

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning and ending																												
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization BUILDING CHANGES</td> <td>D Employer identification number 91-1410450</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number (206) 805-6100</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>G Gross receipts \$ 8,580,020.</td> </tr> <tr> <td>1200 12TH AVENUE S</td> <td>1200</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98144</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: DANIEL ZAVALA SAME AS C ABOVE</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.BUILDINGCHANGES.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1988 M State of legal domicile: WA</td> </tr> </table>	C Name of organization BUILDING CHANGES		D Employer identification number 91-1410450	Doing business as		E Telephone number (206) 805-6100	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 8,580,020.	1200 12TH AVENUE S	1200	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98144		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	F Name and address of principal officer: DANIEL ZAVALA SAME AS C ABOVE		If "No," attach a list. See instructions	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	J Website: ▶ WWW.BUILDINGCHANGES.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1988 M State of legal domicile: WA
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Part I Summary

	1	Briefly describe the organization's mission or most significant activities: ADVANCES EQUITABLE RESPONSES TO HOMELESSNESS IN WASHINGTON STATE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	25
	6	Total number of volunteers (estimate if necessary)	6	10
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 6,269,206.
9		Program service revenue (Part VIII, line 2g)	64,150.	300,328.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	189,566.	368,903.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	497.	-16,868.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,523,419.	7,307,507.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,642,714.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,203,107.	2,481,595.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	5,128.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 280,310.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,608,785.	1,415,920.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,459,734.	8,240,891.
	19	Revenue less expenses. Subtract line 18 from line 12	-3,936,315.	-933,384.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 15,855,825.	End of Year 11,471,961.
	21	Total liabilities (Part X, line 26)	6,202,406.	2,611,254.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,653,419.	8,860,707.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer DANIEL ZAVALA, EXECUTIVE DIRECTOR		Date	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name RAY HOLMDAHL	Preparer's signature RAY HOLMDAHL	Date 08/11/21	Check if self-employed <input type="checkbox"/> PTIN P00120599
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590	Phone no. (206) 382-7777	
	Firm's address ▶ 601 UNION ST, STE 2300 SEATTLE, WA 98101-2345			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part 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: BUILDING CHANGES ADVANCES EQUITABLE RESPONSES TO HOMELESSNESS IN WASHINGTON STATE, WITH A FOCUS ON CHILDREN, YOUTH, AND FAMILIES AND THE SYSTEMS THAT SERVE THEM.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,901,182. including grants of \$ 821,683.) (Revenue \$ 95,622.) HOUSING CRISIS: THROUGH GRANTMAKING, TECHNICAL ASSISTANCE AND RESEARCH AND EVALUATION, BUILDING CHANGES WORKS ON IMPROVING EQUITABLE ACCESS AND EXPERIENCES FOR CHILDREN, YOUTH, AND FAMILIES IMPACTED BY HOUSING CRISES BY SECURING ADEQUATE AND SUSTAINABLE RESOURCES FOR HOMELESS AND HOUSING SYSTEMS, FACILITATING CROSS-SYSTEM COLLABORATION, AND HOLDING THOSE SYSTEMS ACCOUNTABLE TO ADVANCE AND ADOPT RACIALLY EQUITABLE AND CULTURALLY RESPONSIVE POLICIES, PRACTICES, AND PRIORITIZATION. IN 2020, WE PROVIDED GRANTS TO 23 ORGANIZATIONS TO ADDRESS THE HOUSING CRISIS WHICH WAS MADE WORSE BY COVID-19.

4b (Code:) (Expenses \$ 3,907,202. including grants of \$ 3,521,693.) (Revenue \$ 204,706.) EDUCATION: BUILDING CHANGES WORKS ON IMPROVING ACADEMIC AND HOUSING OUTCOMES FOR STUDENTS BY SECURING ADEQUATE AND SUSTAINABLE RESOURCES AND CAPACITY FOR EDUCATION AND HOUSING SYSTEMS, FACILITATING LEADERSHIP BUY-IN AND CROSS-SYSTEM COLLABORATION, AND HOLDING THOSE SYSTEMS ACCOUNTABLE TO ADVANCE RACIALLY EQUITABLE AND CULTURALLY RESPONSIVE POLICIES, PRACTICES, AND COMMUNITY PARTNERSHIPS. IN 2020, WE PROVIDED GRANTS TO 197 ORGANIZATIONS TO ADDRESS YOUTH AND STUDENTS HOMELESSNESS WHICH WAS MADE WORSE BY COVID-19.

4c (Code:) (Expenses \$ 522,206. including grants of \$) (Revenue \$) KNOWLEDGE SHARING AND POLICY: OUR POLICY EFFORTS FOCUS ON REGULATORY AND LEGISLATIVE CHANGES THAT PREVENT, REDUCE AND MITIGATE THE IMPACT OF HOMELESSNESS IN WASHINGTON STATE. WE WORK ACROSS SYSTEMS WITH PARTNERS IN CHILD WELFARE, EMPLOYMENT AND EDUCATION TO IDENTIFY KEY POLICY INITIATIVES, PURSUE FIXES AND INFLUENCE LONG-TERM POLICY AGENDAS THAT RESULT IN MORE EFFICIENT HOMELESS AND HOUSING SYSTEMS - AND REDUCE THE BARRIERS THAT HOMELESS YOUTH AND FAMILIES FACE WHEN THEY SEEK HELP.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,330,590.

Part 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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules *(continued)*

	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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 of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	1a	64
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (10), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] 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 ARMILITO J PANGILINAN - (206) 805-6100 1200 12TH AVENUE S, NO. 1200, SEATTLE, WA 98144

