to the	1	1		/	1	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			]			
	unrelated trade or business under section 513 •			<b>_</b>			
4	Tax revenues levied for the	1		}		'	
	organization's benefit and either paid to	1	1		Y		
	or expended on its behalf					<u> </u>	
5	The value of services or facilities		<b>}</b>		1		
	furnished by a governmental unit to the	l			İ		ļ
	organization without charge		<b></b>	1/		<b>_</b>	
	Total. Add lines 1 through 5				<u> </u>		***
7a	Amounts included on lines 1, 2, and 3	1	1				
	received from disqualified persons			1			***************************************
þ	Amounts included on lines 2 and 3						
	received from other than disqualified			Į.	]	-	
	persons that exceed the greater of \$5,000			1	1		]
	or 1% of the amount on line 13 for the year			<u> </u>		4	· · · · · · · · · · · · · · · · · · ·
C	Add lines 7a and 7b						١
8	Public support. (Subtract line 7c from		100000	WAS SEED			
	line (6.)	A PARTY N		1000年至	<b>北京</b> 安元在6		
Se	ction B. Total Support		, ,				
Cal		1-1-204C	1 41 1 0040	1 ( ) 0047	(4) 2010	(4) 2010	In Takal
Cai	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016.	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(a) 20/15	<b>(b)</b> 2016	(c) 2017	(0) 2018	(e) 2019	(r)   otal
9		(a) 20/15	(b) 2016.	(c) 2017	(0) 2016	(e) 2019	(f)   Otal
9	Amounts from line 6	(a) 20/15	<b>(b)</b> 2016	(c) 2017	(0) 2018	(e) 2019	(r) I otal
9 10a	Amounts from line 6	(a) 20/15	<b>(b)</b> 2016	(6) 2017	(a) 2016	(e) 2019	(t) Total
9 10a	Amounts from line 6	(a) 20/15	(b) 2016.	(c) 2017	(0) 2016	(e) 2019	(T)   Otal
9 10a	Amounts from line 6	(a) 20/15	(b) 2016.	(c) 2017	(0) 2018	(e) 2019	(T)   Otal
9 10a	Amounts from line 6	(a) 20/15	(b) 2016.	(c) 2017	(0) 2018	(e) 2019	(T)   Otal
9 10a b	Amounts from line 6	(a) 20/15	(b) 2016	(c) 2017	(0) 2018	(e) 2019	(t) Total
9 10a b	Amounts from line 6	(a) 20/15	(b) 2016.	(c) 2017	(0) 2018	(e) 2019	(f) Total
9 10a b	Amounts from line 6	(a) 20/15	(b) 2016.	(c) 2017	(0) 2018	(e) 2019	(f) Total
9 10a b	Amounts from line 6	(a) 20/15	(b) 2016.	( <b>c</b> ) 2017	(4) 2018	(e) 2019	(T) TOTAL
9 10a b	Amounts from line 6	(a) 20/15	(b) 2016	(c) 2017	(0) 2018	(e) 2019	(T) TOTAL
9 10a b	Amounts from line 6	(a) 20/15	(b) 2016	( <b>c</b> ) 2017	(0) 2018	(e) 2019	(T) TOTAL
9 10a b	Amounts from line 6	(a) 20/15	<b>(b)</b> 2016	( <b>c</b> ) 2017	(4) 2018	(e) 2019	(r) rotal
9 10a b c 11	Amounts from line 6	(a) 20/15	(b) 2016.	( <b>c</b> ) 2017	(4) 2018	(e) 2019	(r) Total
9 10a b c 11	Amounts from line 6 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 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	(a) 20/15	(b) 2016	(c) 2017	(0) 2018	(e) 2019	(I) Total
9 10a b c 11	Amounts from line 6 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 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 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,						
9 10a b c 11 12	Amounts from line 6 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 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 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 for the organization, check this box and stop here	organization's f	irst, second, th	aird, fourth, or	fifth tax year a	s a section 501	(c)(3)
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9 10a b c 11 12 13 14 Set 15	Amounts from line 6 Gross income from interest, dividends, payments received on secunties loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 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 for the organization, check this box and stop here thon C. Computation of Public Suppo	organization's fort. Percentage	irst, second, the	aird, fourth, or	fifth tax year a	s a section 50	(c)(3)
9 10a b c 11 12 13 14 Set 15	Amounts from line 6 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 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 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 for the organization, check this box and stop here	organization's fort. Percentage	irst, second, the	aird, fourth, or	fifth tax year a	s a section 50	(c)(3)
9 10a b c 11 12 13 14 Set 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on secunties loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 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 for the organization, check this box and stop here thon C. Computation of Public Suppo	rganization's for Percentage column (f), dividule A, Part III	irst, second, the	aird, fourth, or	fifth tax year a	s a section 50	(c)(3) ▶ []
