	~ ~		Det	of Organization Exempt From		- T		OMB No. 1545-0047
Form	99	JU	keturn C		2022			
			Under section 501(c),	27, or 4947(a)(1) of the Internal Revenue Code (e	xcept priv	vate founda	ations)	ZUZZ
Departn	nent of t	the Treasury	Do not ente	r social security numbers on this form as it may b	be made p	oublic.		Open to Public
•		ue Service	Go to w	vw.irs.gov/Form990 for instructions and the lates		Inspection		
A Fo	or the	2022 calend	lar year, or tax year begin	ning , 2022,	and endi	ng		, 20
B Ch	neck if a	pplicable:	C Name of organization TH	E LIFE YOU CAN SAVE		с	D Employ	er identification number
Ac	ldress c	hange	Doing business as					46-2100400
Na Na	ame cha	ange	Number and street (or P.O. box	if mail is not delivered to street address)	Room/sui	te E	E Telepho	ne number
l Ini	tial retu	rn	975 WARD RD		(510)299-8477			
Fir	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross						G Gross re	•
Ar Ar	nended	return	SEQUIM, WA 983				\$	6,029,932
Ap	plicatio	n pending	F Name and address of principal			H(a) Is this a gr		
			SAME AS C ABOV			H(b) Are all su		
			501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				See instructions
	ebsite:	_	PS://WWW.THELIFEY			H(c) Group ex		
				ciation Other L Year of forma	ation: 201	.3 M St	ate of legal	domicile: WA
Par		Summar	*					
	1	-	-	on or most significant activities: AT THE LIFE		-		
ġ				NDING CHARITIES THAT SAVE OR IMPRO				
anc		MAKING I	T EASY FOR DONORS	TO SUPPORT THOSE CHARITIES. CONT	INUED	ON SCHED	ULE O	• • •
Activities & Governance					50/ 6:4			
Ň	2			scontinued its operations or disposed of more than 2				
∞ ∞	3			rning body (Part VI, line 1a)			3	3
es	4			s of the governing body (Part VI, line 1b)			4	3
viti	5		r of individuals employed in	5	5			
Acti	6		r of volunteers (estimate if r	• /			6	5
		Total unrelat	7a	0				
	b	Net unrelate	d business taxable income	from Form 990-T, Part I, line 11			7b	0
						Prior Year		Current Year
	8	Contributions	s and grants (Part VIII, line	1h)		7,271,	,955	5,880,924
iue	9	Program ser		0				
Revenue	10	Investment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)		6	,136	6,370
Re	11	Other revenue	ue (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11e)				3,963
	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,278,	,091	5,891,257
	13	Grants and s	similar amounts paid (Part I	X, column (A), lines 1-3)		5,217	,769	4,743,862
	14	Benefits paid	d to or for members (Part I)	۲, column (A), line 4)				0
	15	Salaries, oth	er compensation, employee	benefits (Part IX, column (A), lines 5-10)		65	,332	420,214
Expenses	16a	Professional	fundraising fees (Part IX, o	olumn (A), line 11e)				0
)en	b	Total fundrai	ising expenses (Part IX, col	umn (D), line 25) 571, 513	<u>}</u>			
Ä	17	Other expen	ses (Part IX, column (A), lir			785	,155	880,740
	18	Total expense	ses. Add lines 13-17 (must	equal Part IX, column (A), line 25)		6,068	,256	6,044,816
	19	Revenue les	s expenses. Subtract line	8 from line 12		1,209	,835	(153,559)
۲s					Begir	nning of Currer	nt Year	End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)			5,276	,771	4,815,554
Ass(J Ba	21	Total liabilitie	es (Part X, line 26)			2,853		2,525,000
Pet	22	Net assets o	or fund balances. Subtract	ine 21 from line 20		2,422	,789	2,290,554
Par			re Block					
Under	penaltie	es of periodousign	ears that I have examined this return	n, including accompanying schedules and statements, and to the best	st of my know	vledge and belie	ef, it is	
true, c	orrect, a		S Drusur	cer) is based on all information of which preparer has any knowledge			11	(10 (2022 7:02 PM PC
			-				11/	/10/2023 7:03 PM PS
Sign	1	A6A58154 Signature of office	052E49B cer				Date	
Here		CHAR	LIE BRESLER, DIRE	CTOR/EXECUTIVE DIRECTOR				
-	ŀ	Type or print na		DocuSigned by:				
		Print/Type pre	eparer's name		000 l	Check	Pif P	PTIN
Paid		Shareef	Abduhr-Rahmaan	Preparer's signature Sharef abdulir-Kalimaan 11/10/2	023	8:20 ^{Check} PM		P01911167
Prep				30C93D2E98E6422 iff CPA Services LLC	F	irm's EIN		
Use				187th Pl		hone no.		
000	U		Renton W		P	1010 110.	425-71	57-6915
May +	he IP (S discuse this						Yes X No
			on Act Notice, see the se		• • • •	• • • • • •	• • • •	Form 990 (2022)
	upciw	I VI K INCUUCLI	on Aut NULLE, 366 LIE 36					I UIIII JJU (ZUZZ)

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Form	n 990 (2022) THE LIFE YOU CAN SAVE 46-2100400 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	AT THE LIFE YOU CAN SAVE, WE MAKE "SMART GIVING SIMPLE" BY RECOMMENDING CHARITIES THAT SAVE OR
	IMPROVE THE MOST LIVES PER DOLLAR AND MAKING IT EASY FOR DONORS TO SUPPORT THOSE CHARITIES.
	CONTINUED ON SCHEDULE O
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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$4,839,689 including grants of \$4,743,862) (Revenue \$4,742,215)
	RAISING FUNDS FOR EFFECTIVE CHARITIES: IN 2022, WE DIRECTLY PROCESSED US\$4,700,000 FOR OUR
	RECOMMENDED CHARITIES AS AGENCY FUNDS. IN ADDITION TO DONATIONS DIRECTLY PROCESSED BY OUR
	ORGANIZATION, WE INSPIRED DONORS TO GIVE LARGE AMOUNTS EITHER DIRECTLY TO OUR RECOMMENDED
	CHARITIES THEMSELVES OR THROUGH OTHER MISSION-ALIGNED ORGANIZATIONS. GLOBALLY WE ESTIMATE THAT WE
	EITHER DIRECTLY RAISED OR INSPIRED US\$18 MILLION IN DONATIONS TO EFFECTIVE CHARITIES (OUR "TOTAL
	MONEY MOVED" METRIC). AND, OVER THE LAST THREE YEARS, WE HAVE BEEN ABLE TO RAISE AN AVERAGE OF
	US\$15 FOR OUR RECOMMENDED CHARITIES FOR EVERY US\$1 SPENT ON OUR OWN OPERATIONS.
4b	(Code:) (Expenses \$ 65,344 including grants of \$) (Revenue \$ 65,344)
	PROMOTING THE IDEA OF EFFECTIVE GIVING: IN ADDITION TO GENERATING SUPPORT FOR OUR RECOMMENDED
	CHARITIES, WE WORK TO POPULARIZE THE IDEA OF EFFECTIVE GIVING AND INSPIRE MORE PEOPLE TO MAKE
	SMART DONATION DECISIONS WITH OUR FREE INFORMATIONAL TOOLS AND RESOURCES - MOST IMPORTANTLY, OUR
	FOUNDER PETER SINGER'S BOOK THE LIFE YOU CAN SAVE. IN 2022, WE DISTRIBUTED 40,000 COPIES OF THE
	LIFE YOU CAN SAVE IN COMPLETE AND ABRIDGED FORMATS INCLUDING A CELEBRITY-READ AUDIOBOOK AND A
	PODCAST - ALL FOR FREE WHENEVER POSSIBLE.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4,905,033
	Earm 000 (2022)

