** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or the	e 2011 calendar year, or tax year beginning	and ending						
B C	heck if oplicabl	C Name of organization		D Employer identific	cation number				
	Addre								
	Name chang	Doing Business As		26-3	757305				
	Initial return Terminated	Number and street (or P.O. box if mail is not delivered to street address) 3910 UNIVERSITY AVENUE	· · · · · · · · · · · · · · · · · · ·						
	Amen			G Gross receipts \$	516.2222 1,475,815.				
	Application			H(a) Is this a group re					
	pendi	F Name and address of principal officer: CHRISTOPHER YAN	10A	for affiliates?	Yes X No				
		SAME AS C ABOVE		H(b) Are all affiliates inc					
T	24-64		7(a)(1) or 527	4 ` <i>'</i>	list. (see instructions)				
		te: NWW.REALITYCHANGERS.ORG	7(4)(1) 61 627	H(c) Group exemption					
		organization: X Corporation Trust Association Other ▶	l Vear		State of legal domicile: CA				
	rt I	Summary	L TCal	or formation. 2005 IV	Otate of legal dofficite, O22				
		Briefly describe the organization's mission or most significant activities:	REALITY CE	ANGERS BUILL	DS FIRST				
Activities & Governance		GENERATION COLLEGE STUDENTS.							
ern	2	Check this box if the organization discontinued its operations o	r disposed of more	e than 25% of its net as	sets.				
οΛο	3	Number of voting members of the governing body (Part VI, line 1a)		3	9				
<u>ფ</u>	4	Number of independent voting members of the governing body (Part VI, lir	ne 1b)		8				
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a	a)	5	21				
viti	6	Total number of volunteers (estimate if necessary)		6	0				
∖cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	2,854.				
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
Ф	8	Contributions and grants (Part VIII, line 1h)		1,402,114.	1,433,864.				
ənn		Program service revenue (Part VIII, line 2g)		3,077.	2,722.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	1,092.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-19,697.	9,729.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lin		1,385,494.	1,447,407.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		370,253.	523,624.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Ś		Salaries, other compensation, employee benefits (Part IX, column (A), lines	_	250,583.	371,845.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		4,500.	0.				
bel	b	Total fundraising expenses (Part IX, column (D), line 25)	5,713.	-					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		148,166.	208,256.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		773,502.	1,103,725.				
		Revenue less expenses. Subtract line 18 from line 12		611,992.	343,682.				
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year				
ets land	20	Total assets (Part X, line 16)		951,549.	1,279,100.				
Ass I Ba		Total liabilities (Part X, line 26)		54,212.	38,081.				
Net -unc		Net assets or fund balances. Subtract line 21 from line 20		897,337.	1,241,019.				
Pa	rt II	Signature Block							
		lities of perjury, I declare that I have examined this return, including accompanying s	chedules and statem	ents, and to the best of my	/ knowledge and belief, it is				
		et, and complete. Declaration of preparer (other than officer) is based on all informati			,				
Sigr	1	Signature of officer		Date					
Here		CHRISTOPHER YANOV, PRESIDENT							
1101	•	Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		TED CONSIDINE	h	1/06/12 of self-employe	P00238407				
Prep		Firm's name CONSIDINE & CONSIDINE	P	Firm's EIN	95-2694444				
Use		Firm's address 1501 FIFTH AVENUE, SUITE 400)	I IIIII 3 LIIV	<u> </u>				
500	Jilly	SAN DIEGO, CA 92101-3297	•	Phone no. 6	19.231.1977				
Max	tho !!	2S discuss this raturn with the preparer shown above? (see instructions)		Trilone no. O	X Ves No				

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF REALITY CHANGERS IS TO PROVIDE INNER-CITY YOUTH FROM
	DISADVANTAGED BACKGROUNDS WITH THE RESOURCES TO BECOME FIRST
	GENERATION COLLEGE STUDENTS BY PROVIDING ACADEMIC SUPPORT, FINANCIAL
	ASSISTANCE, AND LEADERSHIP TRAINING.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 285,631 • including grants of \$) (Revenue \$
	COLLEGE ASSISTANCE - REALITY CHANGERS PROVIDES ITS 12TH GRADERS WHO
	PLAN TO LEAVE THEIR FAMILIES' HOMES TO ATTEND A FOUR-YEAR UNIVERSTIY
	WITH A NEW LAPTOP COMPUTER, SAT FEES AND PRINCETON REVIEW. WE ALSO
	PROVIDE PROGRAM GRADUATES WITH EDUCATIONAL SCHOLARSHIPS IN CASES WHERE
	FINANCIAL HARDSHIP WOULD PRECLUDE A STUDENT FROM CONTINUING HIS OR HER
	EDUCATION.
4b	(Code:) (Expenses \$ 195,343 • including grants of \$) (Revenue \$
	UCSD ACADEMIC CONNECTIONS - REALITY CHANGERS STUDENTS WHO ACHIEVE A 3.5
	GPA QUALIFY TO ATTEND ACADEMIC CONNECTIONS, AN INTENSIVE, THREE-WEEK
	RESIDENTIAL PROGRAM OFFERED EACH JULY BY UC SAN DIEGO. AT ACADEMIC
	CONNECTIONS, REALITY CHANGERS STUDENTS TAKE REAL COLLEGE CLASSES AND
	EARN REAL COLLEGE CREDIT BEFORE EVEN BECOMING SOPHOMORES IN HIGH
	SCHOOL, THUS CONVINCING THEM THAT THEY CAN ACHIEVE SUCCESS AT A HIGH
	ACADEMIC LEVEL. THE REGULAR COST FOR ACADEMIC CONNECTIONS IS
	APPROXIMATELY \$3,500 PER STUDENT. \$2,500 WAS PAID BY REALITY CHANGERS
	FOR 55 STUDENTS. UC SAN DIEGO PROVIDED \$1,000 DISCOUNTS FOR THE 55
	REALITY CHANGERS STUDENTS IN 2011.
4c	(Code:) (Expenses \$
	FOREST HOME - REALITY CHANGERS STUDENTS WHO EARN 2,000 "POINTS" DURING
	WEEKLY "SAT WORKSHOPS" RECEIVE A SCHOLARSHIP TO FOREST HOME. THIS
	WEEK-LONG SUMMER CAMP ALLOWS STUDENTS TO MAKE TRANSFORMATIONAL
	DECISIONS THAT WILL IMPACT THEIR DAILY LIVES BOTH INSIDE AND OUTSIDE OF
	THE CLASSROOM. THE REGULAR COST FOR FOREST HOME IS \$364 PER CAMPER AND
	THANKS TO DISCOUNTS GRANTED BY FOREST HOME, REALITY CHANGERS PAID \$182
	PER CAMPER FOR 141 STUDENTS IN 2011.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 328,442. including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 859,202.
	Form 990 (2011)