9 10a b c 11 12 13 14 Sec Sec	Amounts from line 6 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 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 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 for the organization, check this box and stop here tion C. Computation of Public Support Public support percentage from 2018 Sched	organization's furt Percentage column (f), dividule A, Part III.	irst, second, the second secon	gird, fourth, or	fifth tax year a	s a section 50	(c)(3) ▶ []
9 10a b c 11 12 13 14 Sec 17	Amounts from line 6 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 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 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 for the organization, check this box and stop here atton C. Computation of Public Support Public support percentage for 2019 (line 8, 6) Public support percentage from 2018 Scheet tion D. Computation of Investment in	rganization's fort Percentage column (f), dividule A, Part III. come Percentage 10c, column	irst, second, the decision of the latest second, th	column (f)	fifth tax year a	15 16 17	(c)(3) > []
9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6 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 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 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 for the organization, check this box and stop here tion C. Computation of Public Support Public support percentage from 2019 (line 8, explain B. Computation of Investment In Investment income percentage for 2019 (line 8).	organization's fort Percentage column (f), dividule A, Part III. come Perce e 10c, column schedule A, Pa	irst, second, the decision of	column (f)	fifth tax year a	15 16 17 18	(c)(3) % %
9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on secunties loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 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 for the organization, check this box and stop here thon C. Computation of Public Support Public support percentage from 2018 Scheet in D. Computation of Investment in Investment income percentage from 2018 S 33/1/3% support tests - 2019. If the organication of support tests - 2019. If the organication income percentage from 2018 S	organization's for Percentage column (f), dividue A, Part III.  come Perce e 10c, column ichedule A, Pazation did not	irst, second, the ded by line 13, line 15	line 13, column on line 14, and	fifth tax year a	15 16 17 18 re than 33 1/3%	(c)(3) % % % % 6, and line
9 10a b c 11 12 13 14 Set 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on secunties loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 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 for the organization, check this box and stop here tion C. Computation of Public Support Public support percentage from 2018 Scheetion D. Computation of Investment in Investment income percentage from 2018 S 33 1/3% support tests - 2019. If the organization more than 33 1/3%, check this box	organization's fort. Percentage column (f), dividule A, Part III. come Perce e 10c, column schedule A, Pazation did not cand stop her	irst, second, the ded by line 13, line 15 intage (f), divided by art III, line 17 check the boxe. The organization of the ded to the	line 13, column on line 14, and	fifth tax year a	15 16 17 18 re than 33 1/39 supported organ	(c)(3)  % % % % % 6, and line nization. ▶ []
9 10a b c 11 12 13 14 Set 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on secunties loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 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 for the organization, check this box and stop here thon C. Computation of Public Support Public support percentage from 2018 Scheet in D. Computation of Investment in Investment income percentage from 2018 S 33/1/3% support tests - 2019. If the organication of support tests - 2019. If the organication income percentage from 2018 S	rganization's int. Percentage column (f), dividule A, Part III. come Perce to 10c, column schedule A, Pazation did not cand stop her zation did not	irst, second, the lided by line 15 intage (f), divided by art III, line 17 check the box re. The organiz check a box or check	line 13, column on line 14, and ration qualifies a line 14 or line	fifth tax year a	15 16 17 18 re than 33 1/3% supported organ 16 is more than	(c)(3) % % % % 6, and line nization . ▶ □ n 33 1/3%, and