Form	990 (2022) THE LIFE YOU CAN SAVE 46-210	00400	F	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A		x	v
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
c	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	. 5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	. 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	. 10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а				
u	complete Schedule D, Part VI	. 11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. 11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			X
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	. <u>11e</u>		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	. 12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	. 14a	x	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4 41-	v	
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	. 14b	X	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	. 15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	. 17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	-	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20 -	If "Yes," complete Schedule G, Part III.			x
20 a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>			x
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	. 200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	x	

	1 990 (2022) THE LIFE YOU CAN SAVE 46-2100	100	P	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			1
		r	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
20	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV.	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		~
C	"Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
30	conservation contributions? If "Yes," complete Schedule M.	30		v
21	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31 22		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		
22	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			Í
05-	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	х	Ĺ
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	<u> </u>

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 5 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 2b x 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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 bark account, securities account, or other financial account)? 4a x 5b Was the organization apparent to arrow the fib foreign country 5b x 5a Did any taxable party notify the organization file Korm 148, Report of Foreign Bark and Financial Accounts (FBAR). 5c x 5a Xas the organization apparent on as signature or other authority over, and financial accountry to a prohibited tax shelter transaction at any time organization receive annual organization are express statement that such contributions? 5b x 5a Das the organization receive and explore that were not tax deductible contributions? 5c 5c x 6a ax state are analy gross receipts that are normally greater that such contributions or grifts were not tax deductible contributions? 5c x 7 Organization receive apayment in excess of \$75 made party as a c	Form	1 990 (2022) THE LIFE YOU CAN SAVE 46-210	400	F	Page 5
Statements, filed for the calendar year ending with or within the year coveried by this return 2a 5 3a Did the organization file all required federal employment tax returns? 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b The "Yes," has it filed a Form 990-T for this year? If "No" to fine 3b, provide an explanation on Schedule O 3a 3b The "Yes," has it filed a Form 990-T for this year? If "No" to fine 3b, provide an explanation on Schedule O 3a 3c The "Yes," nas it filed a Form 990-T for this year? If "No" to fine 3b, provide an explanation on Schedule O 3a 3c If "Yes," enter the name of the foreign country set as the attraction a party to a prohibited tax shelt eransaction? 5a x 3c Dod any taxable party noith the organization have annual gross receipts that are normally greater than \$100,000, and did the organization necker annual gross receipts that are normally creater than \$100,000, and did the organization necker a payment in excess of \$75 made party as a contributions? 6a x 3c Did the organization necker a payment in excess of \$75 made party as a contribution and party for goods and services provided the payarization excees of \$75 made party as a contributions? 6a x 3c Did the organization necker a payment in excess of \$75 made party as a contribution and party for goods and senvi	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b H"Yes," has it filed a form 990-T for this year? If 'No' or line 3b, provide an explanation on Schedule 0. 3a X 4 At any time during the calendar year, did the organization have an interest in, or a signature or other autonity over, a financial account in a foreign country (such as a bark account, securities account, or other financial accounts (FBAR). 5a X 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the kax year? 5a X 6 Did any taxable party notify the organization file form 8886-T? 5a X 6a Does the organization neare wery scilcitation an express statement that such contributions or grifts were not tax deductible? 6a X 7 Organization shue annual gross receipts that are normally greater than \$100,000, and did the organization notify the organization acpress statement that such contributions or grifts were not tax deductible? 6a X 7 Organization tax organization neare were steletation and partly for goods an at services provided? 7a X 7 Organization sell, exchange, or otherwise dispose of tangible personal p	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
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" to line 3b, provide an explanation on Schedule 0		Statements, filed for the calendar year ending with or within the year covered by this returm	5		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanature or other authority over, a financial account in or origin country (such as a bark account, securities account, or other financial account); 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, or other financial account; 4a x b If "Yes," enter the name of the foreign country 5a x 5a x x 5b x c If Wes," enter the name of the foreign country 5a x 5b Ut any taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction? 5b x c If "Yes," did the organization include with were not tax deducible as charitable contributions or grifts were not tax deducible? 5c 5c 7 Organizations that may receive deducible contributions under section 170(c). 7b 7b 7b 7 Organization notify the donor of the value of the goods or services provided? 7a x 8 If "Yes," did the organization neative dispose of targible presonal property for which it was required to file Form 8282? 7c 7d 7d 7b 7 Organization receive any funds, diracity or indirecity, to a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
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) is a locative (such as a bank account, securities account, or other financial account)? 4a x b If Yeas; enter the name of the foreign county See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Xa 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Xa 5a Doid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a Xa 5b Doid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a Xa 6a Does the organization and was annul gross receipts that are normally greater that \$10,000, and did the organization state was normally greater that \$10,000, and did the organization state may receive deductible contributions? 6a Xa 7 Maximum tax may receive deductible contributions under section 170(c). 7a Xa 7 Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a Xa 7 Organization file, form 82821 filed during the year. 7d Xa 9	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
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	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a xx b Did any taxable party no aprohibited tax shelter transaction at any time during the tax year? 5a xx c If "Yes," to line 5a or 5b, did the organization file Form 886-17. 5a xx 6 Does the organization was annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a xx 7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a xx b If "Yes," indicate the number of Forms 822? If ind during the year. 7d 7d 7d c Did the organization sell, exchange, or othrwise dispose of targible personal property for which it was required to file Form 822? 7c 7d	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a xx b Did any taxable party no aprohibited tax shelter transaction at any time during the tax year? 5a xx c If "Yes," to line 5a or 5b, did the organization file Form 886-17. 5a xx 6 Does the organization was annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a xx 7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a xx b If "Yes," indicate the number of Forms 822? If ind during the year. 7d 7d 7d c Did the organization sell, exchange, or othrwise dispose of targible personal property for which it was required to file Form 822? 7c 7d		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
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a Is the organization licensed to issue qualified health plans in more than one state?			-		
			13a		
		Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which	b				
the organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand	с				
			14a		x
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q					-
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					<u> </u>
			15		x
If "Yes," see the instructions and file Form 4720, Schedule N.					
	16		16		x
If "Yes," complete Form 4720, Schedule O.		-			
17 Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities	17				
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
If "Yes," complete Form 6069.					