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

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		Х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		Х
06	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		- 21
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36	\sqcup	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	Ι.		7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		_v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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?	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).			37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
a	Did the organization make any taxable distributions under section 4966?	9a		
h	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (2011)

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

	to line 6a, 6b, 6r Tob below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	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		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		Х
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		Х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		22
8		00	Х	
_	The governing body?	8a	-22	Х
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b		-25
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
	ton Dir Grote (mis decison Broqueste information about politice not required by the internal revenue dead.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	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
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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			
C -	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA		l-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	avallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request			
10	·	d fi	noie!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	u iinar	icidi	
20	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨		
20	AMY PAVLICEK - 619.516.2222	LIOIT.	_	
	3910 UNIVERSITY AVENUE, NO.300-RC, SAN DIEGO, CA 92105-7302			
	- ,, 			

01-23-12

Form **990** (2011)

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	the organization (W-2/1099-MISC)		the organization	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) MARCIA BORGMAN	14 00			37					0	
SECRETARY	14.00	Х	_	Х				0.	0.	0.
(2) CHRISTOPHER YANOV	60 00	37		37				71 667	0	0
FOUNDER & PRESIDENT	60.00	Х	_	Х				71,667.	0.	0.
(3) ARTURO CASTRO DIRECTOR	3.00	х						0.	0.	0.
(4) STEPHEN DUNN	3.00	^	\vdash	\vdash		\vdash	_	0.	0.	0.
CHAIRMAN	2.00	Х		х				0.	0.	0.
(5) TOMAS VILLEGAS	2.00							0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(6) NICK LAMBESIS										
DIRECTOR	3.00	х						0.	0.	0.
(7) DAVID COURS		\vdash	\vdash				\vdash	-		-
DIRECTOR	1.00	Х						0.	0.	0.
(8) RICHARD EVANS										
TREASURER	5.00	Х		Х				0.	0.	0.
(9) ELI MANSOUR										
DIRECTOR	1.00	Х						0.	0.	0.
	1	_			_	_		I.		Form 990 (2011)

Form 990 (2011)

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Form 990 (2011) REALITY (26-37	573	305	Pa	age 8
Part VII Section A. Officers, Directors, Tru		mplo	yee			ligh	est		rees (continued)	_			
(A) Name and title	(B) Average hours per week	Position (do not check motobox, unless person officer and a direct			tion more son i	tion more than one son is both an		(D) Reportable compensation from	(E) Reportable compensation from related	Esti		(F) timate lount other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	;)	compens from the organizate and relate organizate		e ion ed
										+			
										+			
1b Sub-total								71,667.		0.			0.
c Total from continuation sheets to Part VI	I, Section A							0. 71,667.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n						e) wh	no r		l .	J • [<u> </u>
compensation from the organization									.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	0 N o
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee,	or	highest compensated e	mployee on	Γ		res	NO
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su								her compensation from			3		X
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Ji	for such individual		[4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors	piete deriedan	007	01 30	истр	<i>J</i> C/3						<u> </u>		
 Complete this table for your five highest co the organization. Report compensation for 	-	-							-	ensa	ation f	rom	
(A) Name and business			ONE		/1111	Or w		(B) Description of s		Co	(C		n
Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lii	mite	d to		se lis	stec	d above) who received n	nore than		-orm (

		- ()	ITY CHANC	GERS			26-3757	305 Page 9
Pa	rt V	III Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns						
Gra		b Membership dues						
fts, r An		c Fundraising events						
ig je		d Related organizations		3,000.				
Sin		e Government grants (contributions, gifts, grants)		3,000.				
her	'	similar amounts not included ab		1430864.				
E SE		g Noncash contributions included in line		140,303.				
Con		h Total. Add lines 1a-1f			1433864.			
				Business Code				
မွ	2 8	a WEEKEND ACADEM	Y	611600	2,722.	2,722.		
e vi	ŀ	b						
n S	(c						
grar Rev	•	d						
Program Service Revenue		e						
_	1	f All other program service revg Total. Add lines 2a-2f		-	2,722.			
-	3	Investment income (including			27,220			
		other similar amounts)			1,092.	1,092.		
	4	Income from investment of ta						
	5	Royalties	· <u></u>					
			(i) Real	(ii) Personal				
		a Gross rents		1				
		b Less: rental expenses		1				
		c Rental income or (loss)						
		d Net rental income or (loss)a Gross amount from sales of	(i) Securities	(ii) Other				
	, ,	assets other than inventory	(i) Securities	(ii) Other				
	ı	b Less: cost or other basis						
		and sales expenses						
	(c Gain or (loss)						
		d Net gain or (loss)						
e	8 8	a Gross income from fundraisi	ng events (not					
Other Revenue		including \$						
Re		contributions reported on lin		30 277				
her		Part IV, line 18 b Less: direct expenses	b					
ō		c Net income or (loss) from fur			6,577.			6,577.
		a Gross income from gaming a						
		Part IV, line 19		ı [
	ŀ	b Less: direct expenses	b					
	(c Net income or (loss) from gain	ming activities .					
	10 a	a Gross sales of inventory, less		7 060				
		and allowances		4 600				
		b Less: cost of goods sold			3,152.	298.	2,854.	
	(c Net income or (loss) from sal Miscellaneous Reven		Business Code	J, 1JZ•	290•	2,034.	
	11 8		uc	Dusiness Code				
		b						
		_						
	(d All other revenue						
	•	e Total. Add lines 11a-11d			444945			6 ===
13200	12	Total revenue. See instructions.		>	1447407.	4,112.	2,854.	
01-23	-12							Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