Schedule A (Form 990 or 990 EZ) 2019 Part IV

Supporting Organizations

(Complete only if you checked a box in tine 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.)

						ing			

- 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.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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		Yes	- No
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	tule A (Form 990 or 990-EZ) 2019 LifeChangers Outreach 46-1158317	<del> </del>	<u> </u>	age 5
-3	rt N Supporting Organizations (continued)	+	Yes	No
<u>1</u> 1	Has the organization accepted a gift or contribution from any of the following persons?	1	70.7	The state of
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1752
_	below, the governing body of a supported organization?	11a	8.44	, ~1 <u>;</u> <sub>4</sub> v . X
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<del></del>
	tion B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	3.57		L.C.
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	7		
	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,	3		35.0
	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	P. 22699	40 J.J.
2	Did the organization operate for the benefit of any supported organization other than the supported	2	J. 18	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		SA	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	4	78	37.1
	supervised, or controlled the supporting organization.	2	. 14. 3	
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	資料	1	1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	4		
	or management of the supporting organization was vested in the same persons that controlled or managed	1000	1	4
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1	150	1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	<b>AL</b>	<b>18</b>	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	是建	7:35	鄉家
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		200	10.00	總接
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1.0	X. 4:
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	l	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1864	£ 14. 15	R. 19. 18
	significant voice in the organization's investment policies and in directing the use of the organization's		2.2	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	1.4	Topic of the
	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 i	nstru	ctions	s)
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(See I		
2	Activities Test. Answer (a) and (b) below.		Yes	. No
а		1	17.77	1 4
	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,	3	, " "	
	how the organization was responsive to those supported organizations, and how the organization determined	100	· · · · ·	
_	that these activities constituted substantially all of its activities.	2a	ļ	
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			v
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	٠.,		
	reasons for the organization's position that its supported organization(s) would have engaged in these		<b>.</b> `	<b> </b> ^
	activities but for the organization's involvement	2b	ļ	
3	Parent of Supported Organizations. Answer (a) and (b) below.	[		
2		1	ļ	ŀ
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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	<u></u>	
	0.1.4.4.8			

Schedule A (Form, 990 or 990-E2) 2019 LifeChangers Outreach		46-11583	317	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	on Nov. 20, 1970 (explain	i in P	art VI). See
instructions. All other Type III non-functionally integrated supporting organi	izatio	ns must complete Sections	s A th	rough E.
Section A - Adjusted Net Income		(A) Prior Year	(B	Current Year
Section A - Adjusted Net Income		(A) FIIOI Teal		(optional) .
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			, .
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4	, , , , , , , , , , , , , , , , , , , ,		
5 Depreciation and depletion	5		1	
6 Portion of operating expenses paid or incurred for production or			1	
collection of gross income or for management, conservation, or	1			
maintenance of property held for production of income (see instructions)	6		<u> </u>	
7 Other expenses (see instructions)	7		<u> </u>	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B	Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):	Section 1			
a Average monthly value of securities	1a			
b Average monthly cash balances	116		1	
c Fair market value of other non-exempt-use assets	1c		,	
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other	<b>李</b>		100 A	AND VALUE
factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2		1.	
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,	1			
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			
8 Minimum Asset Amount (add line 7 to line 6)	8		$\prod$	
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1,	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	ntidate a production of		
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5	A PROPERTY OF THE PARTY OF THE		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1			
emergency temporary reduction (see instructions),	6			<u> </u>
7 Check here if the current year is the organization's first as a non-functionally	y inte	grated Type III supporting	orgai	nization (see