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) D'ARTAGNAN CALIMAN EXECUTIVE DIRECTOR	40.00			X			145,178.	0.	9,183.	
(2) ANNIE PENNUCCI DIRECTOR OF RESEARCH & EVALUATION	40.00				X		150,056.	0.	9,735.	
(3) LIZA BURELL PROGRAM DIRECTOR	40.00				X		146,682.	0.	8,391.	
(4) ARMILITO PANGILINAN CFO	40.00			X			174,658.	0.	11,941.	
(5) DANIEL ZAVALA DIRECTOR OF POLICY	40.00				X		124,981.	0.	10,433.	
(6) ROGERS WEED PRESIDENT	4.00	X		X			0.	0.	0.	
(7) MICHAEL BROWN IMMEDIATE PAST PRESIDENT	4.00	X		X			0.	0.	0.	
(8) LORI KAISER TREASURER (TERM ENDED IN JUNE 2020)	4.00	X		X			0.	0.	0.	
(9) CHAD SWANEY SECRETARY	4.00	X		X			0.	0.	0.	
(10) SAARA ROMU BOARD MEMBER	2.00	X					0.	0.	0.	
(11) DILIP WAGLE BOARD MEMBER	2.00	X					0.	0.	0.	
(12) TRACY HILLIARD BOARD MEMBER	2.00	X					0.	0.	0.	
(13) TRAVIS WALTER BOARD MEMBER	2.00	X					0.	0.	0.	
(14) DAVID WERTHEIMER BOARD MEMBER	2.00	X					0.	0.	0.	
(15) TWINA NOBLES BOARD MEMBER	2.00	X					0.	0.	0.	
(16) WESLEY SAINT CLAIR BOARD MEMBER	2.00	X					0.	0.	0.	
(17) CHRIS BRUNO BOARD MEMBER	2.00	X					0.	0.	0.	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	71,407.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	628,874.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,954,863.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 202,157.				
	h Total. Add lines 1a-1f			6,655,144.			
Program Service Revenue	2 a CONSULTING FEES	Business Code					
		900099		300,328.	300,328.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			300,328.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			159,881.		159,881.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				1,464,667.			
	b Less: cost or other basis and sales expenses	7b	1,255,645.				
	c Gain or (loss)	7c	209,022.				
d Net gain or (loss)			209,022.		209,022.		
8 a Gross income from fundraising events (not including \$ 71,407. of contributions reported on line 1c). See Part IV, line 18	8a			0.			
		b Less: direct expenses	8b	16,868.			
		c Net income or (loss) from fundraising events			-16,868.		-16,868.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			7,307,507.	300,328.	0.	352,035.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,343,376.	4,343,376.		
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	340,960.	246,719.	63,093.	31,148.
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	1,812,961.	1,310,845.	336,924.	165,192.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,085.	33,006.	7,799.	4,280.
9 Other employee benefits	118,155.	86,499.	20,438.	11,218.
10 Payroll taxes	164,434.	120,379.	28,444.	15,611.
11 Fees for services (nonemployees):				
a Management				
b Legal	26,860.		26,860.	
c Accounting	25,725.	4,125.	21,600.	
d Lobbying	26,400.	26,400.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	947,181.	869,377.	56,426.	21,378.
12 Advertising and promotion				
13 Office expenses	61,304.	33,603.	22,356.	5,345.
14 Information technology				
15 Royalties				
16 Occupancy	113,358.	78,545.	22,879.	11,934.
17 Travel	9,027.	8,494.	516.	17.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	9,542.	7,424.	1,703.	415.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,362.	16,533.	4,420.	2,409.
23 Insurance	7,511.	5,292.	1,404.	815.
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 MISCELLANEOUS	108,286.	95,199.	4,322.	8,765.
b STAFF RECRUIT, DEVELOPM	46,162.	38,830.	5,645.	1,687.
c DUES AND LICENSES	11,202.	5,944.	5,162.	96.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	8,240,891.	7,330,590.	629,991.	280,310.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	406,052.	1	764,812.
	2 Savings and temporary cash investments	1,917,882.	2	2,900,158.
	3 Pledges and grants receivable, net	6,259,735.	3	2,460,354.
	4 Accounts receivable, net		4	
	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	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,968.	9	149,570.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 215,102.		
	b Less: accumulated depreciation	10b 215,102.		
	11 Investments - publicly traded securities	7,246,826.	11	5,197,067.
	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)	15,855,825.	16	11,471,961.	
Liabilities	17 Accounts payable and accrued expenses	261,849.	17	376,857.
	18 Grants payable	5,940,557.	18	1,965,461.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	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	0.	25	268,936.
	26 Total liabilities. Add lines 17 through 25	6,202,406.	26	2,611,254.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,865,196.	27	2,317,532.
	28 Net assets with donor restrictions	7,788,223.	28	6,543,175.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,653,419.	32	8,860,707.
	33 Total liabilities and net assets/fund balances	15,855,825.	33	11,471,961.

Part 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	7,307,507.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,240,891.
3	Revenue less expenses. Subtract line 2 from line 1	3	-933,384.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,653,419.
5	Net unrealized gains (losses) on investments	5	-107,270.
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	247,942.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,860,707.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 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 in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
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 Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15552925.	1028608.	8662023.	6269206.	6655144.	38167906.
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	15552925.	1028608.	8662023.	6269206.	6655144.	38167906.
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)						17467011.
6 Public support. Subtract line 5 from line 4.						20700895.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	15552925.	1028608.	8662023.	6269206.	6655144.	38167906.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	48,429.	52,995.	98,763.	180,936.	159,881.	541,004.
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.)	5,079.	8,105.	4,094.	497.		17,775.
11 Total support. Add lines 7 through 10						38726685.
12 Gross receipts from related activities, etc. (see instructions)					12	655,942.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	53.45 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	43.08 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

	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 in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental 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? <i>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.</i>	Yes	No
b Did the activities described in 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? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount			Current 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

REIMBURSEMENTS

Multiple horizontal lines for providing explanations for other income.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

BUILDING CHANGES

91-1410450

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization BUILDING CHANGES	Employer identification number 91-1410450
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,137,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>299,059.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BUILDING CHANGES

91-1410450

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 201,692.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 180,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BUILDING CHANGES	Employer identification number 91-1410450
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization	Employer identification number 91-1410450
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BUILDING CHANGES

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

BUILDING CHANGES

Employer identification number

91-1410450

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2020**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	27,335.													
c	Total lobbying expenditures (add lines 1a and 1b)	27,335.													
d	Other exempt purpose expenditures	8,213,556.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	8,240,891.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	562,045.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	140,511.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	473,933.	640,553.	672,987.	562,045.	2,349,518.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,524,277.
c Total lobbying expenditures	29,698.	24,900.	29,063.	27,335.	110,996.
d Grassroots nontaxable amount	118,483.	160,138.	168,247.	140,511.	587,379.
e Grassroots ceiling amount (150% of line 2d, column (e))					881,069.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (See instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-A LINE 1B:

ASSIST IN ADVANCING BUILDING CHANGES' LEGISLATIVE AGENDA BY IDENTIFYING AND ENGAGING KEY LEGISLATORS, LEGISLATIVE STAFF AND RELEVANT EXECUTIVE AGENCY PERSONNEL; COORDINATING WITH OTHER COALITIONS ON SHARED INTERESTS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization BUILDING CHANGES Employer identification number 91-1410450

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Section 170(h)(4)(B) requirements and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Text of footnote for public exhibition. 1b: Amounts for art collections. 2: Amounts for art collections for financial gain.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		81,755.	81,755.	0.
d Equipment		133,347.	133,347.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FISCAL SPONSORSHIPS	268,936.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	268,936.

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,217,105.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-107,270.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-107,270.
3	Subtract line 2e from line 1	3	7,324,375.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-16,868.
c	Add lines 4a and 4b	4c	-16,868.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,307,507.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	8,009,817.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,009,817.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	231,074.
c	Add lines 4a and 4b	4c	231,074.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,240,891.

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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES -16,868.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CANCELLED GRANTS AND OTHER GRANT EXPENSE ADJUSTMENTS 247,942.

SPECIAL EVENT EXPENSES -16,868.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 231,074.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PROMOTE PROGRESS EVE (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	71,407.		71,407.
	2	Less: Contributions	71,407.		71,407.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	16,868.		16,868.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			16,868.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-16,868.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **BUILDING CHANGES** Employer identification number **91-1410450**

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? **Yes** **No**
- 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFRICATOWN INTERNATIONAL PO BOX 66520 BURIEN, WA 98166	81-4342047	501(C)(3)	420,868.	0.			FAMILY HOMELESSNESS INITIATIVE
MULTICULTURAL CHILD AND FAMILY HOPE CENTER - 2021 SOUTH 19TH STREET - TACOMA, WA 98405	35-2266626	501(C)(3)	54,481.	0.			FAMILY HOMELESSNESS INITIATIVE
PELTON PROJECT PO BOX 66520 BURIEN, WA 98166	81-4342047	501(C)(3)	132,247.	0.			FAMILY HOMELESSNESS INITIATIVE
AFRICATOWN INTERNATIONAL PO BOX 66520 BURIEN, WA 98166	81-4342047	501(C)(3)	260,000.	0.			FHI/WYFF COVID -19 SUPPORT
CATHOLIC CHARITIES OF SPOKANE PO BOX 2253 SPOKANE, WA 99210-2253	91-0569880	501(C)(3)	10,000.	0.			FHI/WYFF COVID -19 SUPPORT
CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON - 100 23RD AVENUE - SEATTLE, WA 98144-2302	91-1585652	501(C)(3)	10,000.	0.			FHI/WYFF COVID -19 SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** _____
- 3** Enter total number of other organizations listed in the line 1 table **▶** _____