_	Check if Schedule O contains a respons	se to any question in this	s Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	523,624.	523,624.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
4	United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	71,667.	50,167.	7,167.	14,333
6	Compensation not included above, to disqualified	7270070	30,20,0	.,20.0	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	251,119.	146,394.	66,598.	38,127
8	Pension plan accruals and contributions (include		-		-
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	18,148.	8,335.	6,589.	3,224
10	Payroll taxes	30,911.	20,015.	6,987.	3,909
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	0 100		0 100	
g	Other	9,100.		9,100.	
12	Advertising and promotion	10 141	6 507	F F07	47.
13	Office expenses	12,141. 9,990.	6,587. 9,990.	5,507.	47
14	Information technology	3,330.	9,990.		
15	Royalties	55,234.	43,206.	6,190.	5,838
16	Occupancy	24,683.	14,270.	551.	9,862
17	Travel	24,003.	14,270•	331.	5,002
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,982.		5,982.	
23	Insurance	3,619.		3,619.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS	34,798.	18,511.	9,806.	6,481
a b	PUBLISHING & MAILING	26,911.	9,758.	1,665.	15,488
C	FOOD & BEVERAGE	8,850.	6,607.	2,125.	118
d	OUTSIDE SERVICES	8,062.	1,412.	4,919.	1,731
e	All other expenses	8,886.	326.	2,005.	6,555
25	Total functional expenses. Add lines 1 through 24e	1,103,725.	859,202.	138,810.	105,713
26	Joint costs. Complete this line only if the organization	, , , , , ,	, , ,	,	- ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 01-23-12				Form 990 (2011)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			700,074.	1	274,716.
	2	Savings and temporary cash investments				2	612,057.
	3	Pledges and grants receivable, net			216,671.	3	352,500.
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee		*			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec		-			
		employees' beneficiary organizations (see instru				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,665.	8	2,030.
	9	D			7,630.	9	13,725.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	26,954.			
	b	Less: accumulated depreciation		8,882.	9,519.	10c	18,072.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	15,990.	15	6,000.		
	16	Total assets. Add lines 1 through 15 (must equ			951,549.	16	1,279,100.
	17	Accounts payable and accrued expenses	1	54,212.	17	38,081.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, director					
abi		highest compensated employees, and disqualifi					
=		of Schedule L	-	·		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			54,212.	26	38,081.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
es		lines 27 through 29, and lines 33 and 34.					
ů	27	Unrestricted net assets			652,395.	27	622,294.
3ale	28	Temporarily restricted net assets			244,942.	28	618,725.
β	29	Permanently restricted net assets		<u></u>		29	
Ξ		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 📖 and			
ō		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
Z	33	Total net assets or fund balances			897,337.	33	1,241,019.
	34	Total liabilities and net assets/fund balances			951,549.	34	1,279,100.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,44			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,10			
3	Revenue less expenses. Subtract line 2 from line 1	3			82.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89	7,3	37.	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,24	1,0	<u> 19.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	b Were the organization's financial statements audited by an independent accountant?					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit				
	Act and OMB Circular A-133?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		1	

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2011

OMB No. 1545-0047

pen to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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. ➤ See separate instructions.

Employer identification number

			CHANGERS						∠ (0-3/5/	305	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See ins	tructions.				
The organ	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1 📺		•	s, or association of chur	•		•	•	١.				
2							(~)(-)(-)	,-				
з 🗔		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
→	A nospital or a cooperative nospital service organization described in section 170(b)(1)(A)(III). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name,											
4 📖		_	operated in conjunction	with a nos	pital desci	ribea iri se	ction 170	(D)(I)(A)(II	ı). Enter ti	ne nospitai	s nam	ie,
	city, and state:											
5 📖	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, sta	ite, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7 X	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in					n						
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	An organizati	ion that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, an	nd gross re	ceipts	from
	•	•	nctions - subject to certa							•	•	
		•	axable income (less sect			•				•		
		509(a)(2). (Complete			л, потпъс	011100000	zoquii ou b	y the enge	in nearlott o	artor ourro c	.0, 101	0.
10			perated exclusively to te	st for nubli	ic safety S	See sectio	n 509(a)(4	1\				
11	•		perated exclusively for the	•	•			•	v out the	nurnococ o	of one	or
	•		•		•				•			OI .
			ations described in section				2). See Se (Juon 509(a)(3). One	CK THE DOX	ınaı	
			organization and compl		_					<i>.</i>	211	
	a Type I		, ,		e III - Func	•	•		a ∟	Type III - (
e	, ,		t the organization is not		•		•					n
			han one or more publicly						$\theta(a)(1) \text{ or s}$	section 509	ı(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box									
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing pers	sons?			
	(i) A person	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	in (ii) and (iii) below,		Yes	No
	the gove	erning body of the su	upported organization?							11g(i)		
			n described in (i) above?									
	(iii) A 35% (controlled entity of a	person described in (i) of	or (ii) above	- ?					11g(iii)		
h			about the supported or							[3(/		
	T TOVIGO UTO I	ollowing information	about the supported of	garnzation	(0).							
(1) NI		(") FIN	(iii) Type of	(iv) Is the o	rnanization	(v) Did you	ı notify the	(vi) Is	the	(11) A		,
` '	of supported	(ii) EIN	organization	in col. (i) lis				organizatio	on in col.	(vii) An		T
orga	anization		(described on lines 1-9	governing						sup	port	
			above or IRC section (see instructions))			``, '						
			(See mstructions))	Yes	No	Yes	No	Yes	No			
Total												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			896,624.	1,375,603.	1,442,864.	3,715,091.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			896,624.	1,375,603.	1,442,864.	3,715,091.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						3,715,091.
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4			896,624.	1,375,603.	1,442,864.	3,715,091.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					1,092.	1,092.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						3,716,183.
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	751.
13	First five years. If the Form 990 is for	r the organization	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
	ction C. Computation of Publ						
	Public support percentage for 2011 (14	99.97 %
	Public support percentage from 2010						100.00 %
16a	33 1/3% support test - 2011. If the	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2011. If the org	ganization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop h	ere. Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	sa, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	zioni, piodeo com					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support		# > 0000	T () 2000	1,0040	1 1 2 2 4 4	T (0 =
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6 10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
, , , , , , , , , , , , , , , , , , ,						
· · · · · · · · · · · · · · · · · · ·						
c Add lines 10a and 10b 11 Net income from unrelated business						,
activities not included in line 10b,						
whether or not the business is						
regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)			 		+	
14 First five years. If the Form 990 is for	the organization's	s first second this	I rd fourth or fifth t	ax vear as a secti	n 501(c)(3) organi:	zation
check this box and stop here	_			-		. .
Section C. Computation of Publi						
15 Public support percentage for 2011 (li	ne 8, column (f) d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2010	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2011. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2010. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation If the organization	a dua not chock a	DOV OR HDO 1/1 10	m or lun chockt	rue pay and can in	ISTRICTIONS	