	Jule A (Form 990 or 980-EZ) 2019 LifeChangers Outreach		46-115	8317	Page 7
Pa	rt.V: Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	,	
Se	ction D - Distributions			Cur	rent Year
1	Amounts paid to supported organizations to accomplish exer	not purposes			·
2				· i	<del></del>
	organizations, in excess of income from activity	, , ,			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions		
4	والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع			,	
5	Qualified set-aside amounts (prior IRS approval required)				
6			**************************************		
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the	e organization is respon	sive	f	
	(provide details in Part VI). See instructions.				
	Distributable amount for 2019 from Section C, line 6	**			
10	Line 8 amount divided by line 9 amount				
5	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	1 1	(iii) tributable unt for 2019
1	Distributable amount for 2019 from Section C, line 6		ALL THE CONTRACT OF THE CONTRA	,	.2.8.1.70
2	Underdistributions, if any, for years prior to 2019		;	74.7	
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2019		<b>全国的</b>		(地域扩向过程,绝
a	From 20'14	ELECTIVE FOR THE	MINISTER SERVICE SERVI	和推過數百	<b>建筑工作,</b>
b	From 2015				2.为于1800年2月
C	From 2016	THE REAL PROPERTY.			
d	From 2017	<b>斯德斯斯斯斯特斯</b>			7条水流 200
е	From 2018			得為如	
f	Total of lines 3a through e			金丝玉	
g	Applied to underdistributions of prior years			是 學 的 物	
h	Applied to 2019 distributable amount		<b>可能是否是不是不是</b>	3	
i	Carryover from 2014 not applied (see instructions)			的剧争区	地域的流流
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			THE PARTY	
4.	Distributions for 2019 from				
	Section D, line 7. \$			BEN THE	學者是一個
а	Applied to underdistributions of prior years	<b>的类型的企业</b>		從物質為	<b>非洲歌</b>
	Applied to 2019 distributable amount		<b>2000年100日</b>		
Ç	Remainder. Subtract lines 4a and 4b from 4.	1	A Part Work Indiana	the state of	SAME AND SHAPE
5	Remaining underdistributions for years prior to 2019, if				10.00
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.			HE TO	
6	Remaining underdistributions for 2019. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI See instructions.	DEPOSITE THE			
7	Excess distributions carryover to 2020. Add lines 3j		AFTER STATE	Harry	
	and 4c.				STATE OF STA
	Breakdown of line 7:			作起制的	1888 V 1887
	Excess from 2015		BANKA PARAMETER	145 [14] Bar	
	Excess from 2016	即的最初的自然的主义	MICHAEL STATE	的認識的	位。在自己的人类之
	Excess from 2017	Control of the second of the s	COM ALL CONTRACTOR OF THE SECOND		新学的。例,所有"特"。 A.A.。 25、 4、 500年公司。 第二十
	Excess from 2018	是自身是一种的	N. M. A. A. A. A. A. A. A. A. A. A. A. A. A.	<b>扩</b> 密引,数	医髓 医隐止性
e	Excess from 2019	<b>。這個性的關係可以可以可以</b>	THE PROPERTY OF THE PARTY OF TH	10 CO CO CO CO	A ROMENT OF THE PARTY OF THE PA

Schedule A (Form 990 or 990-EZ) 2019

EEA

# SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

► Attach to Form 990.

▶ Go to www.irs.gow/Form990 for Instructions and the latest information.