Forr	m 990 (2022) THE LIFE YOU CAN SAVE 46-	21004	00	Р	9age 6
Pa	art 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 ir	structio	ns.		
	Check if Schedule O contains a response or note to any line in this Part VI				X
Se	ction 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	3	-		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	3	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	•••	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?	•••	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?	•••	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		71.		
•	stockholders, or persons other than the governing body?	•••	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
•	the year by the following:		80	v	
a h	The governing body?		8a 8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?	•••	uo	х	
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		3		
000				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	100	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	•••	····		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts		12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		х
14	Did the organization have a written document retention and destruction policy?		14		х
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?				
а	The organization's CEO, Executive Director, or top management official		15a		x
b	Other officers or key employees of the organization		15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	<u></u>	16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(2)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records.				
	ANGELA MOORE JONES (832)647-1230, 975 WARD RD, SEQUIM, WA 98382				

Form 990 (202	2) THE LIFE YOU CAN SAVE	46-2100400	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated Employe	es, and						
	Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII		🗌						
Section A.	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete	his table for all persons required to be listed. Report compensation for the calendar year ending with	or within the							
organization's	tax year.								
	the organization's current officers, directors, trustees (whether individuals or organizations), regardle Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ess of amount of							

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

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

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

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

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

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

	licu organizai		nper	isat	cu a	iny cun	U		10300.	
					(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					han one		Reportable	Reportable	Estimated amount
	hours					s both ar r/trustee)		compensation	compensation	of other
	per week			aui	lecioi	/ilusiee)		from the	from related	compensation
	(list any			_	_			organization (W-2/	organizations (W-2/	from the
	hours for	or d	nst	Officer	Key	emp	Former	1099-MISC/	1099-MISC/	organization and
	related	irec	t	cer	em	oloy	ner	1099-NEC)	1099-NEC)	related organizations
	organizations	for a tr	ona		Key employee	e or				
	below	Individual trustee or director	Institutional trustee		/ee	npe				
	dotted line)	ě	stee			Highest compensated employee				
						fed				
(1) CHARLIE BRESLER	40.00									
DIRECTOR/EXECUTIVE DIRECTOR		х		х				0	0	0
(2) PETER_SINGER	8.00									
PRESIDENT/TREASURER		х		х				0	0	0
(3) NEELA SALDANHA	4.00									
SECRETARY		х		х				0	0	0
(4)										
(5)										
<u>(6)</u>										
[7]										
(8)										
(9)										
<u>(10)</u>										
(11)										
(12)										
(13)										
(14)										
						II		I		Earma 000 (0000)

Part	VII Section A. Officers, Directors, T	rustees,	Key E	Emp	loye	es, ar	nd H	lighest Comp	ensated Em	ployees	s (con	tinue
	(A)	(B)		-	(C) Positic			(D)	(E)		(F)	
	(A) Name and title	(B) Average hours per week (list any	box, offic	unless er and a	a direct	than one is both a or/trustee	n)	Reportable compensation from the organization (W-2/	Reportable compensation from related organizations (W-2/	, c	mated an of othe ompensa from the	r ition
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	rignest compensated employee Kev employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	-	anization ed organi	
15)												
16)												
17)												
18)												
19)												
20)												
21)												
22)												
23)												
24)												
25)												
1b c	Subtotal		•••	· · ·	•••	••••	•					
d	Total (add lines 1b and 1c)							0	C)		(
2	Total number of individuals (including but not limit reportable compensation from the organization	ed to those	listed a	bove)	who	receive	d m	ore than \$100,000	of			Τ
3	Did the organization list any former officer, direc		-			-					Yes	N
4	employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable co	mpensa	ation a	and of	her cor	nper	sation from the		. 3		x
5	individual				•••	•••	•••			. 4		x
	for services rendered to the organization? If "Yes	s," complete	Sched	ule J	for sı	ch pers	son			. 5		X
	on B. Independent Contractors	(-11					0 - 1			
1	Complete this table for your five highest compensa compensation from the organization. Report comp									r		
	(A)	CIISation Io		criuar	ycai	chung		(B)		(C))	
	Name and business addres	s						Description of servic	es	Comper		

received more than \$100,000 of compensation from the organization

Form 99		22) THE L	IFE	YOU CAN	SA	VE			46-2100	400 Page 9
Part V	VIII	Statement of Rev	enu	Ie						
		Check if Schedule O co			or n	ote to any line in this	s Part VIII			
			Jintan		. 01 11		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
	b				1b					
nts nts	c	Fundraising events		F	10					
Contributions, Gifts, Grants and Other Similar Amounts	d			F	1d					
Am (-		F						
ilar İlar	e	All other contributions, gifts, grants,								
Sim',	f									
utio						5,880,924				
ĘĘ	g									
	h	Total. Add lines 1a-1f	• •		• •		5,880,924			
						Business Code				
C)	2a									
vice	b									
Jram Serv Revenue	c									
E Se	d									
Program Service Revenue	e									
Pro	f	All other program service								
	g	Total. Add lines 2a-2f .								
		Investment income (includ								
	3	other similar amounts) .					9,951			9,951
	4	Income from investment of				F	2,201			
	5	Royalties			F					
	1			(i) Real	•••	(ii) Personal				
	60	Cross ronto	60	(I) Real						
		Gross rents								
		Less: rental expenses								
		Rental income or (loss)	6C							
	d	Net rental income or (loss))		•••					
	7a	Gross amount from		(i) Securities	s	(ii) Other				
		sales of assets								
		other than inventory	7a			135,094				
	b	Less: cost or other basis								
ne		and sales expenses	7b			138,675				
/en	c	Gain or (loss)	7c			(3,581)				
Rev	d	Net gain or (loss)					(3,581)		(3,581
Other Revenu	8a	Gross income from fundra	ising							
Ğ		events (not including \$								
-		of contributions reported of	n line	9						
		1c). See Part IV, line 18			8a					
	Ь	Less: direct expenses .			8b					
		Net income or (loss) from								
		Gross income from gamin		along orono	' 📑					
	Ja	activities, See Part IV, line	-		9a					
	h				9b					
		Less: direct expenses .				-				
	C	Net income or (loss) from	gami	ng activities	· ·	••••				
	10a	Gross sales of inventory, I								
		returns and allowances .			10a					
		Less: cost of goods sold			10k	-				
	C	Net income or (loss) from	sales	of inventory	• •	••••				
						Business Code				
sn	11a	CREDIT CARD REWAR	D			900099	3,963			3,963
ou	b									
ella ver	c									
Miscellanous Revenue	d	All other revenue								
Σ	e	Total. Add lines 11a-11d			•••		3,963			
		Total revenue. See instru					5,891,257	0	0	10,333
-									-	

	990 (2022) THE LIFE YOU CAN SAVE			46-21004	100 Page 10
	rt IX Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c		izations must complet	e column (A).	
	Check if Schedule O contains a response or note to	,			
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	bb, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21	2,933,940	2,933,940		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	1,809,922	1,809,922		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	388,787	88,667	300,120	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	31,427	8,472	22,955	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	29,632		29,632	
с	Accounting	113,614		113,614	
d				-	
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	374,920	25,417	76,130	273,373
12	Advertising and promotion	266,789	257117	/0/100	266,789
13	Office expenses	44,934	38,615	492	5,827
14		28,027	307013	2,503	25,524
15	Royalties	20,027		2,505	237321
16	Occupancy				
17		10 160		18,168	
18	Payments of travel or entertainment expenses	18,168		10,100	
10					
19	for any federal, state, or local public officials Conferences, conventions, and meetings	100		100	
	-	188		188	
20 21	Interest				
21	Payments to affiliates	1 004		1 004	
22 22	Depreciation, depletion, and amortization	1,004		1,004	
23		417		417	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
a	BANK FEES & MISC	3,047		3,047	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,044,816	4,905,033	568,270	571,513
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				
	following SOP 98-2 (ASC 958-720)				

