Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

		nue Service	Go to www.irs.gov/Form990 for instructions and the latest ini-			1000	22 2224		
Α	For the	e 2023 calend	dar year, or tax year beginning $4/01$, 2023, and ending				20 2024		
В	Check if	applicable:	C	1	D Employ	er identif	ication number		
	Add	Address change BEAUTY CHANGES LIVES				27-2513071			
	12266 DOWN DOND				E Telephone number				
	\vdash	H DOWAY CA 92064				480-281-0431			
	Initi	Initial return				480-281-0451			
	Final	I return/terminated		1					
	Am	ended return			G Gross re				
	App	olication pending	I.YNF.I.I.F. LITING.	H(a) Is this a				X No	
	_		SAME AS C ABOVE	H(b) Are all s If "No," a	subordinates	included	? Yes	No	
ī	Tax-e	exempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	11 140, 6	attacii a iist.	Jee 11131	detions.		
· J									
							gal domicile: AZ		
K		of organization:		on: ZUII	. 111 3	tate of le	gal doffliche. AZ		
Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SCHOLARSHIPS AND ASSISTANCE									
								ANCE_	
ø		TO THOSE SEEKING CAREER TRAINING IN THE BEAUTY AND WELLNESS INDUSTRY AND TO							
2		SUPPORT RELATED CHARITABLE CAUSES.							
Ĕ									
o o		2 Check this box if the organization discontinued its operations or disposed of more than 25				net ass	sets.		
Ğ			oting members of the governing body (Part VI, line 1a)			3		17	
တ			dependent voting members of the governing body (Part VI, line 1b)		,	4		17	
ţie			of individuals employed in calendar year 2023 (Part V, line 2a)			5		4	
Activities & Governance			of volunteers (estimate if necessary)			6		20	
Ac			ed business revenue from Part VIII, column (C), line 12			7a		0.	
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			7b		0.	
				Pr	ior Year		Current Ye	ear	
Revenue	8 (Contributions	and grants (Part VIII, line 1h)	. 1	,210,1	91.	1,327	294.	
			rice revenue (Part VIII, line 2g)						
Ver					3,5	76	9	,380.	
Be			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0,0			, , , , ,	
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,213,7	67	1,336	674	
_			rants and similar amounts paid (Part IX, column (A), lines 1-3)			401,641.		,288.	
							475	, 200.	
		Benefits paid to or for members (Part IX, column (A), line 4)			226 227		290,393.		
S	15	Salaries, other	er compensation, employee benefits (Part IX, column (A), lines 5-10)		236,3	21.	290	, 393.	
Expenses	16a	Professional	fundraising fees (Part IX, column (A), line 11e)						
bei	ь.	Total fundrais	sing expenses (Part IX, column (D), line 25) 105,558.						
Ä			ses (Part IX, column (A), lines 11a-11d, 11f-24e)		469,9	90	192	,869.	
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)				1,258		
	5.5550								
		Revenue less	expenses. Subtract line 18 from line 12	_	105,819.		78,124.		
9 0					Beginning of Current Year		End of Year		
Net Assets Fund Balanc	20		(Part X, line 16)		816,9			,158.	
A B	21	Total liabilitie	s (Part X, line 26)		285,2	34.	290	,856.	
S.E	22	Net assets or	fund balances. Subtract line 21 from line 20		531,7	17.	620	,302.	
	rt II	Signatur	e Block						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparey (other than officer) is based op all information of which preparer has any knowledge.									
comp	olete. De	claration of prepa	rier (other than officer) is based on all information of which preparer has any knowledge.	no best of my	anomeage (1	, , , , , , , , , , , , , , , , , , , ,		
			inelle Nemch		2/1	5/	0025		
Sic	ın	Signature of	of officer Date			1			
Sign Here									
			LYNELLE LYNCH Type or print name and title						
			· · · · · · · · · · · · · · · · · · ·			1 1	PTIN		
Paid Preparer Use Only		Print/Type p	pe preparer's name Preparer's signature Date			Check III			
			ELLINGSWORTH Chris Ellingsworth 2/14/2	25	self-employe	ed .	P02513091		
			WEWORSKI & ASSOCIATES						
		y Firm's addre	4660 LA JOLLA VILLAGE DRIVE	1	Firm's EIN 33-0516783				
			SAN DIEGO, CA 92122		Phone no. 858-546-1505				
May the IRS		RS discuss th	is return with the preparer shown above? See instructions				X Yes	No	
			The property of the property o	THE R. LEWIS CO., LANSING, MICH.					