OMB No. 1545-0047

2019

Qpen to Public inspection

Name (	f the organization				Emp	loyer ide	ntification nu	mber	
Life	Changers Outreach						158317		
Par		unds or Other Sim	ilar F	unds or A	ccount	s.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV,	line 6	3.					
		_ (a) Donor a	dvised fu	ınds		_ (b	Funds and c	iner accoun	ts
1	Total number at end of year								**************************************
2	Aggregate value of contributions to (during year)			_	1,		•		
3	Aggregate value of grants from (during year)			· · · · · · · · · · · · · · · · · · ·	$\neg$		-	1	
4	Aggregate value at end of year		·	······································	-	· · ·	R4 K144-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	ld in de	onor advised				1	<del></del>
	funds are the organization's property, subject to the organizati					e' y re		Yes	No
6	Old the organization inform all grantees, donors, and donor ad			ds can be us	ed	-		T	
	only for charitable purposes and not for the benefit of the dono								
	conferring impermissible private benefit?							Yes	No
Par	Conservation Easements.	-		·			<del></del>		
-	Complete if the organization answered "Yes" of	on Form 990, Part IV	/. line	7.					
1	Purpose(s) of conservation easements held by the organization		<u></u>			р.,	<del></del>	1	
•	Preservation of land for public use (e.g., recreation or edu		П	Preservation	of a his	torically	v important	land area	
	Protection of natural habitat	CBUOTY	=	Preservation		_	•	1	
	Preservation of open space								
2 (	Complete lines 2a through 2d if the organization held a qualified	d conservation contribut	lion is t	the form of a	conserv	ation			
	easement on the last day of the tax year	a conservation contains	.,011 117				Held at the	5-4-5-	Tau Vaa
a	Total number of conservation easements					2a	HORD AL CHO	List Of the	704 100
ь				* * * * * * *		2b			
	Number of conservation easements on a certified historic structure	•				2c			<del></del>
	Number of conservation easements included in (c) acquired a				_	-	<del></del>	+	<del>,</del>
						2d		į	
	Number of conservation easements modified, transferred, rele			_			na the		
	tax year	aded, extinguished, of	ec.	ated by are e	n garnza.		ng are		
	Number of states where property subject to conservation ease	ment is located							
	Does the organization have a written policy regarding the perio		on ha	ndling of					
•	violations, and enforcement of the conservation easements it							Yes	∏No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					eaman	ite durina th		<u></u>
•		anding of Holditoria, an	u cino	i cirig conoci	V41.011 C	200111011	to during tr	, year	
7	Amount of expenses incurred in monitoring, inspecting, handli	na of vaciations, and en	forcina	consequation	n assam	ante di	ring the ve	ar	
•	► \$	ing of violations, and en	io: cirig	COMSCIVATO	ii cascii	iciita ut	ming the ye		
8	Does each conservation easement reported on line 2(d) above	a datiefy the reguliremen	nte of e	action 170/h	\/ <b>4</b> \( <b>P</b> \/)	١			
	and section 170(h)(4)(B)(ii)?				,,(=),(=),(,	, 		Yes	□ No
9	In Part XIII, describe how the organization reports conservation				tatemer	t and		103	
_	balance sheet, and include, if applicable, the text of the footno						tha	1	
	organization's accounting for conservation easements.	te to the digamenton's	marici	ai statement	S triat de	3011003	in ic		
Pac		of Art. Historica	Tre	agures, c	r Othe	r Sim	ilar Ags	Ata.	
<u> </u>	Complete if the organization answered "Yes"								
1a	f the organization elected, as permitted under FASB ASC 958				t halanc	e sheet	works	<del> </del>	
	of art, historical treasures, or other similar assets held for publi								
	service, provide, in Part XIII the text of the footnote to its finance					οι μαυπ	J		
	f the organization elected, as permitted under FASB ASC 958					aat wo	rke of	1	
	art, historical treasures, or other similar assets held for public	•						1	
		evination' 40009001' (1	10000	ron in lutule	ianice ()	Pupile \$	JEI VICE,		
	provide the following amounts relating to these items								
	, , , , , , , , , , , , , , , , , , , ,					• • •	<b>\$</b>	<del> </del>	
	(ii) Assets included in Form 990, Part X					• • •	<b>\$</b>	<del> </del>	
	If the organization received or held works of art, historical treat	·		tor tinancial	gain, pro	vide the	÷	İ	•
	following amounts required to be reported under FASB ASC 9	<b>y</b> .							
	Revenue included on Form 990, Part VIII, line 1					• • •	<b>►</b> \$	<u> </u>	
ь	Assets included in Form 990 Part X			-1 - 4			<b>≥</b> \$	ŧ	