	<u>990 (20</u>	/		40	5-210	0400 Page 11
Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in t	his Part X		<u>.</u>	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		4,836,460	1	2,360,178
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	397,476	4	510,281	
	5	Loans and other receivables from any current or former officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%				
		controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net	[7	
Assets	8	Inventories for sale or use	[8	
Ass	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	7,139			
	b	Less: accumulated depreciation	1,320	2,587	10c	5,819
	11	Investments - publicly traded securities		40,248	11	1,939,276
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 33)	[5,276,771	16	4,815,554
	17	Accounts payable and accrued expenses		2,853,982	17	2,525,000
	18	Grants payable		18		
	19	Deferred revenue	[19	
	20	Tax-exempt bond liabilities	[20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	[21	
ŝ	22	Loans and other payables to any current or former officer, director,				
litie		trustee, key employee, creator or founder, substantial contributor, or 35%				
Liabilities		controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties	•••••		23	
	24	Unsecured notes and loans payable to unrelated third parties	•••••		24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		2,853,982	26	2,525,000
		Organizations that follow FASB ASC 958, check here X				
ŝ		and complete lines 27, 28, 32, and 33.				
nce	27	Net assets without donor restrictions	•••••	2,331,544	27	2,255,219
ala	28	Net assets with donor restrictions		91,245	28	35,335
Б		Organizations that do not follow FASB ASC 958, check here				
Fur		and complete lines 29 through 33.				
P	29	Capital stock or trust principal, or current funds	•••••		29	
iets	30		••••		30	
Ass	31		•••••		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		2,422,789	32	2,290,554
~	33	Total liabilities and net assets/fund balances		5,276,771	33	4,815,554

EEA

Form **990** (2022)

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Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,8	391,	257
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,0)44,	816
3	Revenue less expenses. Subtract line 2 from line 1	3	(1	L53,	559)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,4	ł22,	789
5	Net unrealized gains (losses) on investments	5		21,	324
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,2	290,	554
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🕱 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		\neg		
			3b		
EEA			Form	990 ((2022)

Public Charity Status and Public Support		Public	Charity	Status	and	Public	Support
--	--	--------	---------	--------	-----	--------	---------

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

(Form 990)	Comple
Department of the Treesury	

SCHEDULE A

OMB No. 1545-00)47
2022	

		t of the Treas		Attac	h to Form 990 or Form	990-EZ.			Open to Public
Interna	al Re	evenue Service	Go to	o www.irs.gov/For	m990 for instructions a	and the lat	test inforr	nation.	Inspection
Name	of th	he organizati	on					Employer identificatio	n number
THE	LI	FE YOU C	AN SAVE					46-210040	0
Par	t I	Reas	on for Public Cha	rity Status. (Al	II organizations mus	t comple	ete this p	part.) See instructi	ons.
The o	rgar	nization is no	t a private foundation b	ecause it is: (For lir	nes 1 through 12, check c	only one bo	x.)		
1		A church, c	onvention of churches,	or association of c	hurches described in se	ction 170(b)(1)(A)(i)).	
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital of	or a cooperative hospita	al service organizat	ion described in section	170(b)(1)	(A)(iii).		
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
		hospital's n	ame, city, and state:						
5		An organiza	ation operated for the be	enefit of a college o	r university owned or ope	erated by a	a governme	ental unit described in	
		section 17	0(b)(1)(A)(iv). (Comple	ete Part II.)					
6		A federal, s	tate, or local governme	ent or governmenta	I unit described in section	on 170(b)(⁻	1)(A)(v).		
7	Х	An organiza	ation that normally rece	ives a substantial pa	art of its support from a g	overnment	tal unit or f	rom the general public	
		described in	n section 170(b)(1)(A)	(vi). (Complete Par	rt II.)				
8		A communi	ty trust described in se	ction 170(b)(1)(A)	(vi). (Complete Part II.)				
9		An agricultu	ural research organizat	ion described in se	ction 170(b)(1)(A)(ix) o	perated in	conjunctio	n with a land-grant co	lege
		or university	y or a non-land-grant co	ollege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or	
		university:							
10		receipts from support from	m activities related to it n gross investment inco	s exempt functions, ome and unrelated l	33 1/3% of its support fro subject to certain excep business taxable income e section 509(a)(2). (Co	tions; and (less secti	(2) no mor on 511 tax	e than 33 1/3% of its	SS
11		An organiza	ation organized and op	erated exclusively t	to test for public safety.	See sectio	n 509(a)(4	4).	
12		-			or the benefit of, to perform				
				-	ed in section 509(a)(1)				3). Check
		the box on l	ines 12a through 12d th	nat describes the typ	pe of supporting organiza	ation and c	omplete lir	nes 12e, 12f, and 12g.	
а		Type I.	A supporting organiza	tion operated, supe	ervised, or controlled by i	ts support	ed organiz	ation(s), typically by g	iving
		the sup	ported organization(s)	the power to regula	rly appoint or elect a ma	ority of the	e directors	or trustees of the	
		support	ting organization. You	must complete Pa	rt IV, Sections A and B	-			
b		Type II	. A supporting organiza	ation supervised or	controlled in connection	with its su	pported or	ganization(s), by havi	ng
		control	or management of the	supporting organiza	ation vested in the same	persons that	at control o	r manage the supporte	ed
		organiz	ation(s). You must co	mplete Part IV, Se	ctions A and C.				
С		Type II	I functionally integrat	ed. A supporting of	rganization operated in c	onnection	with, and	functionally integrated	with,
		its supp	oorted organization(s) (see instructions). Y	ou must complete Par	t IV, Section	ons A, D,	and E.	
d		Type II	I non-functionally into	egrated. A supporti	ing organization operate	d in conne	ction with	its supported organiza	tion(s)
		that is n	ot functionally integrate	ed. The organization	n generally must satisfy a	distributio	n requirem	ent and an attentivenes	SS
		require	ment (see instructions)	. You must compl	ete Part IV, Sections A	and D, an	d Part V.		
е		Check 1	this box if the organizat	ion received a writte	en determination from the	IRS that it	is a Type	I, Type II, Type III	
		functior	nally integrated, or Type	e III non-functionally	v integrated supporting of	rganizatior).		
f	Е	inter the num	ber of supported organ	nizations					• • •
g	Р	Provide the fo	llowing information abo	out the supported or	ganization(s).			1	1
	(i) N	ame of supporte	d organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No	-	
						100			
(A)									
(D)									
(B)									
(C)									
(D)									
(E)									
Total									