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number

REALITY CHANGERS 26-3757305 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

REALITY CHANGERS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1		\$_	35,040.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	20,318.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	9,100.	Person X Payroll
(a)	(b)		(c)	(d)
No. 4	Name, address, and ZIP + 4	\$_	Total contributions 250,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	61,300.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6		\$_	45,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

REALITY CHANGERS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)		(c)	(d)	
No. 7	Name, address, and ZIP + 4	\$_	Total contributions 30,240.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)	
(a)	(b)		(c)	(d)	
No. 8	Name, address, and ZIP + 4	\$.	Total contributions 25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
9		\$_	25,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
10	Name, address, and Zir + 4	\$_	30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
11		\$_	21,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
12		\$ <u>.</u>	15,800.	Person X Payroll	

REALITY	CHANGERS
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No. 13	Name, address, and ZIP + 4	\$ 15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15		\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17		\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18		\$10,000.	Person X Payroll		

Name of organization Employer identification number REALITY CHANGERS 26-3757305

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$8,120.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$14,645.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$6,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ 7,565.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$10,000.	Person X Payroll Noncash (Complete Part II if there

REALITY CHANGERS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
25		\$ _	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
26		\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
27		\$_	75,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
No	Name, address, and ZIF + 4	\$_	30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
29		\$_	30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
30		\$_	22,000.	Person X Payroll

REALITY CHANGERS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 10,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$10,000 .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization Employer identification number REALITY CHANGERS 26-3757305

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
37		\$ 10,000. Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
38		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
39	Hame, address, and En + 4	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) (d)
No. 40	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
41	runio, audi 655, and £if T T	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
42		\$ 52,250. Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2011)			Page 2
Name of org	anization		Employ	rer identification number
REALIT	TY CHANGERS		26	-3757305
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	(d) Type of contribution
43		\$24,	893.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	one	(d) Type of contribution
44		\$ 44 ,	965.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	(d) Type of contribution
45		\$5,	730.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	(d) Type of contribution
46			765.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	(d) Type of contribution
47			000	Person Payroll Noncash X

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
48		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

REALITY CHANGERS

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	SPORTS TICKETS		
7			
		<u>\$</u> \$	12/23/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
42	DISCOUNTED TUITION		
		 \$\$\$52,250.	07/01/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
42	DISCOUNTED TUITION	_	
43			
			08/11/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
44	DISCOUNTED TUITION	_	
		\$\$.	09/30/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
45	SPORTS TICKETS		
		 \$5,730.	04/30/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
46	10 MICROSOFT OFFICE LICENSES	_	
		_ _	11 / 20 / 11
123453 01-23	2.10	\$ 6,765.	11/30/11 90, 990-EZ, or 990-PF) (2011)

Name of organization Employer identification number

REALITY CHANGERS 26-3757305

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
47	USE OF FACILITIES		
		\$9,000.	12/31/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		<u> </u>	

Name of organization Employer identification number 26-3757305 REALITY CHANGERS Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

Employer identification number

	REALITY CHANGERS	26-3/5/305
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	
_	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	-
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	
Pai	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of an historical	ılly important land area
	Protection of natural habitat Preservation of a certified h	nistoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
u	listed in the National Register	2d
3		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	ilization during the tax
	year Ni wah and database where a war and the subject to a second of the s	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	Yes No
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(^//
	and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganization's accounting for
	conservation easements.	
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	f public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	-
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain.	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	,
а	Revenues included in Form 990, Part VIII, line 1	\$
D	Assets included in Form 990, Part X	ν