Pa	ttill Organizations Maintaining	Collections of	Art Hist	orical 1	reasures.	or Ot	her Similar	esa	ts (co		ied)
. 3	Using the organization's acquisition, accession								1		
_	collection items (check all that apply):	.,	,			3	•				
а	Public exhibition		a f	Loan	or exchange p	rodram	2:				
b	Scholarly research			Other		og. a	•				
c	Preservation for future generations		Ψ (		<del></del>		<del></del>		<del>†</del>		
_	_		45 a 6	46			oursess on Dard		1		
4	Provide a description of the organization's coll	lections and explain n	low mey ful	ther the o	rganization's (	exempt	purpose in Part				
_	XIII.					••					
5	During the year, did the organization solicit or	,					٠	. 1	H	۳.	
Da	assets to be sold to raise funds rather than to FIV Escrow and Custodial Arra		t of the org	anization	s collection?			•	UI Yes		NO
) In (CI)	Complete if the organization		on Form	000 🖽	art IV line	0 00	opodod an a	mau	nt on I	50rm	
		answered res	OH POH	330, 1	arriv, ine	9, 01 1	eported air ai	ПОЦ	iit Oil i	OIIII	
	990, Part X, line 21.								<del></del>		
1a	Is the organization an agent, trustee, custodia		•						<u> </u>		
	- ·			· · · · ·					Ų Yes	Ц	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	wing table						<del>{</del>		
						<b>)</b>		moun	<u> </u>		
C	Beginning balance					-	<del></del>		<u> </u>		
đ	The state of the s							·	1		
9	<b>9</b> ,	• • • • • • • • •							ļ		
f	Ending balance					1f			<u></u>		•
2a	Did the organization include an amount on For								Yes	==	
	if "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation ha	s been pr	ovided on Par	t XIII			1,4		`
Pa	rt V Endowment Funds.										
<u></u>	Complete if the organization	answered "Yes"	on Form	990, P	art IV, line	10.					
		(a) Current year	-(b), Pric	r year	(c) Two years	back	(d) Three years bac	<b>k</b>	Four	years ba	ack
1a	Beginning of year balance								1		
b	Contributions					-					
c	Net investment earnings, gains, and										
	losses				1						
d	Grants or scholarships										
8	Other expenditures for facilities and										
	programs								J		
f	Administrative expenses						٠,				
g	End of year balance										
2	Provide the estimated percentage of the curre	nt year end balance (	(line 1g, co	umn (a))	held as:						
a	Board designated or quasi-endowment	%	-								
ь		%									
c	Term endowment > %										
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%									
За	Are there endowment funds not in the possess	•	on that are	held and	administered :	for the		j			
	organization by	•							Ī	Yes	No
	(i) Unrelated organizations								3a(i)		
	· · · · · · · · · · · · · · · · · · ·					,			3a(ii)	$\neg$	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	d on Sched	lule R?					3b		
4	Describe in Part XIII the intended uses of the	-						į		L	
Par	t.VI Land, Buildings, and Equip			<del></del>	<del></del>		· · · · · · · · · · · · · · · · · · ·			<del></del>	
<u> </u>	Complete if the organization		on Form	990. P	art IV. line	11a. \$	See Form 990	). Pá	ırt X. li	ne 1	0.
	Description of property	(a) Cost or other			or other basis		Accumulated		(d) Book		
	weekings of brokers	(a) Cost of other	1		other)		epreciation		,-, DOOR		
1a	Land				362,124	•		-	2	62,1	24
b	Buildings				056,758	<del>"</del>	128,215			28,5	
_	Leasehold improvements	- 1									
ب س		`			477,974	<del></del>	88,985			<u>88,9</u>	
9	Equipment	• • •			662,006		399,492		2	62,5	14
e Total	Other		× ****	D1 1	<u></u>						
ı otal	. Add lines 1a through 1e. (Column (d) must e	quat Form 990, Part	x, column (	ප), line 1(	/C.} · . · · ·		🕨	<del></del>	1,9	42,1	70

(6) (7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25,) - ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