Part	ule A (Form 990) 2022 THE LIFE YO					46-210040	
	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
Secti	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	668,214	1,731,274	3,406,020	7,271,955	5,880,924	18,958,387
2	Tax revenues levied for the						
	organization'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	668,214	1,731,274	3,406,020	7,271,955	5,880,924	18,958,387
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)						264,092
6	Public support. Subtract line 5 from line 4.						18,694,295
-	ion B. Total Support	1	1	1	-	1	1
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	668,214	1,731,274	3,406,020	7,271,955	5,880,924	18,958,387
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources		3,469	7,482	4,502	44,897	60,350
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 VI.)					3,963	3,963
11	Total support. Add lines 7 through 10						19,022,700
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the or	•			•	•	, , ,
13	organization, check this box and stop he				•	•	, , ,
13	organization, check this box and stop her ion C. Computation of Public Support	rt Percentag				· · · · · · · · · ·	, , ,
13 <u>Secti</u> 14	organization, check this box and stop he ion C. Computation of Public Suppor Public support percentage for 2022 (line 6	re 	ivided by line	11, column (f))	· · · · · · · · ·	14	···· [
13 Secti	organization, check this box and stop her ion C. Computation of Public Suppor Public support percentage for 2022 (line 6 Public support percentage from 2021 Sch	re r t Percentag S, column (f), c edule A, Part	livided by line	11, column (f))	· · · · · · · · · · · · · · · · · · ·	14 15	98.27 % 96.30 %
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13 <u>Secti</u> 14 15	organization, check this box and stop her ion C. Computation of Public Support Public support percentage for 2022 (line 6 Public support percentage from 2021 Sch 33 1/3% support test - 2022. If the organ box and stop here. The organization qua	t Percentag c, column (f), c edule A, Part ization did not lifies as a pub	livided by line II, line 14 t check the boy licly supported	11, column (f))	id line 14 is 33	14 15 1/3% or more,	98.27 % 96.30 % check this
13 <u>Secti</u> 14 15	organization, check this box and stop her ion C. Computation of Public Suppor Public support percentage for 2022 (line 6 Public support percentage from 2021 Sch 33 1/3% support test - 2022. If the organ	t Percentag c, column (f), c edule A, Part ization did not lifies as a pub	livided by line II, line 14 t check the boy licly supported	11, column (f))	id line 14 is 33	14 15 1/3% or more,	98.27 % 96.30 % check this
13 Secti 14 15 16a	organization, check this box and stop her ion C. Computation of Public Support Public support percentage for 2022 (line 6 Public support percentage from 2021 Sch 33 1/3% support test - 2022. If the organ box and stop here. The organization qua 33 1/3% support test - 2021. If the organ this box and stop here. The organization	rt Percentag 6, column (f), c edule A, Part ization did not lifies as a pub ization did not qualifies as a	livided by line II, line 14 t check the box licly supported t check a box o publicly suppo	11, column (f)) con line 13, ar organization . on line 13 or 16 rted organizati	Id line 14 is 33	14 15 1/3% or more, 	98.27 % 96.30 % check this
13 Secti 14 15 16a	organization, check this box and stop her ion C. Computation of Public Support Public support percentage for 2022 (line 6 Public support percentage from 2021 Sch 33 1/3% support test - 2022. If the organ box and stop here. The organization qua 33 1/3% support test - 2021. If the organ	rt Percentag 6, column (f), c edule A, Part ization did not lifies as a pub ization did not qualifies as a	livided by line II, line 14 t check the box licly supported t check a box o publicly suppo	11, column (f)) con line 13, ar organization . on line 13 or 16 rted organizati	Id line 14 is 33	14 15 1/3% or more, 	98.27 % 96.30 % check this
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13 <u>Secti</u> 14 15 16a b	organization, check this box and stop her ion C. Computation of Public Support Public support percentage for 2022 (line 6 Public support percentage from 2021 Sch 33 1/3% support test - 2022. If the organ box and stop here. The organization qua 33 1/3% support test - 2021. If the organ this box and stop here. The organization 10%-facts-and-circumstances test - 202	rt Percentag S, column (f), c edule A, Part ization did not ization did not qualifies as a publication did not qualifies as a 22. If the organ ts the facts-an	livided by line II, line 14 t check the box licly supported t check a box of publicly suppo nization did no id-circumstanc	11, column (f)) on line 13, an organization . on line 13 or 16 rted organizati t check a box o es test, check	ad line 14 is 33 	14 15 1/3% or more, is 33 1/3% or r , or 16b, and lir top here. Explain	98.27 % 96.30 % check this x more, check nore, check
13 <u>Secti</u> 14 15 16a b	organization, check this box and stop her ion C. Computation of Public Support Public support percentage for 2022 (line 6 Public support percentage from 2021 Sch 33 1/3% support test - 2022. If the organ box and stop here. The organization qua 33 1/3% support test - 2021. If the organ this box and stop here. The organization 10%-facts-and-circumstances test - 202 10% or more, and if the organization mee	rt Percentag S, column (f), c edule A, Part ization did not lifies as a publization did not qualifies as a qualifies as a 22. If the organ ts the facts-an cts-and-circun	livided by line II, line 14 t check the box licly supported t check a box of publicly suppo nization did no id-circumstanc nstances test.	11, column (f)) con line 13, an organization . on line 13 or 16 rted organizati t check a box o es test, check The organizati	ad line 14 is 33 	14 15 1/3% or more, is 33 1/3% or r or 16b, and lir top here. Expla a publicly supp	98.27 % 96.30 % check this x nore, check no 14 is ain in ported
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13 <u>Secti</u> 14 15 16a b	organization, check this box and stop her ion C. Computation of Public Support Public support percentage for 2022 (line 6 Public support percentage from 2021 Sch 33 1/3% support test - 2022. If the organ box and stop here. The organization qua 33 1/3% support test - 2021. If the organ this box and stop here. The organization 10%-facts-and-circumstances test - 202 10% or more, and if the organization meet Part VI how the organization meets the fa organization	rt Percentag s, column (f), c edule A, Part ization did not ization did not qualifies as a pub ization did not qualifies as a 22. If the organ ts the facts-and cts-and-circum 	livided by line II, line 14 t check the box licly supported t check a box of publicly suppo nization did no id-circumstance instances test.	11, column (f)) on line 13, an organization . on line 13 or 16 rted organizati t check a box of es test, check The organizati 	ad line 14 is 33 ba, and line 15 on	14 15 1/3% or more, is 33 1/3% or r , or 16b, and lir top here. Expla a publicly supp , 16b, or 17a, a and stop here. as a publicly supp	98.27 % 96.30 % check this x more, check to the 14 is ain in ported to the 14 is ain in ported

Schedu	le A (Form 990) 2022 THE LIFE YC	U CAN SAVE	1			46-2100400) Page 3
Part	III Support Schedule for Organiza	ations Desci	ribed in Sect	ion 509(a)(2))		
	(Complete only if you checked th					to qualify unc	ler Part II.
	If the organization fails to qualify						
Secti	on A. Public Support			,		-/	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(5) 2010	(0) 2020	(0) 2021	(0) 2022	
•							
-	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
6	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support		•				
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(1)					()
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
b							
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	aanization's fi	rst second thi	rd fourth or fit	fth tax vear as:	a section 501(c)(3)
	organization, check this box and stop her	•			•		
Socti	on C. Computation of Public Suppor					• • • • • • • •	•••••
		-		$2 - \alpha \beta (1) = \alpha \beta (1)$		45	
15	Public support percentage for 2022 (line 8		•			15	%
<u>16</u>	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2022 (I			-		17	%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this be	-	-	-		••••	
b	33 1/3% support tests - 2021. If the organizati	on did not chec	k a box on line 14	4 or line 19a, an	d line 16 is more	than 33 1/3%, ar	nd
	line 18 is not more than 33 1/3%, check this bo	x and stop here	e. The organization	on qualifies as a	publicly support	ed organization .	🗌
20	Private foundation. If the organization die	d not check a	box on line 14.	19a. or 19b. c	heck this box a	and see instruct	ions

Schedule A (Form 990) 2022 THE LIFE YOU CAN SAVE 46-2100400 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

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Part IV	Supporting C	Organizatio	ns (continu	.ed)			
						Yes	No

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 11a
- **b** A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI.**

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c [] The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

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2a

2b

3a

3b

Yes

No

11b

11c

1

2

1

Yes No

Yes No

	e A (Form 990) 2022 THE LIFE YOU CAN SAVE		46-210	0400	Page
Part	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1	Check here if the organization satisfied the Integral Part Test as a qualifying				
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ons must complete Sect		-
Secti	on A - Adjusted Net Income		(A) Prior Year	. ,	urrent Yea otional)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Secti	on B - Minimum Asset Amount		(A) Prior Year		urrent Yea otional)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
-	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Curr	ent Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			

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

Schedule A (Form 990) 2022

Schedul	e A (Form 990) 2022 THE LIFE YOU CAN SAVE		46-2	10040	0 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer		ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				
EEA				Sch	nedule A (Form 990) 202

Schedule A (Form 990) 2022THE LIFE YOU CAN SAVE46-2100400Page 8Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