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHIEF SEATTLE CLUB 410 2ND AVENUE EXT S SEATTLE, WA 98104-2876	91-0852503	501(C)(3)	10,000.	0.			FHI/WYFF COVID -19 SUPPORT
COMMUNITY FOUNDATION FOR SNOHOMISH COUNTY - 2823 ROCKEFELLER AVE - EVERETT, WA 98201	94-3188703	501(C)(3)	100,000.	0.			FHI/WYFF COVID -19 SUPPORT
COUNCIL FOR THE HOMELESS 2500 MAIN ST VANCOUVER, WA 98660-2675	91-2001828	501(C)(3)	10,000.	0.			FHI/WYFF COVID -19 SUPPORT
COWLITZ INDIAN TRIBE 1055 9TH AVENUE SUITE B LONGVIEW, WA 98632	91-1265477	TRIBAL NATION	10,000.	0.			FHI/WYFF COVID -19 SUPPORT
MOTHER NATION 16422 MEREDIAN AVE S BOTHELL, WA 98012	46-2691773	501(C)(3)	10,000.	0.			FHI/WYFF COVID -19 SUPPORT
MULTICULTURAL CHILD AND FAMILY HOPE CENTER - 2021 SOUTH 19TH STREET - TACOMA, WA 98405	35-2266626	501(C)(3)	10,000.	0.			FHI/WYFF COVID -19 SUPPORT
NORTHWEST YOUTH SERVICES 1020 N STATE ST BELLINGHAM, WA 98225-5012	91-0970561	501(C)(3)	10,000.	0.			FHI/WYFF COVID -19 SUPPORT
PELTON PROJECT PO BOX 770 GIG HARBOR, WA 98335	27-2815872	501(C)(3)	10,000.	0.			FHI/WYFF COVID -19 SUPPORT
QUALITY BEHAVIORAL HEALTH 900 7TH ST CLARKSTON, WA 99403-2005	91-1156943	501(C)(3)	10,000.	0.			FHI/WYFF COVID -19 SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESCUE MISSION PO BOX 1912 TACOMA, WA 98401-1912	91-0565014	501(C)(3)	10,000.	0.			FHI/WYFF COVID -19 SUPPORT
SAMISH INDIAN NATION 2918 COMMERCIAL AVENUE ANACORTES, WA 98221		TRIBAL NATION	10,000.	0.			FHI/WYFF COVID -19 SUPPORT
SERENITY HOUSE OF CLALLAM COUNTY PO BOX 4047 PORT ANGELES, WA 98363-0997	91-1180069	501(C)(3)	10,000.	0.			FHI/WYFF COVID -19 SUPPORT
SHELTON FAMILY CENTER 123 S 2ND ST SHELTON, WA 98584	82-3875497	501(C)(3)	10,000.	0.			FHI/WYFF COVID -19 SUPPORT
TACOMA COMMUNITY HOUSE "1314 SOUTH L STREET TACOMA, WA 98405	91-0570872	501(C)(3)	10,000.	0.			FHI/WYFF COVID -19 SUPPORT
TACOMA MINISTERIAL ALLIANCE 3575 E PORTLAND AVENUE TACOMA, WA 98404	91-1237526	501(C)(3)	10,000.	0.			FHI/WYFF COVID -19 SUPPORT
THE COFFEE OASIS 837 4TH ST BREMERTON, WA 98337-1424	91-1745050	501(C)(3)	10,000.	0.			FHI/WYFF COVID -19 SUPPORT
THE SALVATION ARMY, TACOMA CORPS 1501 6TH AVE TACOMA, WA 98405-3307	94-1156347	501(C)(3)	10,000.	0.			FHI/WYFF COVID -19 SUPPORT
YAKIMA NEIGHBORHOOD HEALTH SERVICES - 12 S 8TH ST - YAKIMA, WA 98901-3020	91-0928817	501(C)(3)	10,000.	0.			FHI/WYFF COVID -19 SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABUBAKR ISLAMIC CENTER OF WA 14101 TUKWILA INTERNATIONAL BLVD TUKWILA, WA 98178	91-2110135	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
ABUSED DEAF WOMEN'S ADVOCACY SERVICES - 8623 ROOSEVELT WAY NE - SEATTLE, WA 98115-3027	91-1339173	501(C)(3)	10,000.	0.			COVID STATE FUND STUDENTS
AFGHAN HEALTH INITIATIVE 30607 134TH AVE SE AUBURN, WA 98092	85-0906399	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
ASSISTANCE LEAGUE OF SEATTLE 1415 N 45TH STREET SEATTLE, WA 98103	91-6055119	501(C)(3)	5,000.	0.			COVID STATE FUND STUDENTS
BATTLE GROUND EDUCATION FOUNDATION PO BOX 2572 BATTLE GROUND, WA 98604	91-1725470	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
BELLEVUE LIFESPRING 302 BELLEVUE SQUARE BELLEVUE, WA 98004	91-0658331	501(C)(3)	5,000.	0.			COVID STATE FUND STUDENTS
BELLINGHAM PUBLIC SCHOOLS 1306 DUPONT STREET BELLINGHAM, WA 98225	91-1551087	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
BELLINGHAM TECHNICAL COLLEGE FOUNDATION - 3028 LINDBERGH AVE - BELLINGHAM, WA 98225	91-1658027	501(C)(3)	10,000.	0.			COVID STATE FUND STUDENTS
BETHEL COMMUNITY SERVICES 18020 B STREET EAST SPANAWAY, WA 98387	33-1086473	501(C)(3)	15,000.	0.			COVID STATE FUND STUDENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF KING COUNTY 603 STEWART STREET, SUITE 300 SEATTLE, WA 98101	91-0532600	501(C)(3)	12,500.	0.			COVID STATE FUND STUDENTS
BOYS & GIRLS CLUB OF THE OLYMPIC PENINSULA - 400 W. FIR ST. - SEQUIM, WA 98382	91-1376766	501(C)(3)	5,000.	0.			COVID STATE FUND STUDENTS
BOYS & GIRLS CLUBS OF BELLEVUE 209 100TH AVE NE BELLEVUE, WA 98004	91-0776451	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
BOYS & GIRLS CLUBS OF SKAGIT COUNTY - PO BOX 947 - MOUNT VERNON, WA 98273	91-1670669	501(C)(3)	5,000.	0.			COVID STATE FUND STUDENTS
BURLINGTON MIDDAY ROTARY CLUB 927 E FAIRHAVEN AVE BURLINGTON, WA 98233	91-2136325	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
CENTRALIA COLLEGE FOUNDATION 600 CENTRALIA COLLEGE BLVD CENTRALIA, WA 98531	91-1195403	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
COMMUNITIES IN SCHOOLS OF FEDERAL WAY-HIGHLINE - 1825 S. 316TH ST - FEDERAL WAY, WA 98003	94-3181464	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
COMMUNITIES IN SCHOOLS OF KENT PO BOX 62 KENT, WA 98032	91-1523924	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
COMMUNITIES IN SCHOOLS OF RENTON-TUKWILA - 1055 S. GRADY WAY - RENTON, WA 98057	91-1689158	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASS HOUSING ALLIANCE 77 S WASHINGTON ST # 5F SEATTLE, WA 98104-3499	91-0578229	501(C)(3)	10,000.	0.			COVID STATE FUND STUDENTS
CONCRETE SCHOOL DISTRICT 45389 AIRPORT WAY CONCRETE, WA 98284	91-1037019	GOVERNMENT	15,000.	0.			COVID STATE FUND STUDENTS
COUNCIL FOR THE HOMELESS 2500 MAIN ST VANCOUVER, WA 98660-2675	91-2001828	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
COUPEVILLE SCHOOL DISTRICT 501 S. MAIN STREET COUPEVILLE, WA 98239	91-0917072	GOVERNMENT	14,739.	0.			COVID STATE FUND STUDENTS