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Pai	t III Organizations Maintaining C	collections of A	rt, Historical T	reasures, or O	ther Simila	ar Asset	S (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	e following that are	a significant ι	use of its c	ollection	items	s
	(check all that apply):								
а	Public exhibition	d	I ☐☐ Loan or ex	change programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization's	exempt purpo	se in Part	XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, historical tre	asures, or other sim	nilar assets				
	to be sold to raise funds rather than to be ma	aintained as part of	the organization's o	collection?			Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the organizati	on answered "Yes"	to Form 990,	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contribution	ns or other assets i	not included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:						
							Amount		
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				Yes		No
	If "Yes," explain the arrangement in Part XIV.								
Pai	t V Endowment Funds. Complete i	f the organization ar	swered "Yes" to F	orm 990, Part IV, lin	e 10.				
	·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years l	back
1a	Beginning of year balance								
	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent vear end balanc	ce (line 1a column	(a)) held as:					
a	Board designated or quasi-endowment	-	%	(4)) 45.					
b	Permanent endowment	%	_ /~						
	Temporarily restricted endowment								
Ū	The percentages in lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posse	•	ation that are held	and administered fo	or the organiz	ation			
ou	by:	obion of the organiz	ation that are nota	and daministered it	or the organiz	ation	Г	Yes	No
	(i) unrelated organizations						3a(i)	100	-110
	(ii) related organizations						3a(ii)	\dashv	
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?				3b	\dashv	
4	Describe in Part XIV the intended uses of the						05		
_	t VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or o	1	st or other (c) Accumulate	d	(d) Book	value	
	2000	basis (investr			depreciation	_	(4, 200.		
1a	Land	<u> </u>	,						
	Buildings								
	Leasehold improvements								
	Equipment								
	Other			26,954.	8,88	32.	18	3,0	72.
	I. Add lines 1a through 1e. (Column (d) must e	<u></u>			- , , ,			3,0	

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. S	see Form 990, Part X, lin	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua ost or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X, I	line 13.		
(a) Description of investment type	(b) Book value	Co	(c) Method of valua ost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, lin				
(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15.)		>	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	(1) D		
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)			_	
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote	ne 25.)	statements that reports the organ	nization's liability for uncerta	in tax positions under

2. FIN 48 (ASC 740) 132053 01-23-12

Schedule D (Form 990) 2011

Pa	rt XI	Reconciliation of Change in Net Assets from Form 990 to	Audited	d Finan	cial S	State	men	ts
1	Total	revenue (Form 990, Part VIII, column (A), line 12)			1			1,447,407.
2		expenses (Form 990, Part IX, column (A), line 25)			2			1,103,725.
3		ss or (deficit) for the year. Subtract line 2 from line 1			3			343,682.
4		ınrealized gains (losses) on investments			4			<u> </u>
5		tted services and use of facilities			5			_
6		stment expenses			6			
7		period adjustments			7			
8		r (Describe in Part XIV.)			8			
9		adjustments (net). Add lines 4 through 8			9			
10		ss or (deficit) for the year per audited financial statements. Combine lines 3 ar			10			343,682.
		Reconciliation of Revenue per Audited Financial Stateme				er R	eturr	
1	Total	revenue, gains, and other support per audited financial statements					1	1,469,118.
2		unts included on line 1 but not on Form 990, Part VIII, line 12:						
а		ınrealized gains on investments	2a					
b		tted services and use of facilities		2	4,5	65.		
c		overies of prior year grants						
d		r (Describe in Part XIV.)						
e		lines 2a through 2d					2e	24,565.
3		ract line 2e from line 1					3	1,444,553.
4	Amoi	unts included on Form 990, Part VIII, line 12, but not on line 1:					Ť	, , ,
a		stment expenses not included on Form 990, Part VIII, line 7b	4a					
b		r (Describe in Part XIV.)			2,8	54.		
c		lines 4a and 4b					4c	2,854.
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	1,447,407.
		Reconciliation of Expenses per Audited Financial Statem						
1	Total	expenses and losses per audited financial statements				-	1	1,125,436.
2		unts included on line 1 but not on Form 990, Part IX, line 25:						
а		ated services and use of facilities	2a	2	4,5	65.		
b		year adjustments						
С		r losses						
d		r (Describe in Part XIV.)						
е		lines 2a through 2d					2e	24,565.
3	Subt	ract line 2e from line 1					3	1,100,871.
4		unts included on Form 990, Part IX, line 25, but not on line 1:						
а	Inves	stment expenses not included on Form 990, Part VIII, line 7b	. 4a					
b	Othe	r (Describe in Part XIV.)	4b		2,8	54.		
С	Add	lines 4a and 4b					4c	2,854.
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5	1,103,725.
Pa	rt XI\	/ Supplemental Information						
Com	plete t	his part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a	and 4; Pa	ırt IV, I	ines 1	b and	2b; Part V, line 4; Part
X, lin	e 2; Pa	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete this p	art to pro	vide a	ny ado	ditiona	l information.
PAI	RT I	KII, LINE 4B - OTHER ADJUSTMENTS:						
NE'	г т-	-SHIRT PROGRAM REVENUE						2,854.
D	· -	45						
PAI	KT Σ	KIII, LINE 4B - OTHER ADJUSTMENTS:						
		GUIDE DROGRAM EVENIGES						0.054
NE'	r T-	-SHIRT PROGRAM EXPENSES						2,854.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Inspection

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions

Employer identification number 26-3757305 REALITY CHANGERS Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations □ Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations С Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 」No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2011

128	art I	Fundraising Events. Complete if the of fundraising event contributions and gr	•		events with gross recei	
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			TRIBUTE	(ovent type)	(total number)	col. (c))
nue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	30,277.			30,277.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	30,277.			30,277.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	22 722			23,700.
	10				>	(23,700)
	11	Net income summary. Combine line 3, colum	nn (d), and line 10		>	6,577.
Pa	ırt I		answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	(I.) Dull tabe (instant	1	1 (N T) 1 () () 1
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				singo/progressive singe		coi. (a) trirough coi. (c)
Re	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	()
	8	Net gaming income summary. Combine line	1, column d, and line 7		>	
	_					
		ter the state(s) in which the organization opera	_	-+-+0		Yes No
		the organization licensed to operate gaming ac 'No," explain:				Yes No
	_					
		ere any of the organization's gaming licenses r 'Yes," explain:			year?	Yes No