01. Other income (Part II, line 10 or Part III, line 12)

CREDIT CARD REWARD POINTS

0		Complete if the orga	al Financial S	es" on Form 990,		OMB No. 1545-0047
		Part IV, line 6, 7, 8, 9, 10		1e, 11f, 12a, or 12b.		Open to Public
	ent of the Treasury Revenue Service	Go to www.irs.gov/Forms	Attach to Form 990.	d the latest information		Inspection
	f the organization				oyer ide	ntification number
THE L	IFE YOU CAN	SAVE			46-21	.00400
Par		ations Maintaining Donor Advised	Funds or Other Sin			
	Complet	e if the organization answered "Yes"	on Form 990, Part IV	', line 6.		
			(a) Donor ad	lvised funds	(b)	Funds and other accounts
1	Total number at e	end of year				
2	Aggregate value	of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5	-	tion inform all donors and donor advisors in	-			
_	-	panization's property, subject to the organiz	•			Yes 🗌 No
6	-	tion inform all grantees, donors, and donor				
	-	e purposes and not for the benefit of the do				
Dort		missible private benefit?				Yes No
Part			on Form 000 Bart IV	line 7		
1	•	e if the organization answered "Yes" nservation easements held by the organiza				
		of land for public use (for example, recreati		Preservation of a historial	colly im	portant land area
	Protection of I			Preservation of a certifie	•	•
	Preservation				50 11510	
2		a through 2d if the organization held a quali	ified conservation contri	bution in the form of a cons	orvatio	n
2		last day of the tax year.				Held at the End of the Tax Year
а		conservation easements			2a	
b		stricted by conservation easements			2b	
c	•	ervation easements on a certified historic st			2c	
d		ervation easements included in (c) acquired				
		listed in the National Register			2d	
3		ervation easements modified, transferred, re				uring the
	tax year		J			5
4		s where property subject to conservation ea	asement is located			
5	Does the organiz	ation have a written policy regarding the pe	eriodic monitoring, inspe	ction, handling of		
	violations, and er	nforcement of the conservation easements	it holds?			🗌 Yes 🗌 No
6	Staff and volunte	er hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conservation e	easeme	ents during the year
7	Amount of expen	 ses incurred in monitoring, inspecting, hand	dling of violations. and e	enforcing conservation ease	ements	during the vear
			C I	0		0 7
8	Does each conse	ervation easement reported on line 2(d) abo	ove satisfy the requirem	ents of section 170(h)(4)(B))(i)	
	and section 170(h)(4)(B)(ii)?				🗌 Yes 🗌 No
9	In Part XIII, desc	ribe how the organization reports conserva	ation easements in its re	venue and expense stateme	ent and	
	balance sheet, ar	nd include, if applicable, the text of the footr	note to the organization's	s financial statements that d	lescribe	es the
		counting for conservation easements.				
Part		zations Maintaining Collections			Simi	lar Assets.
	· · · · · · · · · · · · · · · · · · ·	e if the organization answered "Yes"				
1a	-	n elected, as permitted under FASB ASC 9				
		reasures, or other similar assets held for pu			e of pu	blic
		in Part XIII the text of the footnote to its fina			abcat :	ionico of
b	-	n elected, as permitted under FASB ASC 9				
		asures, or other similar assets held for publi	c exhibition, education,	or research in furtherance of	or public	Service,
	•	ving amounts relating to these items:				¢
		luded on Form 990, Part VIII, line 1				
2		ded in Form 990, Part X				\$
2	-	n received or held works of art, historical transmission of the reported upder EASP ASC			IOVIDE	line
-	-	s required to be reported under FASB ASC d on Form 990, Part VIII, line 1	_			¢
a b						
		in Form 990, Part X		• • • • • • • • • • • • • •		 Schedule D (Form 990) 202

	e D (Form 990) 2022 THE LIFE YOU C							46-2100			Page 2
Part	Ŭ								sets (c	ontir	nued)
3	Using the organization's acquisition, access	sion, and	d other record	ls, check a	ny of the fo	ollowing that r	nake się	pificant use of its			
	collection items (check all that apply):										
а	Public exhibition			d	🗌 Loan o	r exchange p	-				
b	Scholarly research			е	Other						_
С	Preservation for future generations										
4	Provide a description of the organization's of	collectio	ons and explai	in how they	/ further the	e organizatior	n's exen	npt purpose in Part			
	XIII.										
5	During the year, did the organization solicit										
	assets to be sold to raise funds rather than	to be n	naintained as	part of the	organizatio	on's collection	n?		Ye	s	No
Part		-									
	Complete if the organization	answ	ered "Yes'	' on Forn	n 990, P	art IV, line	9, or I	reported an am	ount on	For	m
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custoo	dian or c	other intermed	liary for cor	ntributions	or other asse	ts not				
	included on Form 990, Part X?								. 🗌 Ye	s	No
b	If "Yes," explain the arrangement in Part XI	II and c	omplete the fo	ollowing tab	ole:						
								Am	ount		
С	Beginning balance						. 10	;			
d	Additions during the year						. 10	ł			
е	Distributions during the year						. 16	•			
f	Ending balance						. 1f				
2a	Did the organization include an amount on I	Form 99	90, Part X, line	e 21, for es	crow or cu	istodial accou	nt liabili	ty?	Ye	s	No
b	If "Yes," explain the arrangement in Part XI	II. Chec	k here if the e	explanation	has been	provided on F	Part XIII			. [
Part	V Endowment Funds.										
	Complete if the organization	answ	ered "Yes'	' on Forn	n 990, P	art IV, line	10.				
	· · · · ·	(a)	Current year	(b) Prie	or year	(c) Two years	back	(d) Three years back	(e) Fou	ir years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	rrent ve	ar end baland	e (line 1g.	column (a))) held as:					
а	Board designated or quasi-endowment	,	%	(U,	()						
b	Permanent endowment %	, 0									
С	Term endowment %										
	The percentages on lines 2a, 2b, and 2c sh	ould ea	ual 100%.								
3a	Are there endowment funds not in the poss			zation that a	are held ar	nd administere	ed for th	9			
	organization by:		5							Yes	No
	(i) Unrelated organizations								. 3a(i)		
	(ii) Related organizations										
h	If "Yes" on line 3a(ii), are the related organi								3b		
4	Describe in Part XIII the intended uses of the								00		
Part					1100.						
- un	Complete if the organization	•		' on Forn	n 990 P	art IV line	11a 9	See Form 990	Part X	line	10
	Description of property		(a) Cost or oth			r other basis		Accumulated	(d) Boo		
	Description of property		(a) Cost of oth			other)	• •	epreciation	(u) BO	JK value	3
10	Land			7		- /	ŭ				
1a b	Land	••									
b	Buildings	••									
С	Leasehold improvements	••						1 200		-	010
_						7 1 2 2					,819
d	Equipment	F				7,139		1,320		5,	
e	Other			wh V and the							,819

Schedule D (Form 990) 2022

Schedule D (For	m 990) 2022 THE LIFE YOU CAN SA	AVE			46-	2100400	Page 3
Part VII	Investments - Other Securities.						
	Complete if the organization answered "	es" on For	m 990, Part IV	', line	e 11b. See Form	1 990, Part X, I	ine 12.
	(a) Description of security or category (including name of security)		(b) Book value			thod of valuation: d-of-year market value	
(1) Financial	derivatives						
(2) Closely-he	eld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	n (b) must equal Form 990, Part X, col. (B) line 12.).						
Part VIII	Investments - Program Related.	/ 			44 O F		
	Complete if the organization answered "N	res" on For	m 990, Part IV	, line	e 11c. See Form	990, Part X, I	ine 13.
	(a) Description of investment		(b) Book value		• •	ethod of valuation: d-of-year market value	
(1)					Cost of en	J-OI-year market value	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 13.).						
Part IX	Other Assets.						
	Complete if the organization answered "	es" on For	m 990, Part IV	', line	e 11d. See Form	990, Part X, I	ine 15.
	(a) Descrip	otion				(b) Book v	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 15.).			• • •	•••••		
Part X	Other Liabilities. Complete if the organization answered "N line 25.	∕es" on For	m 990, Part IV	', line	e 11e or 11f. See	e Form 990, P	art X,
1.	(a) Description of liability	(b) Book v	alue				
(1) Federal i	ncome taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.).						