CUSICK SCHOOL DISTRICT 305 MONUMENTAL RD CUSICK, WA 99119	91-0968769	GOVERNMENT	5,000.	0.			COVID STATE FUND STUDENTS
EAST AFRICAN COMMUNITY SERVICES 7054 32ND AVE S STE 207 SEATTLE, WA 98118-3598	91-2138852	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
EVERGREEN PUBLIC SCHOOLS 13501 NE 28TH ST VANCOUVER, WA 98682-8910	91-1714854	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
FAMILY EDUCATION AND SUPPORT SERVICES - PO BOX 14907 - TUMWATER, WA 98511	91-2003171	501(C)(3)	10,000.	0.			COVID STATE FUND STUDENTS
FAMILY PROMISE OF CLARK COUNTY P.O. BOX 873308 VANCOUVER, WA 98687	81-4632218	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIFE SCHOOL DISTRICT 5802 20TH STREET. E TACOMA, WA 98424	91-0894349	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
FOUNDATION FOR EDMONDS SCHOOL DISTRICT - 20420 68TH AVE W - LYNWOOD, WA 98036	91-1296816	501(C)(3)	5,000.	0.			COVID STATE FUND STUDENTS
FOUNDATION FOR EDMONDS SCHOOL DISTRICT - 20420 68TH AVE W - LYNWOOD, WA 98036	91-1296816	501(C)(3)	15,000.	0.			COVID STATE FUND STUDENTS
FRANKLIN PIERCE SCHOOL DISTRICT 315 129TH ST S TACOMA, WA 98444	91-6014726	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
FRIENDS UNITED TO SHELTER THE INDIGENT, OPPRESSED AND NEEDY - PO BOX 23934 - FEDERAL WAY, WA 98093-0934	91-0814641	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
HELPING HANDS FOOD BANK OF SKAGIT COUNTY - PO BOX 632 - SEDRO-WOLLEY, WA 98284	91-1203572	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
HIGHLINE SCHOOLS FOUNDATION 15675 AMBAUM BLVD SW BURIEN, WA 98166	91-2020506	501(C)(3)	10,000.	0.			COVID STATE FUND STUDENTS
HOQUIAM SCHOOL DISTRICT 501 W EMERSON AVE HOQUIAM, WA 98550	91-6001563	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
HORN OF AFRICA SERVICES 4714 RAINIER AVE S STE 105 SEATTLE, WA 98118-1600	91-1897087	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ICNA RELIEF USA PROGRAMS 6721 MARTIN LUTHER KING JR WAY S , SEATTLE, WA 98118	04-3810161	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
INTERFAITH COALITION OF WHATCOM COUNTY - 910 14TH ST - BELLINGHAM, WA 98225	91-1202013	501(C)(3)	5,000.	0.			COVID STATE FUND STUDENTS
IRAQI COMMUNITY CENTER OF WA 10610 SE KENT KANGLEY RD. 204 KENT, WA 98030	61-1729234	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
KIONA-BENTON CITY SCHOOL DISTRICT 1105 DALE AVE BENTON CITY, WA 99320	91-6001571	GOVERNMENT	14,739.	0.			COVID STATE FUND STUDENTS
LA CONNER SCHOOL DISTRICT PO BOX 2103 LA CONNER, WA 98257	91-0923099	GOVERNMENT	5,000.	0.			COVID STATE FUND STUDENTS
LAKE BURIEN PRESBYTERIAN CHURCH 15003 14TH AVE SW BURIEN, WA 98166	91-0616446	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
LONGVIEW PUBLIC SCHOOLS 2715 LILAC STREET LONGVIEW, WA 98632	91-6001605	GOVERNMENT	15,000.	0.			COVID STATE FUND STUDENTS
LYDIA PLACE PO BOX 28487 BELLINGHAM, WA 98228-0487	94-3111948	501(C)(3)	15,000.	0.			COVID STATE FUND STUDENTS
MARY'S PLACE 1830 9TH AVE SEATTLE, WA 98101-1321	27-2087950	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR WAY SOUT SEATTLE, WA 98118	91-1546525	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
MONROE SCHOOL DISTRICT 200 E FREMONT ST MONROE, WA 98272-2336	91-0932942	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
MOUNT ADAMS SCHOOL DISTRICT 621 SIGNAL PEAK ROAD WHITE SWAN, WA 98952	91-0761272	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
MOUNT VERNON SCHOOL DISTRICT 124 EAST LAWRENCE STREET MOUNT VERNON, WA 98273	91-6014653	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
MT. SI HIGH SCHOOL 8651 MEADOWBROOK WAY SE SNOQUALIMIE, WA 98065	91-6001642	GOVERNMENT	12,000.	0.			COVID STATE FUND STUDENTS
MULTICULTURAL CHILD AND FAMILY HOPE CENTER - 2021 SOUTH 19TH STREET - TACOMA, WA 98405	35-2266626	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
NEIGHBORHOOD HOUSE 1225 S WELLER ST STE 510 SEATTLE, WA 98144-1906	91-0568305	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
NORTH MASON SCHOOL DISTRICT 71 E CAMPUS DRIVE BELFAIR, WA 98528	91-1143026	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
NORTH THURSTON PUBLIC SCHOOLS 305 COLLEGE ST. NE, LACEY, WA 98516	91-6017626	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHSHORE SCHOOL DISTRICT 3330 MONTE VILLA PARKWAY BOTHELL, WA 98201	91-6001566	GOVERNMENT	8,000.	0.			COVID STATE FUND STUDENTS
OLYMPIA SCHOOL DISTRICT 1113 LEGION WAY SOUTHEAST OLYMPIA, WA 98501	91-6001626	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
READINESS TO LEARN PO BOX 280 LANGLEY, WA 98260	91-1864751	501(C)(3)	10,000.	0.			COVID STATE FUND STUDENTS
READING FOUNDATION OF THE QUINCY VALLEY - 17091 ROAD 11 NW - QUINCY, WA 98848	81-1994596	501(C)(3)	15,000.	0.			COVID STATE FUND STUDENTS
RECLAIMING OUR GREATNESS PO BOX 1385 RENTON, WA 98057	84-5039413	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
RENTON SCHOOL DISTRICT 300 SW 7TH STREET RENTON, WA 98057	91-6001635	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
RESTORE ASSEMBLE PRODUCE P.O. BOX 101 KENT, WA 98035	81-1938413	501(C)(3)	19,999.	0.			COVID STATE FUND STUDENTS
ROYAL SCHOOL DISTRICT 901 AHLERS RD ROYAL CITY, WA 99357	91-6012307	GOVERNMENT	15,000.	0.			COVID STATE FUND STUDENTS
SAFE HARBOR SUPPORT CENTER 1111 N GRANT PL KENNEWICK, WA 99336-2150	91-1725914	501(C)(3)	10,000.	0.			COVID STATE FUND STUDENTS