Schedule G (Form 990 or 990-EZ) 2011

132082 01-23-12

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public Inspection

Name of the organization							Employer identification number
REALITY CHANGERS						26-3757305	
Part I General Information on Grants and Assistance							
1 Does the organization maintain record							
criteria used to award the grants or as	sistance?						X Yes No
2 Describe in Part IV the organization's p	rocedures for moni	toring the use of grant	t funds in the Unite	d States.			
Part II Grants and Other Assistance t		-					
recipient that received more than		1			I can be duplicated if a I (f) Method of		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3)							_
3 Enter total number of other organization	ns iistea in the line	ı table					

ited States. Com	nplete if the organiza	ation answered "Yes	to Form 990, Part IV, line 22.	
(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
55	143,093.	52,250.		DISCOUNTED TUITION
126	24,893.	24,893.		DISCOUNTED TUITION
92	206,526.	0.		DISCOUNTED TUITION
43	24,150.	44,965.		DISCOUNTED TUITION
de the informatio	n required in Part I,	line 2, and any other	additional information.	
ARD OF D	IRECTORS S	ELECTED CE	RTAIN	
OMMITTEE	TO DETERM	INE CRITER	IA AND	
	(b) Number of recipients 55 126 92 de the information ARD OF D	(b) Number of recipients (c) Amount of cash grant 55 143,093. 126 24,893. 92 206,526. 43 24,150. de the information required in Part I, ARD OF DIRECTORS S	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance 55 143,093. 52,250. 126 24,893. 24,893. 92 206,526. 0. 43 24,150. 44,965. Die the information required in Part I, line 2, and any other ARD OF DIRECTORS SELECTED CE	recipients cash grant cash assistance (book, FMV, appraisal, other) 55 143,093. 52,250. 126 24,893. 24,893. 92 206,526. 0.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

> /maen to 1

REALITY CHANGERS

Employer identification number 26-3757305

Par	rt I Types of Property								
		(a)	(b)	(c)	ماند	(d			
		Check if applicable	Number of contributions or	Noncash cont amounts repo		Method of d noncash contrib			
		арріїсавіс	items contributed			Tioricasii contina	otion a	nount	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	1	3,	055.	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	1	1,	824.	FMV			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (DISCOUNTED TU)	X	1			FMV			
26	Other \blacktriangleright ($\overline{\text{FOREST HOME C}}$)	X	1			FMV			
27	Other \blacktriangleright ($\overline{\text{USE OF SOLANA}}$)	X	1			FMV			
28	Other ► (COMPUTER SOFT)	X	1	6,	765.	FMV			
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for o	ontributions					
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive by								
	at least three years from the date of the initial of			•					
	the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p						31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or se	ell noncash				
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colur	mn (a) is ch	necked,			
	describe in Part II.								
I HA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	l (Form	990) (2011)

132141 01-23-12

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
PADRES TICKETS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTORS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6011.
(D) METHOD OF DETERMINING REVENUE: FMV
LETTERHEAD & ENVELOPES
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTORS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 300.
(D) METHOD OF DETERMINING REVENUE: FMV
HOLIDAY BOWL TICKETS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTORS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 240.
(D) METHOD OF DETERMINING REVENUE: FMV

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.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** 26-3757305 REALITY CHANGERS FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: WEEKLY MEETINGS AND SUPPORT OF REALITY CHANGERS STUDENTS. EXPENSES \$ 328,442. INCLUDING GRANTS OF REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 8B: NO COMMITTEES ARE AUTHORIZED TO ACT ON BEHALF OF THE BOARD OF DIRECTORS. THE COMMITTEES BRING THE RECOMMENDATIONS TO THE BOARD FOR APPROVAL. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS SENT TO ALL BOARD MEMBERS FOR REVIEW BEFORE FINALIZING AND SUBMITTING TO THE IRS. LINE 15A: THE SALARY FOR 2011 WAS SET BASED FORM 990, PART VI, SECTION B, ON THE SALARIES OF COMPARABLE WORKERS. FORM 990, PART VI, SECTION C, LINE 19: CURRENTLY THE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. THE ORGANIZATION IS POSTING THESE ITEMS TO THE ORGANIZATION'S WEBSITE.

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	COMPUTER	01/01/09	SL	3.00		16	1,982.				1,982.	1,322.		660.	1,982.
3	APPLE COMPUTER	07/20/10	SL	5.00		16	3,330.				3,330.	278.		667.	945.
4	DESKTOPS	01/01/10	SL	5.00		16	4,800.				4,800.	960.		960.	1,920.
6	TIME CLOCK LICENSE	01/07/11	SL	3.00		16	4,461.				4,461.			1,487.	1,487.
7	EPSON POWERLITE 170	01/09/11	SL	5.00		16	782.				782.			156.	156.
8	QUICKCARD ID SOLUTION	01/10/11	SL	5.00		16	2,194.				2,194.			439.	439.
9	WIRELESS MICROPHONE	01/17/11	SL	5.00		16	800.				800.			147.	147.
10	SONY PMW-EX IR XDCAMCORDER	01/17/11	SL	5.00		16	6,298.				6,298.			1,155.	1,155.
	* 990 PAGE 10 TOTAL -						24,647.				24,647.	2,560.		5,671.	8,231.
2	PHOTOS ON CANVAS	01/01/09	SL	10.00		16	1,500.				1,500.	300.		150.	450.
	* 990 PAGE 10 TOTAL -						1,500.				1,500.	300.		150.	450.
5	ROOM DIVIDERS	09/27/10	SL	5.00		16	807.				807.	40.		161.	201.
	* 990 PAGE 10 TOTAL -						807.				807.	40.		161.	201.
	* GRAND TOTAL 990 PAGE 10 DEPR						26,954.				26,954.	2,900.		5,982.	8,882.