SCHEC	dule D (Form 990) 2019 LifeChangers Outreach	46-115831	.7 Page 4
	rt XI: Reconciliation of Revenue per Audited Financial Statements With Rever	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	····	
1	Total revenue, gains, and other support per audited financial statements	1	10,273,753
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains (losses) on investments · · · · · · · · · · · · · · · 2a		
b	Donated services and use of facilities		
c			
đ			
9	Add lines 2a through 2d - · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1	• • • 3	10,273,753
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
Þ	Other (Describe in Part XIII )		
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		10,273,753
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Exp		urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		1
1	Total expenses and losses per audited financial statements	1	9,834,649
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	7.54	
d	Other (Describe in Part XIII.)		
0	Add lines 2a through 2d	20	ļ <u> </u>
3	Subtract line 2e from line 1	• • 3	9,834,649
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
ь	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	* · -   4c	1
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		9,834,649
Pa	rt XIII Supplemental Information.	5 5	9,834,649
<b>Pa</b> i Provi	rt XIII Supplemental Information. ide 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,	ine 4; Part X, line	9,834,649
<b>Pa</b> i Provi	rt XIII Supplemental Information.	ine 4; Part X, line	9,834,649
<b>Pa</b> i Provi	rt XIII Supplemental Information. ide 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,	ine 4; Part X, line	9,834,649
<b>Pa</b> i Provi	rt XIII Supplemental Information. ide 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,	ine 4; Part X, line	9,834,649
<b>Pa</b> i Provi	rt XIII Supplemental Information. ide 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,	ine 4; Part X, line	9,834,649
<b>Pa</b> i Provi	rt XIII   Supplemental Information. ide 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, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	ine 4; Part X, line	9,834,649
<b>Pa</b> i Provi	rt XIII   Supplemental Information. ide 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, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	ine 4; Part X, line	9,834,649
<b>Pa</b> i Provi	rt XIII   Supplemental Information. ide 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, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	ine 4; Part X, line	9,834,649
<b>Pa</b> i Provi	rt XIII   Supplemental Information. ide 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, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	ine 4; Part X, line	9,834,649
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## SCHEDULE G (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundralsing or Gaming Activities

OMB No. 1545-0047

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.

2019

Department of the Treasury Internal Revenue Service Name of the organization

▶Go to www.irs.gov/Form\$\$® for instructions and the latest information.

Open to Public Inspection Employer identification number

LifeChangers Outreach						46-115	3317	
Part I Fundraising Activities				wered "Yes" on	Form 99	), Part IV, I	ine 17.	
Form 990-EZ filers are no				ion Charle allabat a				
1 Indicate whether the organization rais a Mail solicitations	sea iunas inrougn i	-	_	ies. Check all that a f non-government gi			ļ	
b Internet and email solicitations				f government grants				
c Phone solicitations				alsing events			l	
d In-person solicitations		9 🗀	Opobiai tario	2,0g 0 0 0 1				
2a Did the organization have a written o	r oral agreement w	ith any indivi	dual (includin	g officers, directors,	trustees.			
or key employees listed in Form 990,						Yes	No	
b If "Yes," list the 10 highest paid indivi	_			_		aiser is to be		
compensated at least \$5,000 by the	organizatíon.							
		<del></del>		<del>,                                      </del>				<del></del>
(i) Name and address of individual	// A = 1 = 1		ndraiser have or control of	(iv) Gross receipts		int paid to ined by)	(vi) Amount pa (or retained t	
or entity (fundralser)	(ii) Activity		butions?	from activity		r listed in	organization	
		Yes	No		<del></del>	: W	<del></del>	
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Total		4 - 4 + 4 ,	>					
3 List all states in which the organization	is registered or lic	ensed to so	licit contribution	ons or has been not	ified it is exe	mpt from		
registration or licensing								
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For Paperwork Reduction Act Notice, se-	e uie instructions	ioi roim 9	an ol aan-E7	14		ochedule G (	Farm 990 or 990-E	Z) 2019