Schedule I (Form 990)

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SEATTLE PUBLIC SCHOOLS 2445 3RD AVE S SEATTLE, WA 98134-1923	91-6001541	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
SEATTLE SCHOOL DISTRICT / SOUTH SHORE, RAINIER VIEW ELEMENTARY - 4800 HENDERSON S - SEATTLE, WA 98118	91-6001541	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
SEDRO-WOOLLEY SCHOOL DISTRICT 801 TRAIL ROAD SEDRO-WOOLLEY, WA 98284	91-6016044	GOVERNMENT	14,739.	0.			COVID STATE FUND STUDENTS
SEQUIM SCHOOL DISTRICT 503 NORTH SEQUIM AVENUE SEQUIM, WA 98382	91-0951996	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
SHELTON SCHOOL DISTRICT 700 SOUTH FIRST STREET SHELTON, WA 98584	91-1124683	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
SHORELINE PTA COUNCIL PO BOX 55832 SHORELINE, WA 98155	51-0151739	501(C)(3)	15,000.	0.			COVID STATE FUND STUDENTS
SOLID GROUND 1501 N 45TH ST SEATTLE, WA 98103-6708	23-7421892	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
SOMALI FAMILY SAFETY TASK FORCE 7054 32ND AVE S, RM 207 SEATTLE, WA 98118	46-4692924	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
SPRUCE ELEMENTARY 17405 SPRUCE WAY LYNNWOOD, WA 98037	94-3113790	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ST. STEPHEN HOUSING ASSOCIATION 13055 SE 192ND ST RENTON, WA 98058-7604	94-3125444	501(C)(3)	10,000.	0.			COVID STATE FUND STUDENTS
STILL WATERS P.O. BOX 88576 TUKWILA, WA 98138	81-1771736	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
SWS FUND 5155 54TH AVE S SEATTLE, WA 98118	82-1252726	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
TACOMA PUBLIC SCHOOLS PO BOX 1357 TACOMA, WA 98401-1357	91-6001553	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
TACOMA URBAN LEAGUE 2550 YAKIMA AVE UNIT A TACOMA, WA 98405-3800	91-0826302	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
TAHOMA SCHOOL DISTRICT 25720 MAPLE VALLEY-BLACK DIAMOND RD MAPLE VALLEY, WA 98038	91-6001641	GOVERNMENT	10,000.	0.			COVID STATE FUND STUDENTS
TECHNOLOGY ACCESS FOUNDATION 605 SW 108TH ST SEATTLE, WA 98146-2229	91-1731833	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
THE FINANCIAL SERVICES COALITION-PUGET SOUND CHARITABLE FOUNDATION - 701 5TH AVE, SUITE 4200 - SEATTLE, WA 98104	26-1801775	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
THE MASON COUNTY HOST PROGRAM 807 W PINE ST SHELTON, WA 98584	47-5160205	501(C)(3)	15,000.	0.			COVID STATE FUND STUDENTS

Schedule I (Form 990)

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TOGETHER! YELM/TUMWATER 1520 IRVING STREET SW SUITE A TUMWATER, WA 98512	91-1465778	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
TOLEDO SCHOOL DISTRICT 116 RAMSEY WAY TOLEDO, WA 98591	91-1007510	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
TRINITY PRESBYTERIAN CHURCH 1615 6TH AVE TACOMA, WA 98405	91-0570859	501(C)(3)	10,000.	0.			COVID STATE FUND STUDENTS
TUKWILA SCHOOL DISTRICT 4640 S 144TH ST TUKWILA, WA 98168-4134	91-6001638	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
VANCOUVER PUBLIC SCHOOL DISTRICT HOPE PROGRAM - 2901 FALK RD - VANCOUVER, WA 98661	91-0971800	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
VILLA COMUNITARIA 8201 10TH AVE S, SUITE 8 SEATTLE, WA 98108	83-3561540	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
VOLUNTEERS OF AMERICA OF WESTERN WASHINGTON - PO BOX 839 - EVERETT, WA 98206-0839	91-0577129	501(C)(3)	5,000.	0.			COVID STATE FUND STUDENTS
WAPATO SCHOOL DISTRICT PO BOX 38 WAPATO, WA 98951	91-6001620	GOVERNMENT	10,000.	0.			COVID STATE FUND STUDENTS
WASHINGTON KIDS IN TRANSITION - EVERETT DIVISION - 19721 SCRIBER LAKE RD. #B - LYNNWOOD, WA 98036	47-2258133	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS

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WASHINGTON MASONIC CHARITIES 4970 BRIDGEPORT WAY W TACOMA, WA 98476	91-1663363	501(C)(3)	5,000.	0.			COVID STATE FUND STUDENTS
WASHINGTON MASONIC CHARITIES 4970 BRIDGEPORT WAY W TACOMA, WA 98476	91-1663363	501(C)(3)	10,000.	0.			COVID STATE FUND STUDENTS
WELLPINIT SCHOOL DISTRICT 6270 FORD-WELLPINIT RD WELLPINIT, WA 99040	91-1073793	GOVERNMENT	7,000.	0.			COVID STATE FUND STUDENTS
YELM COMMUNITY SCHOOLS PO BOX 476 YELM, WA 98579	91-0936342	GOVERNMENT	20,000.	0.			COVID STATE FUND STUDENTS
YMCA OF PIERCE AND KITSAP COUNTIES 4717 S 19TH ST STE 201 TACOMA, WA 98405-1167	91-0565562	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS
YOUTH AND FAMILY LINK 907 DOUGLAS STREET LONGIVEW, WA 98632	91-0726260	501(C)(3)	5,000.	0.			COVID STATE FUND STUDENTS
ABUSED DEAF WOMEN'S ADVOCACY SERVICES - 8623 ROOSEVELT WAY NE - SEATTLE, WA 98115-3027	91-1339173	501(C)(3)	10,000.	0.			COVID STATE FUND YYA
ACRES OF DIAMONDS PO BOX 1672 DUVALL, WA 98019-1672	91-1684691	501(C)(3)	5,000.	0.			COVID STATE FUND YYA
AFRICAN COMMUNITY HOUSING AND DEVELOPMENT - 9421 18TH AVE SW SUITE 102, - SEATTLE, WA 98106	83-1665288	501(C)(3)	20,000.	0.			COVID STATE FUND YYA

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ATLANTIC STREET CENTER 2103 S ATLANTIC ST SEATTLE, WA 98144-3698	91-0568710	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
BATTLEFIELD ADDICTION 2250 ROOSEVELT AVE ENUMCLAW, WA 98022-2519	47-1779138	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
BELLEVUE SCHOOL DISTRICT 12011 NE 1ST STREET, ESC WEST 212 BELLEVUE, WA 98005	91-6001637	GOVERNMENT	20,000.	0.			COVID STATE FUND YYA
BURLINGTON-EDISON SCHOOL DISTRICT 927 E. FAIRHAVEN AVE. BURLINGTON, WA 98233	91-0793880	GOVERNMENT	20,000.	0.			COVID STATE FUND YYA
CAREER PATH SERVICES 10 N POST ST STE 200 SPOKANE, WA 99201-0705	91-1032846	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
CATHOLIC CHARITIES OF SPOKANE PO BOX 2253 SPOKANE, WA 99210-2253	91-0569880	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
CHAM REFUGEES COMMUNITY 5945 39TH AVE S SEATTLE, WA 98118	91-1214867	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
CHIEF SEATTLE CLUB 410 2ND AVENUE EXT S SEATTLE, WA 98104-2876	91-0852503	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
CHILDREN'S WELFARE INTERNATIONAL 223 PACIFIC AVE S PACIFIC, WA 98047	26-1596778	501(C)(3)	20,000.	0.			COVID STATE FUND YYA

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CHOOSE 180 1416 SW 151ST STREET BURIEN, WA 98166	46-4242313	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
CLARK COLLEGE FOUNDATION 1933 FORT VANCOUVER WAY VANCOUVER, WA 98663	23-7315006	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
COLUMBIA BASIN COLLEGE FOUNDATION COLUMBIA BASIN COLLEGE FOUNDATION M PASCO, WA 99301	91-1307538	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
COMMUNITY HEALTH WORKER COALITION FOR MIGRANTS AND REFUGEES - 24315 89TH PL. W - EDMONDS, WA 89026	83-2266657	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
COMMUNITY PASSAGEWAYS PO BOX 28685 SEATTLE, WA 98118	81-3806946	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
COMPASS HEALTH 4526 FEDERAL AVE., M/S #49 EVERETT, WA 98203	91-1180810	501(C)(3)	19,268.	0.			COVID STATE FUND YYA
CORNERSTONE 253 1518 S YAKIMA AVE TACOMA, WA 98405	82-1770495	501(C)(3)	5,000.	0.			COVID STATE FUND YYA
DIGNITY FOR DIVAS 3722 S HUDSON STREET STE A SEATTLE, WA 98118	46-0685664	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
ESCAPE TO PEACE 10400 NE 4TH STREET, SUITE 500 BELLEVUE, WA 98004	46-3754865	501(C)(3)	20,000.	0.			COVID STATE FUND YYA