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

EEA

Schedu	ile D (Form 990) 2022 THE LIFE YOU CAN SAVE	46-2100400	Page 4
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,170,365
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	4	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	21,324
3	Subtract line 2e from line 1	3	1,149,041
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b 4,742,210	5	
С	Add lines 4a and 4b	-	4,742,216
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5,891,257
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,302,600
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	1,302,600
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b 4,742,210	5	
C	Add lines 4a and 4b		4,742,216
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,044,816
Part	XIII Supplemental Information.		

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

01. Other revenues included on Form 990 (Part XI, line 4b)

AGENCY REVENUE OF \$4,742,216 ARE NOT RECOGNIZED BY GAAP.

Chedule D (Form 990) 2022 THE LIFE YOU CA		46-2100400	Pag
Part XIII Supplemental Information	(continued)		
) Other emerges included on Rem			
. Other expenses included on Form	m 990 (Part XII, line 4b)		
ENCY GRANTS OF \$4,742,216 ARE NO	T RECOGNIZED BY GAAP.		
· · ·			

SCHEDULE F Statement of Activities Outside the Unit		Statement of Activities Outside the United States		OMB No. 1545-0047
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15,				2022
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Open to Public Inspection	
Name of the or	ganization		Employer	identification number
THE LIFT	E YOU CAN	SAVE	46-210	0400
Part I	General	Information on Activities Outside the United States. Complete if the organization	answere	ed "Yes" on
	Form 990), Part IV, line 14b.		
1 Fo	r grantmakei	s. Does the organization maintain records to substantiate the amount of its grants and		
oth	er assistance	the grantees' eligibility for the grants or assistance, and the selection criteria used to		
awa	ard the grants	or assistance?		🗴 Yes 🗌 No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING					
(1) ICELAND AND GREENLAND)			PROGRAM SERVICES	CONTRACTOR	10,140
(2)SOUTH ASIA			PROGRAM SERVICES	CONTRACTOR	26,810
(3) SOUTH AMERICA			PROGRAM SERVICES	CONTRACTOR	93,914
(4)SUB-SAHARAN AFRICA			PROGRAM SERVICES	CONTRACTOR	69,475
_(5)					
_(6)					
_(7)					
_(8)					
_(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					200,339
sheets to Part I					200,339

Schedule F (Form 990) 2022

Part II

THE LIFE YOU CAN SAVE

46-2100400 Page **2**

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

	d) Purpose of grant	(e) Amo cash	grant	(f) Manr cas disburs	h	, e,	mount of oncash ssistance		scription n assistance	(i) Method o valuation (book, FM appraisal, oth
ELAN	ELAND									
MAKI	MAKING-EXEM	м 2	85,450							
ELAN	ELAND									
MAKI	MAKING-EXEM	M 3	65,433							
ELAN	ELAND									
MAKI	MAKING-EXEM	и 1,1	59,040							
cogni	cognized as ch	narities by th	e foreign co	untry, reco	nized as a	tax		1		
-	cognized as ch		-							

Schedule F (Form 990) 2022

rt III Grants and Other As Part III can be duplica					organization ans	wered "Yes" on Form 99	o, Faitiv, ine
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, othe

-

Schedu	le F (Form 990) 2022 THE LIFE YOU CAN SAVE	46-2100400	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	🏾 Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	<table-cell> Yes</table-cell>	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	🏾 Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	🏾 Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	🏾 Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	🏾 Yes	X No
EEA		Schedule F (F	orm 990) 2022

Scriedule r (ron	n 990/2022 IRE LIFE IOU CAN SAVE	46-2100400	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, colum	nn (f) (accounting metho	od:
	amounts of investments vs. expenditures per region); Part II, line 1 (accounting method);		
	Part III, column (c) (estimated number of recipients), as applicable. Also complete this pa	rt to provide any addition	nal
	information. See instructions.		
01. Meth	od of accounting for expenditures (Part I, line 3, col f)		
TLYCS FO	LLOWS GAAP ACCOUNTING AND RECORDS FUNDS GIVEN AS GRANTS TO OTHERS,	RECORDED IN	
12105 10			
U.S. DOL	LARS.		

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	OMB No. 1545-0047 2022
Department of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.	Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization	Employer identi	fication number

THE LIFE YOU CAN SAVE

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance?

x Yes No No

46-2100400

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)AGAINST MALARIA FOUNDATION		(3		other)		
310 W 20TH STREET SUITE 300							
KANSAS CITY MO 64108	20-3069841	501(C)3	206,808				
(2)EQUALIZE HEALTH							
695 MINNESOTA							
SAN FRANCISCO CA 94107	26-0642778	501(C)3	30,564				
(3) EVIDENCE ACTION							
1133 CONNECTICUT AVE, NW SU							
WASHINGTON DC 20036	90-0874591	501(C)3	115,263				
(4)FISTULA FOUNDATION							
1922 THE ALAMEDA SUITE 302							
SAN JOSE CA 95126	77-0547201	501(C)3	226,266				
(5) FRED HOLLOWS FOUNDATION							
115 FIFTH AVE, 6TH FLOOR							
NEW YORK NY 10003	82-2851329	501(C)3	105,702				
(6)GIVE DIRECTLY							
PO BOX 3221							
NEW YORK NY 10008	27-1661997	501(C)3	191,759				
(7)HELEN KELLER INTERNATIONAL							
ONE DAG HAMMARSKJOLD PLAZA							
NEW YORK NY 10017	13-5562162	501(C)3	122,318				
(8) INNOVATIONS FOR POVERTY ACT							
228 PARK AVE S, SUITE 53674							
NEW YORK NY 10003-1502	06-1660068	501(C)3	77,745				
(9)LIVING GOODS							
220 HALLECK STREET SUITE 20							
SAN FRANCISCO CA 94129	20-5010527	501(C)3	107,783				
(10 MALARIA CONSORTIUM							
8024 UPPER LAKE DRIVE							
RALEIGH NC 27615	98-0627052	501(C)3	158,439				
2 Enter total number of section 501(c)(3) ar	nd government organ	izations listed in the line 1	1 table			••••••	22
3 Enter total number of other organizations							22