Sche	dule	G (Farm 990 or 990-EZ) 2019 Li£	aChangers Outread	:h	46-	1158317	Page 2
P	art		plete if the organization	answered "Yes" on For	rm 990, Part IV, line 18,	or report	ed more
		than \$15,000 of fundraising	event contributions an	d gross income on Form	n 990-EZ, lines 1 and 6	b. List ev	ents with
		gross receipts greater than					
	T`_		(a) Event #1	(b) Event #2	(c) Other events	(4)	otal avente
			Sidewalk Sol	(2)	None		otal events ol. (a) through
	1			(event type)	(total number)		ol. (c))
a)			(event type)	(event type)	(total number)	·	<del></del>
Revenue	١.	0					
ě	1	Gross receipts	10,162,341			<u> </u>	0,162,341
œ							
	2	Less: Contributions					
	3	Gross income (line 1 minus					
-	<u> </u>	line 2)	10,162,341			1	0,162,341
						•	İ
	4	Cash prizes					<u> </u>
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	5	Noncash prizes					سعد جداد سود جين پاراندي و ريانا د د څوه د خه
		j					
88	6	Rent/facility costs					
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Direct Expenses	7	Food and beverages					
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ē	8	Entertainment					
	Ī						,
	9	Other direct expenses	2,406,586			1	2,406,586
	ľ	Carlot direct experies	2,400,360			· · · · · · · · · · · · · · · · · · ·	274007500
	10	Direct expense summary. Add lines	4 through 9 in column (d)				2,406,586 <sup>,</sup>
	11	Net income summary. Subtract line				,	7,755,755
D.	rt l					I more th	<i>1,133,133</i> an
	77 42	\$15,000 on Form 990-EZ,	-	103 0111 01111 000, 1 01	tiv, mid to, or reported		4.1
	<u> </u>	\$70,000 011 0111 000-LZ,	mie va.	(5) D. N. 4-1-10-10-10	T	(4) 7	tal gaming (add
Revenue	Ì		(a) Bingo	(b) Puli tabs/instant bingo/progressive bingo	(c) Other gaming		through coi. (c))
Ϋ́							
æ	1	Gross revenue					
	┝∸	Closs revenue 5				<del>                                     </del>	<del></del>
	2	Cash prizes					
S	1	Cash prizes		,		<del> </del>	
penses		Name and the second					
	3	Noncash prizes				1	<del> </del>
Direct Ex		_		<b>[</b>			
ã	4	Rent/facility costs		<u> </u>	<del></del>		
<b>4</b>							
	5	Other direct expenses	 				·····
			Yes %	Yes %	1 Yes%	1	A TOTAL OF THE
	6	Volunteer labor Volunteer labor	No	No	No		· · · · · · · · · · · · · · · · · · ·
	1						
	7	Direct expense summary. Add lines	2 through 5 in column (d)		• • • • • • • • • • •		
	8	Net gaming income summary. Subtr	act line 7 from line 1, colur	mn (d)			
						1	<del></del>
9	Er	iter the state(s) in which the organizati	on conducts gaming activit	ties:			
а		the organization licensed to conduct g	· · · · · · · · · · · · · · · · · · ·			[]	Yes No
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40-	LA/	are any of the emerications and in all	concon musted assessed	d or torrinated desires de-	tax year?		You I Me
		ere any of the organization's gaming li	сенѕеѕ гелокеа, зуѕрелае	eu, or terminated during the	tax year + + + + + + + + + + + + + + + + + + +	••••	Yes   No
b	· IT "	Yes," explain:			<del></del>		<del></del>
	,				· · · · · · · · · · · · · · · · · · ·		**********
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#### 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

Employer identification number

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

46-1158317 LifeChangers Outreach 01. Members or stockholder classes and rights (Part VI, line 6) Board members all have equal voting rights. 02. Member election for additional members (Part VI, line 7a) Board members all have equal voting rights in selection of additional members 03. Governing body decisions (Part VI, line 7b) Board members all have equal voting rights in governing body decisions. 04. Form 990 governing body review (Part VI, line 11) The form 990 is approved by the board prior to its filing. 05. Conflict of interest policy compliance (Part VI, line 12c) All board members are aware to report any potential conflict of interest of themselves or of any conflict that they might suspect of other board members. 06. CEO, executive director, top management comp (Part VI, line 15a) All salaries of key personnel are approved at the board level 07. Other officer or key employee compensation (Part VI, line 15b All salaries of key personnel are approved at the board level, 08. Governing documents, etc, available to public (Fart VI, line 19) All governing documents, conflict of interest policy, and financial statements are made available to the public at the office of Mark Galto, 202 Sugar Hollow Rd, Pigeon Forge,

Scredule O (Form 990 or 990-EZ) (2019) Name of the organization		T T	Employer identification	number
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