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FAMILY PROMISE OF SKAGIT VALLEY 1006 WICKER RD SEDRO WOOLLEY, WA 98284	46-2556043	501(C)(3)	15,000.	0.			COVID STATE FUND YYA
FATHERS AND SONS TOGETHER 9276 SPEAR PL S SEATTLE, WA 98118	26-4836770	501(C)(3)	10,000.	0.			COVID STATE FUND YYA
FREEDOM PROJECT 8016 S 116TH SREET SEATTLE, WA 98178	91-2129474	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
GAMBIAN TALENTS PROMOTION 525 112TH SE, #F324 EVERETT, WA 98208	81-5319066	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
HELPING HANDS PROJECT ORGANIZATION 2808 HOYT AVE EVERETT, WA 98201	84-3913395	501(C)(3)	17,500.	0.			COVID STATE FUND YYA
HIGHLINE COLLEGE FOUNDATION 2400 S. 240TH ST. MS 99-248 DES MOINES, WA 98189-9800	23-7428279	501(C)(3)	15,000.	0.			COVID STATE FUND YYA
HOUSE OF MATTHEW PERMANENT & SUPPORTIVE HOUSING PROGRAM - 1127 BROADWAY SUITE #10 - TACOMA, WA 98402	45-5073315	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
HOUSE OF PRAYER FOUNDATION 1201 SOUTH 37TH STREET TACOMA, WA 98418	30-0455670	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
IF YOU COULD SAVE JUST ONE 4420 N NEVADA ST. SPOKANE, WA 99207	82-4898269	501(C)(3)	17,000.	0.			COVID STATE FUND YYA

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INNOVATIONS HUMAN TRAFFICKING COLLABORATIVE - 3545 7TH AVE SW #305 - OLYMPIA, WA 98502	81-4680515	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
JUNIOR ACHIEVEMENT OF WASHINGTON 1610 PERIMETER RD. AUBURN, WA 98001	91-0604913	501(C)(3)	15,460.	0.			COVID STATE FUND YYA
KANDELIA (FORMERLY THE VIETNAMESE FRIENDSHIP ASSOCIATION) - 3829B S EDMUNDS ST, BOX 9 - SEATTLE, WA 98118	91-1122532	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
LEGAL COUNSEL FOR YOUTH AND CHILDREN - PO BOX 16083 - SEATTLE, WA 98116-0083	27-3006526	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
LHAQ'TEMISH FOUNDATION 2665 KWINA RD BELLINGHAM, WA 98226	91-1836621	501(C)(3)	11,000.	0.			COVID STATE FUND YYA
LUTHERAN COMMUNITY SERVICES NORTHWEST - 4040 S. 188TH ST. SUITE 300 - SEATAC, WA 98188	93-0386860	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
M.H.A SPEAKOUT SPEAKUP 1603 E GARLAND AVE SPOKANE, WA 99207	85-1067678	501(C)(3)	10,000.	0.			COVID STATE FUND YYA
MARVIN THOMAS MEMORIAL 1833 S. DEARBORN SEATTLE, WA 98144	91-2032294	501(C)(3)	5,000.	0.			COVID STATE FUND YYA
MEET ME AT THE WELL 9664 53RD AVE. S. SEATTLE, WA 98118	85-3058655	501(C)(3)	20,000.	0.			COVID STATE FUND YYA

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MILLENNIA MINISTRIES 3426 BROADWAY EVERETT, WA 98201	20-2276486	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
MULTI-SERVICE CENTER (MSC) PO BOX 23699 FEDERAL WAY, WA 98093-0699	23-7120815	501(C)(3)	15,000.	0.			COVID STATE FUND YYA
NEW HORIZONS MINISTRIES PO BOX 2801 SEATTLE, WA 98111-2801	91-1250114	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
NORTHWEST YOUTH SERVICES 1020 N STATE ST BELLINGHAM, WA 98225-5012	91-0970561	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
PACIFIC ISLANDER COMMUNITY ASSOCIATION OF WA - 643 S 150TH ST - BURIEN, WA 98148	84-2470123	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
PENNY'S PLACE 12360 LAKE CITY WAY NE, SUITE 420 SEATTLE, WA 98125	91-1582839	501(C)(3)	10,000.	0.			COVID STATE FUND YYA
PORT OF SUPPORT & PATHWAYZ TO SUCCESS - PMB 7951 PO BOX 257 - OLYMPIA, WA 98093	85-2042419	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
PROVIDE NOW 13520 OLD SNOHOMISH MONROE RD SNOHOMISH, WA 98290	84-2023284	501(C)(3)	7,500.	0.			COVID STATE FUND YYA
PUYALLUP TRIBE 3009 EAST PORTLAND AVENUE TACOMA, WA 98404	91-0955402	TRIBAL NATION	16,000.	0.			COVID STATE FUND YYA

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RAINIER VALLEY FOOD BANK 4205 RAINIER AVE S SEATTLE, WA 98118	91-1500786	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
READINESS TO LEARN PO BOX 280 LANGLEY, WA 98260	91-1864751	501(C)(3)	10,000.	0.			COVID STATE FUND YYA
REAL ESCAPE FROM THE SEX TRADE (REST) - 4215 RAINIER AVE S., SUITE B - SEATTLE, WA 98118	45-3531020	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
REBUILDING HOPE! SEXUAL ASSAULT CENTER FOR PIERCE COUNTY - 101 EAST 26TH STREET, SUITE 200 - TACOMA, WA 98421	91-0962226	501(C)(3)	15,000.	0.			COVID STATE FUND YYA
RENTON TECHNICAL COLLEGE FOUNDATION - 3000 NE 4TH STREET - RENTON, WA 98056	91-1590751	501(C)(3)	10,000.	0.			COVID STATE FUND YYA
ROD'S HOUSE 204 S NACHES AVE YAKIMA, WA 98901-2910	36-4659738	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
ROOM ONE PO BOX 222 TWISP, WA 98856	91-1906926	501(C)(3)	19,268.	0.			COVID STATE FUND YYA
ROOM ONE PO BOX 222 TWISP, WA 98856	91-1906926	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
RVC SEATTLE 1225 S. WELLER ST, SUITE 400 SEATTLE, WA 98144	47-4257834	501(C)(3)	20,000.	0.			COVID STATE FUND YYA

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RYAN'S HOUSE FOR YOUTH 19777 SR 20 COUPEVILLE, WA 98239	27-2113343	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
SAFE HARBOR SUPPORT CENTER 1111 N GRANT PL KENNEWICK, WA 99336-2150	91-1725914	501(C)(3)	10,000.	0.			COVID STATE FUND YYA
SEATTLE EDUCATION ACCESS 6920 ROOSEVELT WAY NE 355 SEATTLE, WA 98115	04-3602577	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
SEATTLE'S H.O.M.E FOR ALL 918 SOUTH HORTON STREET, SUITE #707 SEATTLE, WA 98134	84-1867918	501(C)(3)	9,000.	0.			COVID STATE FUND YYA
SHARED HOUSING SERVICES 901 S 11TH ST TACOMA, WA 98405	91-1557248	501(C)(3)	10,000.	0.			COVID STATE FUND YYA
SHELTON FAMILY CENTER 123 S 2ND ST SHELTON, WA 98584	82-3875497	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
SHERON ANN FOUNDATION PO BOX 769 TACOMA, WA 98401	47-1640301	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
SKAGIT VALLEY COLLEGE FOUNDATION 2405 EAST COLLEGE WAY MOUNT VERNON, WA 98273	91-1012915	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
SKAGIT VALLEY FAMILY YMCA 125 N 5TH STREET MOUNT VERNON, WA 98273	91-0565022	501(C)(3)	20,000.	0.			COVID STATE FUND YYA