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

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. **179** Identifying number

Business or activity to which this form relates

RE	LALITY CHANGERS		FO:	RM 990 P	AGE 10		26-3757305
Pa	art Election To Expense Certain Prope	rty Under Section 1	79 Note: If you have any I	isted property, c	omplete Part	V before yo	
1	Maximum amount (see instructions)					1	500,000.
2	Total cost of section 179 property place						
	Threshold cost of section 179 property						2,000,000.
	Reduction in limitation. Subtract line 3						· · · · · · · · · · · · · · · · · · ·
	Dollar limitation for tax year. Subtract line 4 from line						
6	(a) Description of pro			iness use only)	(c) Elected		
Ť							
_						$\overline{}$	
						$\overline{}$	
_							
7	Listed property. Enter the amount from	line 20		7			
	Total elected cost of section 179 prope		n in column (a) lines 6 an			8	
	Tentative deduction. Enter the smaller						
	Carryover of disallowed deduction from						
	Business income limitation. Enter the s						
	Section 179 expense deduction. Add li						
						12	
	Carryover of disallowed deduction to 2 te: Do not use Part II or Part III below for			13			
	art II Special Depreciation Allowa			ude listed prope	rtv)		
	Special depreciation allowance for qua		•				
	the territory	, ,	,		Ü	14	
	Property subject to section 169(f)(1) old						
	Property subject to section 168(f)(1) ele					15	5,982.
	Other depreciation (including ACRS) art III MACRS Depreciation (Do no		roporty) (Soo instruction			16	3,702.
1 0	WACITO Depreciation (Do no	r include listed p	Section A	5.)			
17	MACRS deductions for assets placed i	n contino in tay w		11		17	
						i ''	
10	If you are electing to group any assets placed in serv		ee During 2011 Tax Year			tion Syste	am
	Section B - Assets	(b) Month and	(c) Basis for depreciation		ei ai Depi ecia	ition Syste	
	(a) Classification of property	year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
	3-year property			+			
b		_		+			
		_		+			
c d				1			
		-			1		
<u>e</u>	15-year property						
<u>'</u>	20 year property						
<u>g</u>	20-year property	_		25 yro		S/I	
	05			25 yrs.	NANA	S/L	
h	25-year property	/		27.5 yrs.	MM	S/L	
h	25-year property	/		27.5 yrs. 27.5 yrs.	MM	S/L S/L	
h i	25-year property Residential rental property	/		27.5 yrs.	MM MM	S/L S/L S/L	
	25-year property Residential rental property Nonresidential real property	/ / / / / / / / / / / / / / / / / / /	During 2011 Tay Veer I	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L	tom
i 	25-year property Residential rental property Nonresidential real property Section C - Assets P	/ / / / Placed in Service	During 2011 Tax Year (27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L iation Sys	tem
i 	25-year property Residential rental property Nonresidential real property Section C - Assets F Class life	/ / / / Placed in Service	During 2011 Tax Year I	27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Altern	MM MM MM	S/L S/L S/L S/L S/L iation Sys	tem
i 	25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year	/ // // // // // // // // // // // // /	During 2011 Tax Year I	27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Altern 12 yrs.	MM MM MM ative Deprec	S/L S/L S/L S/L S/L siation Sys S/L S/L	tem
i 20a b	25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 40-year	/ // // // // // // // // // // // // /	During 2011 Tax Year I	27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Altern	MM MM MM	S/L S/L S/L S/L S/L iation Sys	tem
i 20a b c	25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 40-year Aut V Summary (See instructions.)	/		27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Altern 12 yrs. 40 yrs.	MM MM MM ative Deprec	S/L S/L S/L S/L siation Sys S/L S/L S/L S/L	tem
i 20a b c Pa	25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 40-year Summary (See instructions.) Listed property. Enter amount from line	/		27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Altern 12 yrs. 40 yrs.	MM MM MM ative Deprec	S/L S/L S/L S/L S/L siation Sys S/L S/L	tem
i 20a b c Pa 21 22	25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 40-year Aut IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	/ 2814 through 17, lir	es 19 and 20 in column (27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Altern 12 yrs. 40 yrs.	MM MM ative Deprec	S/L S/L S/L S/L siation Sys S/L S/L S/L S/L S/L S/L S/L S/L	
i 20a b c Pa 21 22	Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 40-year art IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines Enter here and on the appropriate lines	/ 228 14 through 17, lir s of your return. P	nes 19 and 20 in column (artnerships and S corpor	27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Altern 12 yrs. 40 yrs.	MM MM ative Deprec	S/L S/L S/L S/L siation Sys S/L S/L S/L S/L S/L S/L S/L S/L	tem 5,982.
20a b c Pa 21 22	25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 40-year Aut IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	228	ues 19 and 20 in column (artnerships and S corpore current year, enter the	27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Altern 12 yrs. 40 yrs. g), and line 21. ations - see instr	MM MM ative Deprec	S/L S/L S/L S/L siation Sys S/L S/L S/L S/L S/L S/L S/L S/L	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A -	Depreciation	on and Other In	formation (Caution	on: See the instruc	tions for lii	nits for pa	ssenge	er automobiles.)		
24a	Do you have evidence to s	support the bu	siness/investment	use claimed?	Yes No	24b If "Yo	es," is the	evider	nce written?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Metho Conver	od/	(h) Depreciation deduction	secti	(i) ected ion 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and											
	used more than 50% in	a qualified b	usiness use					25			
26	Property used more tha	n 50% in a c	ualified busines:	s use:			_				
		: :	%								
		: :	%								
		: :	%								
27	Property used 50% or le	ess in a quali	fied business us	e:	•						
		: :	%				S/L -				
		: :	%				S/L -				
		1 1	%				S/L -				
28	Add amounts in column	(h), lines 25	through 27. Ente	er here and on line	21, page 1			28			
29	Add amounts in column	(i), line 26. E	nter here and or	n line 7, page 1					29		
					tion on Use of Vel				•		

 $Complete \ this \ section \ for \ vehicles \ used \ by \ a \ sole \ proprietor, \ partner, \ or \ other \ "more \ than 5\% \ owner," \ or \ related \ person.$

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the	(a Veh	-	(k Veh	o) icle	(d Veh	c) nicle	(d Veh	•	(e Veh	∍) iicle	(1 Veh	f) icle
24	year (do not include commuting miles)												
	Total commuting miles driven during the year Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