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

DocuSi ID: 41E77000-4E57-4C27-88E2-CE4ADAB230CB

SCHEDULE I	G	rants and Other vernments, and				F	OMB No. 1545-0047
(Form 990)		ete if the organization a					2022
Department of the Treasury	·	-	Attach to Form 990.				Open to Public
Internal Revenue Service Name of the organization		Go to www.irs.g	ov/Form990 for the la	itest information.		Employer identifica	Inspection
THE LIFE YOU CAN SAVE						46-2100400	
Part I General Information on G	Grants and Ass	istanco				10 2100100	
				aibility for the superto or	analatanan and		
1 Does the organization maintain records to		-	-				. 🗌 Yes 🗌 No
the selection criteria used to award the gr				•••••			. Ves No
2 Describe in Part IV the organization's pro Part II Grants and Other Assistan				te Complete if the c	ranization answard	"Voo" on Form 00	0
		-			•	res on Form 99	0,
Part IV, line 21, for any recip				•	(f) Method of valuation		(1) D ()
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)NEW INCENTIVES			giain	noncash assistance	other)		
340 S LEMON AVE NO 6133							
WALNUT CA 91789	45-2368993	501(C)3	120,189				
(2)ONE ACRE FUND	45-2500555	501(0)5	120,105				
1954 FIRST STREET SUITE 183							
HIGHLAND PARK IL 60035	20-3668110	501(C)3	132,792				
(3)CARBON 180	20-3000110	501(0)5	152,752				
1140 3RD STREET, N.E.							
WASHINGTON DC 20002	81-2560407	501(C)3	96,607				
(4)OXFAM AMERICA	01-2300407	501(0)5	30,007				
226 CAUSEWAY ST, FLOOR 5							
BOSTON MA 02114	23-7069110	501(C)3	96,467				
(5) POPULATION SERVICES INTERNA	23-7009110	501(0)5	50,407				
1120 19TH STREET NW SUITE 6							
WASHINGTON DC 20036	56-0942853	501(C)3	150,404				
(6) CLEAN AIR TASK FORCE	50-0542055	501(0)5	150,404				
114 STATE STREET, 6TH FLOOR							
BOSTON MA 02109	04-3512550	501(C)3	78,171				
(7) PROJECT HEALTHY CHILDREN	01 3312330		/0/1/1				
200 FRIBERG PARKWAY, SUITE							
WESTBOROUGH MA 01581	83-0396815	501(C)3	103,321				
(8) SEVA FOUNDATION	05 0550015		1037321				
1786 FIFTH STREET							
BERKELEY CA 94710	38-2231279	501(C)3	102,097				
	30-2231275	501(0)5	102,007				
(9)GAIN 1701 RHODE ISLAND AVENUE, N							
WASHINGTON DC 20036	98-0404435	501(C)3	165,804				
(10YILLAGE ENTERPRISE	50-0101133		103,004				
751 LAUREL STREET, PMB 222							
SAN CARLOS CA 94070	22-2852248	501(C)3	249,842				
2 Enter total number of section 501(c)(3) ar			_				

3 Enter total number of other organizations listed in the line 1 table

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

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Sign Envelope ID: 41E77099-4F57-4C27-88F2		rants and Other	Assistance to	o Organization	S,	I	OMB No. 1545-0047
(Form 990)		ernments, and I					2022
Department of the Treasury	Comple		Attach to Form 990.		or 22.	C	pen to Public
Internal Revenue Service		Go to www.irs.g	ov/Form990 for the la	atest information.			Inspection
Name of the organization						Employer identificat	ion number
THE LIFE YOU CAN SAVE	<u></u>	•				46-2100400	
Part I General Information on							
1 Does the organization maintain records the selection criteria used to award the g		-	-	• • •			. 🗌 Yes 🗌 No
2 Describe in Part IV the organization's pr	-						
Part II Grants and Other Assista		<u> </u>		ts. Complete if the o	rganization answered	"Yes" on Form 99).
Part IV, line 21, for any recip		-			•		- ,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ^{ZUSHA} !							
306 REISS BUILDING							
WASHINGTON DC 20057	53-0196603	501(C)3	64,483				
(2)EVERGREEN COLLABORATIVE PO BOX 21961							
SEATTLE WA 98101	45-2743815	501(C)3	104,705				
(3)							
(4)							
(5)							
(6)							
(7)							
(0)							
(8)							
(9)							
(10)							
(10)2 Enter total number of section 501(c)(3) a	and government organ	izations listed in the line 1	table			 	

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2022) THE LIFE YOU CA					46-2100400 Page
Part III Grants and Other Assistance		•	e organization answ	vered "Yes" on Form 99	0, Part IV, line 22.
Part III can be duplicated if add (a) Type of grant or assistance	(b) Number of recipients	I. (c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Pr	ovide the information r	equired in Part I, lir	ne 2; Part III, colum	n (b); and any other add	litional information.
1. Monitoring procedures	(Part I, line	2)			
LL DONATIONS ARE ENTERED INTO SALE	SFORCE AND INTO QU	ICKBOOKS. THE F	INANCE MANAGER	RECONCILES QBO TO SA	ALESFORCE. ONCE THE
ECONCILIATION IS COMPLETED, THE GR	RANTS ARE ISSUED. W	E HAVE A COMMIT	TEE WHO VETS AN	D MONITORS THE RECOM	MMENDED NONPROFITS TO
AKE SURE THEY FIT THE CRITERIA OF	BEING AN EFFECTIVE	ORGANIZATION A	ND ARE STILL IN	LINE WITH OUR MISS	ION. ALL REVENUE AND
RANTS ARE TREATED AS AGENCY FUNDS.					
	·				

Noncash Contributions

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE M (Form 990)

Go to www.irs.gov/Form990 for instructions and the latest inform	Inspection	
	Employer identification	number

OMB No. 1545-0047

2022

Open to Public

THE LIFE YOU CAN SAVE

46-	21	00	40	0

I GI		1			1			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash coi			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
5	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	x	4	115,728	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							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the	organization	during the tax year for contribut	tions for				
	which the organization completed Form	8283, Part V	, Donee Acknowledgement		29			
							Yes	No
30a	During the year, did the organization rece	eive by contri	bution any property reported in	Part I, lines 1 through				
	28, that it must hold for at least three yea	rs from the d	ate of the initial contribution, an	d which isn't required to be				
	used for exempt purposes for the entire		d?			30a		х
b	If "Yes," describe the arrangement in Pa	rt II.						
31	Does the organization have a gift accept							
						31	х	
32a	Does the organization hire or use third p	arties or rela	ted organizations to solicit, pro-	cess, or sell noncash				
						32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amoun	nt in column	(c) for a type of property for whi	ch column (a) is checked,				
	describe in Part II.							

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service

Name of the organization THE LIFE YOU CAN SAVE Employer identification number 46-2100400

OMB No. 1545-0047

2022

Open to Public

Inspection

01. Form 990 governing body review (Part VI, line 11)

A BOARD MEMBER WILL REVIEW AND APPROVE THE TAX RETURN PRIOR TO FILING.

02. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION'S EXEMPTION DOCUMENTS, ARTICLES OF INCORPORATION, BY-LAWS, GOVERNING

DOCUMENTS AND FORM 990 ARE AVAILABLE UPON REQUEST

03. Part III, response or note to any other line in Part III

PRIMARY EXEMPT PURPOSE: EVERY YEAR, THE LIFE YOU CAN SAVE HELPS INSPIRE AND PROCESS

MILLIONS OF DOLLARS IN DONATIONS TO OUR RECOMMENDED CHARITIES THROUGH OUR ENGAGING

FUNDRAISING CAMPAIGNS AND THE FREE, EASY-TO-USE GIVING TOOLS HOSTED ON OUR WEBSITE. WE

ALSO INTRODUCE THOUSANDS OF PEOPLE TO THE IDEA OF EFFECTIVE GIVING EACH YEAR BY WIDELY

DISTRIBUTING OUR FOUNDER PETER SINGER'S BOOK THE LIFE YOU CAN SAVE AND OTHER RELATED

RESOURCES.