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SNOQUALMIE VALLEY SHELTER SERVICES 7829 CENTER BLVD SE #239 SNOQUALMIE, WA 98065	81-5104730	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
SOMALI YOUTH & FAMILY CLUB 19550 INTERNATIONAL BLVD STE 106 SEATAC, WA 98188-5428	27-0337730	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
SOUTH PUGET SOUND COMMUNITY COLLEGE FOUNDATION - 2011 MOTTMAN ROAD SW - OLYMPIA, WA 98512	91-1174940	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
SOUTHEAST YOUTH & FAMILY SERVICES 3722 S HUDSON ST SEATTLE, WA 98118-1920	91-1036750	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
SOUTHEAST YOUTH & FAMILY SERVICES 3722 S HUDSON ST SEATTLE, WA 98118-1920	91-1036750	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
SPOKANE WORKFORCE COUNCIL 140 SOUTH ARTHUR SUITE 300 SPOKANE, WA 99202	46-0684743	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
TACOMA COMMUNITY HOUSE 1314 SOUTH L STREET TACOMA, WA 98405	91-0570872	501(C)(3)	10,000.	0.			COVID STATE FUND YYA
TACOMA YOUTH FOR CHRIST 1702 TACOMA AVENUE SOUTH, SUITE B TACOMA, WA 98402	91-0584100	501(C)(3)	5,000.	0.			COVID STATE FUND YYA
TEENAGERS PLUS 1305 S 312TH STREET, SUITE 101 FEDERAL WAY, WA 98003	47-4256136	501(C)(3)	20,000.	0.			COVID STATE FUND YYA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DARE2BE PROJECT 6714 S. 122ND STREET SEATTLE, WA 98178	83-3590168	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
THE DARE2BE PROJECT 6714 S. 122ND STREET SEATTLE, WA 98178	83-3590168	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
THE FINANCIAL SERVICES COALITION-PUGET SOUND CHARITABLE FOUNDATION - 701 5TH AVE, SUITE 4200 - SEATTLE, WA 98104	26-1801775	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
THE G.O.O.D.E. FOUNDATION 33427 PACIFIC HWY S, SUITE E-1 FEDERAL WAY, WA 98003	84-5177032	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
THE GENESIS PROJECT SEATTLE 2819 S. 208TH ST SEATAC, WA 98198	26-0330950	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
THE JOSEPH PROJECT 707 S GRADY WAY, STE 600 RENTON, WA 98057	83-1555613	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
THE MOORE WRIGHT GROUP 2747 29TH AVENUE SW TUMWATER, WA 98512	81-5157499	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
THE NEW SCHOOL AT CHAMBERS BAY 5000 67TH AVE W UNIVERSITY PLACE, WA 98467	85-1137533	501(C)(3)	10,800.	0.			COVID STATE FUND YYA
THE NEW SCHOOL AT CHAMBERS BAY 5000 67TH AVE W UNIVERSITY PLACE, WA 98467	85-1137533	501(C)(3)	20,000.	0.			COVID STATE FUND YYA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TINY TOTS DEVELOPMENT CENTER 8318 RENTON AVE S SEATTLE, WA 98118	91-0898299	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
UNKITAWA 23103 MARINE VIEW DR S DES MOINES, WA 98198	83-2398323	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
URBAN LEAGUE OF METROPOLITAN SEATTLE - 105 14TH AVE, SUITE 200 - SEATTLE, WA 98122	91-0575954	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
WAKULIMA USA PO BOX 6253 KENT, WA 98064	83-3464668	501(C)(3)	10,000.	0.			COVID STATE FUND YYA
WAKULIMA USA PO BOX 6253 KENT, WA 98064	83-3464668	501(C)(3)	10,000.	0.			COVID STATE FUND YYA
WALLA WALLA COMMUNITY COLLEGE FOUNDATION - 500 TAUSICK WAY - WALLA WALLA, WA 99362	91-1207033	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
WENATCHEE SCHOOL DISTRICT 235 SUNSET AVE. WENATCHEE, WA 98801	91-6007261	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
WENATCHEE VALLEY COLLEGE FOUNDATION - 1300 FIFTH STREET - WENATCHEE, WA 98801	23-7319272	501(C)(3)	19,268.	0.			COVID STATE FUND YYA
WHATCOM COMMUNITY COLLEGE FOUNDATION - 237 WEST KELLOGG ROAD - BELLINGHAM, WA 98226	94-3064448	501(C)(3)	20,000.	0.			COVID STATE FUND YYA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER SEATTLE 909 4TH AVE SEATTLE, WA 98104-1108	91-0482710	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
YOU GROW GIRL! 220 RAINIER AVE S, SUITE 201 SEATTLE, WA 98144	46-1649553	501(C)(3)	20,000.	0.			COVID STATE FUND YYA

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ON A REGULAR BASIS, (AT THE MINIMUM, ANNUALLY) GRANTS ARE MONITORED BY PROGRAMS STAFF TO ENSURE COMPLIANCE TO CONTRACTS SIGNED. PART OF THIS MONITORING IS THE FINANCIAL REVIEW TO ENSURE THAT FUNDS ARE EXPENDED IN ACCORDANCE TO AGREED UPON ACTIVITIES AND RESULTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

BUILDING CHANGES

Employer identification number

91-1410450

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) D'ARTAGNAN CALIMAN EXECUTIVE DIRECTOR	(i)	142,595.	2,583.	0.	2,536.	6,647.	154,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNIE PENNUCCI DIRECTOR OF RESEARCH & EVALUATION	(i)	96,356.	53,700.	0.	4,414.	5,321.	159,791.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LIZA BURELL PROGRAM DIRECTOR	(i)	118,962.	27,720.	0.	4,651.	3,740.	155,073.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ARMILITO PANGILINAN CFO	(i)	143,371.	31,287.	0.	5,309.	6,632.	186,599.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

IN 2020, WE PAID RETENTION BONUSES TO KEY INDIVIDUALS TO ENCOURAGE THEM TO STAY AT BUILDING CHANGES KNOWING THAT THE LARGEST PROGRAM WE ARE ADMINISTERING, THE FAMILY HOMELESSNESS INITIATIVE, IS SUNSETTING IN 2021. RETENTION BONUSES, WHICH ARE NEGOTIATED WITH THE FUNDER, ARE BASED ON THE INDIVIDUALS' SALARY AT THE TIME THEY WERE AWARDED.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **BUILDING CHANGES** Employer identification number **91-1410450**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	202,157.	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 contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

BUILDING CHANGES

Employer identification number

91-1410450

FORM 990, PART I, LINE 1, DESCRIPTION OF MISSION AND ACTIVITIES CONTINUED:

BUILDING CHANGES IS A NONPROFIT ORGANIZATION CONDUCTING ACTIVITIES IN
WASHINGTON STATE WITH THE FOLLOWING VISION AND MISSION:

OUR VISION: COMMUNITIES THRIVE WHEN PEOPLE HAVE SAFE AND STABLE HOUSING
AND CAN EQUITABLY ACCESS AND USE SERVICES.

OUR MISSION: BUILDING CHANGES ADVANCES EQUITABLE RESPONSES TO
HOMELESSNESS IN WASHINGTON STATE, WITH A FOCUS ON CHILDREN, YOUTH, AND
FAMILIES AND THE SYSTEMS THAT SERVE THEM.