37	Do you maintain a written policy statement th	at prohibits al	I personal use of vehicles	, including commutin	g, by your		Yes	No
	employees?							
38	Do you maintain a written policy statement th			cept commuting, by	your			
	employees? See the instructions for vehicles	used by corpo	orate officers, directors, o	r 1% or more owners				
39	Do you treat all use of vehicles by employees	as personal u	se?					
40	Do you provide more than five vehicles to you	ır employees,	obtain information from y	our employees about	:			
	the use of the vehicles, and retain the information	ation received	?					
41	Do you meet the requirements concerning qu	alified automo	bile demonstration use?					
_	Note: If your answer to 37, 38, 39, 40, or 41 is	s "Yes," do no	t complete Section B for t	the covered vehicles.				
P	art VI Amortization							
	(a)	(b)	(c)	(d)	(e)	(1	f)	

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortizat period or pero		(f) Amortization for this year
42 Amortization of costs that begins during you	r 2011 tax yea	ır:				
	1 1					
	1 1					
43 Amortization of costs that began before you	r 2011 tax yea	r			43	
44 Total. Add amounts in column (f). See the in	structions for	where to report			44	
						Form 4500 (001

116252 11-18-11 Form **4562** (2011)

Form 8868 (Rev. 1-2012)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	xtension, o	complete only Part II and check this	box		
Note. Only complete Part II if you have already been granted an If you are filing for an Automatic 3-Month Extension, comple		-	led Form	8868.	
Part II Additional (Not Automatic) 3-Month E			al (no c	opies need	led).
		, ,		<u> </u>	ee instructions
Type or Name of exempt organization or other filer, see instru	ıctions	Enter mer e		-	n number (EIN) or
print	300000		Linployo	idontinodator	Triambor (Env) or
REALITY CHANGERS			X	26-375	57305
Stude date for illing your Number, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and room or suite no. If a P.O. box, street, and street, and room or suite no. If a P.O. box, street, and the P.O				curity numbe	
City, town or post office, state, and ZIP code. For a final SAN DIEGO, CA 92105-7302					
Enter the Return code for the return that this application is for (fil	le a separa	te application for each return)			0 1
Alia adia a	Detum	Amuliantian			Detum
Application	Return	l ''			Return
s For	Code	Is For			Code
Form 990	01	Favor 1041 A			00
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05 06	Form 6069			11
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already grante		Form 8870	: a.v.alv. Æla	d Farm 0000	12
 The books are in the care of ► DIEGO, CA 9210 Telephone No. ► 619.516.2222 If the organization does not have an office or place of busines If this is for a Group Return, enter the organization's four digit 	ss in the Ur	FAX No. nited States, check this box			Troup, check this
· · · · · · · · · · · · · · · · · · ·		ch a list with the names and EINs of	all memb	ers the exten	sion is for.
	NOVEM.	BER 15, 2012			
5 For calendar year 2011 , or other tax year beginning		, and ending	g		·
6 If the tax year entered in line 5 is for less than 12 months,	check reas	on: L Initial return L	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension		TILL DEMILDY TO NOT	7 T T T	T 3 D T TI	
		THIS RETURN IS NOT			N
OMISSION OF THIS INFORMATION	MAY C	AUSE A MATERIAL MI	SSTAT	EMENT. (OF TAX
INFORMATION.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			0
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069	-				
tax payments made. Include any prior year overpayment a	llowed as a	a credit and any amount paid		_	0
previously with Form 8868.			8b	\$	0.
Balance due. Subtract line 8b from line 8a. Include your p	-	th this form, if required, by using		_	0
EFTPS (Electronic Federal Tax Payment System). See instru		t he completed for Dort II	8c	\$	0.
Signature and verifica Under penalties of perjury, I declare that I have examined this form, includent is true, correct, and complete, and that I am authorized to prepare this f	ding accomp	st be completed for Part II of panying schedules and statements, and to	-	f my knowledg	e and belief,
	PRESI	DENT	Doto		
Signature Title	- 1/11/0 T	D 111 1	Date	-	368 (Rev. 1-2012)

Form **8868** (Rev. 1-2012)

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-	187	į

For calendar year 2011, or fiscal year beginning , 2011, and ending

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

➤ See instructions.

Name of exempt organization

Employer identification number

REALITY CHANGERS

26-3757305

Name and title of officer

CHRISTOPHER YANOV

PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	1447407
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's signature

X authorize CONSIDINE & CONSIDINE	to enter my PIN 57305
ERO firm name	Enter five numbers, b do not enter all zeros
as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	,

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

33731394444

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date > 11/06/12 ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2011)

- NEXT YEAR FEDERAL -

REALITY CHANGERS

Asset No.	Description		Date quired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	COMPUTER	01	0109	SL	3.00	1,982.		1,982.	1,982.	0.
3	APPLE COMPUTER	07	2010	SL	5.00	3,330.		3,330.	945.	666.
4	DESKTOPS	01	11()SL	5.00	4,800.		4,800.	1,920.	960.
6	TIME CLOCK LICENSE		711		3.00	4,461.		4,461.		1,487.
7	EPSON POWERLITE 170		91:		5.00	782.		782.		
8	QUICKCARD ID SOLUTION	01	1011	SL	5.00	2,194.		2,194.		439.
9	WIRELESS MICROPHONE		17 1:		5.00	800.		800.		160.
10	SONY PMW-EX IR XDCAMCORDER	01	17 1:	SL	5.00	6,298.		6,298.	1,155.	1,260.
	* 990 PAGE 10 TOTAL -	П				24,647.		24,647.	8,231.	5,128.
2	PHOTOS ON CANVAS	01	0109	SL	10.00	1,500.		1,500.	450.	150.
	* 990 PAGE 10 TOTAL -	П				1,500.		1,500.	450.	150.
5	ROOM DIVIDERS	09	2710	SL	5.00	807.		807.	201.	161.
	* 990 PAGE 10 TOTAL -	П				807.		807.	201.	161.
	* GRAND TOTAL 990 PAGE 10 DEPR					26,954.		26,954.	8,882.	5,439.
		П								
		П								
		П								
		П								
		П								
		П								
		П								
		П								

⁽D) - Asset disposed