OUR STATEMENT ON RACIAL EQUITY: AT BUILDING CHANGES, WE SEEK TO HOLD
OURSELVES ACCOUNTABLE FOR ADDRESSING RACISM AND DISCRIMINATION. BLACK,
INDIGENOUS, AND OTHER PEOPLE OF COLOR DISPROPORTIONATELY EXPERIENCE
HOMELESSNESS DUE TO HISTORICAL AND SYSTEMIC RACISM. WE CANNOT ADDRESS
HOMELESSNESS WITHOUT ADDRESSING RACISM AT ITS ROOTS AND THE TRAUMA IT
CONTINUES TO PERPETUATE. WE SET UNIVERSAL GOALS TO END HOMELESSNESS AND
PURSUE TARGETED SOLUTIONS TO ACHIEVE THESE GOALS.

OUR WORK IN RACE EQUITY DOES NOT STOP THERE. WE ARE COMMITTED TO
BUILDING AN INTERNAL CULTURE THAT CHALLENGES RACISM WITHIN OUR
ORGANIZATION.

OUR VALUES: BUILDING CHANGES' ORGANIZATIONAL VALUES ARE EQUITY, PEOPLE,
PARTNERSHIP, AND INTEGRITY.

Name of the organization BUILDING CHANGES	Employer identification number 91-1410450
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BUILDING CHANGES' APPROACH:

WE BELIEVE COMMUNITIES THRIVE WHEN PEOPLE HAVE SAFE AND STABLE HOUSING. UNFORTUNATELY, HOMELESSNESS AND HOUSING INSTABILITY IS A REALITY FOR FAR TOO MANY OF US, PARTICULARLY CHILDREN, YOUTH, AND FAMILIES OF COLOR. SYSTEMIC FAILINGS, INEQUITABLE ACCESS TO SERVICES, AND LACK OF COORDINATION BETWEEN THE HOUSING, EDUCATION, AND HEALTH SYSTEMS CONTRIBUTE TO THIS GROWING PROBLEM. BUILDING CHANGES WORKS AT THE INTERSECTION OF THESE SYSTEMS, ADVANCING RACIAL EQUITY AND ADVOCATING FOR CHANGE, SO THAT CHILDREN, YOUTH, AND FAMILIES EXPERIENCING HOMELESSNESS ARE EFFECTIVELY SERVED AND GET EQUITABLE ACCESS TO THE SUPPORT THEY NEED. RESOLVING A HOUSING CRISIS AND MAINTAINING HOUSING STABILITY ARE NOT POSSIBLE WITHOUT THIS. WE FOCUS OUR EXPERIENCE AND EXPERTISE AT THIS UNIQUE LEVEL BECAUSE IT IS WHERE WE SEE GREAT NEED AND WHERE WE CAN HAVE GREATEST IMPACT.

BUILDING CHANGES USES AN INTERDISCIPLINARY APPROACH TO INFLUENCE SYSTEMS, CENTERING RACIAL EQUITY AND ALIGNING OUR WORK WITH THE NEEDS OF PEOPLE WITH LIVED EXPERTISE.

- WE INNOVATE BY DEVELOPING AND FIELD-TESTING EQUITABLE STRATEGIES.**
- WE COLLABORATE BY PARTNERING TO BUILD CAPACITY AND COORDINATION ACROSS SYSTEMS.**
- WE EVALUATE BY CONDUCTING RESEARCH AND ANALYZING DATA.**
- WE ADVOCATE BY PUSHING TO ADVANCE EQUITABLE, RESEARCH-INFORMED STRATEGIES.**

2020 WAS A UNIQUELY CHALLENGING YEAR. WE PIVOTED IN MANY WAYS, WITH OUR

Name of the organization BUILDING CHANGES	Employer identification number 91-1410450
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STAFF WORKING 100% REMOTELY FOR MOST OF THE YEAR AND TAKING ON SIGNIFICANT COVID-19 RESPONSE EFFORTS, AS NOTED BELOW. YET WE WERE STILL ABLE TO MAKE IMPORTANT PROGRESS IN OUR HOUSING, EDUCATION, AND HEALTH WORK.

NOTABLE ACCOMPLISHMENTS IN 2020

COVID-19 RESPONSE:

STUDENT SUPPORT SURVEY: TO QUICKLY IDENTIFY AND RESPOND TO THE NEEDS OF STUDENTS AND FAMILIES EXPERIENCING HOMELESSNESS DURING THE PANDEMIC, BUILDING CHANGES SURVEYED 500 MCKINNEY-VENTO AND FOSTER CARE LIAISONS ACROSS WASHINGTON STATE IN APRIL 2020. WE HEARD FROM LIAISONS ACROSS 32 COUNTIES WHO PINPOINTED FOOD, INTERNET ACCESS, ELECTRONIC DEVICES NEEDED FOR DISTANCE LEARNING, HYGIENE SUPPLIES, AND RENTAL ASSISTANCE AS THEIR STUDENTS' TOP NEEDS. THEIR RESPONSES HAVE HELPED DRIVE THE DEVELOPMENT OF AND ADVOCACY FOR SPECIFIC RESOURCES AND ADDITIONAL PUBLIC FUNDS TO MEET SOME OF THE MOST PRESSING LOCAL NEEDS.

WASHINGTON STATE STUDENT AND YOUTH HOMELESSNESS COVID-19 RESPONSE FUND: IN PARTNERSHIP WITH THE RAIKES FOUNDATION, BUILDING CHANGES LAUNCHED THE WASHINGTON STATE STUDENT AND YOUTH HOMELESSNESS COVID-19 RESPONSE FUND TO AUGMENT EXISTING PUBLIC DOLLARS AND PROVIDE FLEXIBLE FUNDING TO ENTITIES AND COMMUNITIES WHO WORK DIRECTLY WITH YOUTH AND STUDENTS. BY THE END OF 2020, WE HAD RAISED \$3.25 MILLION AND AWARDED \$3.1 MILLION IN FLEXIBLE FUNDING TO 192 ORGANIZATIONS, SCHOOLS, SCHOOL DISTRICTS, AND TRIBES IN 24 DIFFERENT COUNTIES. ON AVERAGE, 77% OF INDIVIDUALS SERVED BY THE FUND ARE STUDENTS AND YOUTH OF COLOR.

Name of the organization BUILDING CHANGES	Employer identification number 91-1410450
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EVICTION MORATORIUM EXTENSION ADVOCACY: IN SPRING 2020, BUILDING CHANGES ADVOCATED FOR THE EXTENSION OF THE EVICTION MORATORIUM TO SUPPORT CHILDREN, YOUTH, AND FAMILIES EXPERIENCING HOUSING CRISES DURING THE PANDEMIC. TO FURTHER DEMONSTRATE THE NEGATIVE AND RACIALLY INEQUITABLE IMPACTS THE EVICTION MORATORIUM'S END WOULD HAVE ON PEOPLE EXPERIENCING HOUSING INSTABILITY, WE CONTRIBUTED ADDITIONAL DATA TOWARD FEDERAL AND STATE-LEVEL BRIEFS. WITHOUT HOUSING RELIEF, INDIVIDUALS AND FAMILIES EXPERIENCING HOUSING INSTABILITY ARE LEFT TO WORRY ABOUT MAINTAINING HOUSING AND TO TAKE ON ADDITIONAL CRISES BROUGHT ON BY THE PANDEMIC. THE BRIEFS WE SUPPORTED THROUGH OUR ADVOCACY WORK WERE RULED FAVORABLY, AND THE EVICTION MORATORIUM HAS SINCE BEEN EXTENDED THROUGH THE END OF MARCH 2021 ACROSS WASHINGTON STATE AND NATIONWIDE.

HOUSING

FAMILY HOMELESSNESS INITIATIVE: FOR THE PAST TEN YEARS, BUILDING CHANGES LED THE FAMILY HOMELESSNESS INITIATIVE (FHI), A FOCUSED EFFORT TO REDUCE FAMILY HOMELESSNESS BY IMPROVING THE HOMELESS RESPONSE SYSTEMS IN KING, PIERCE, AND SNOHOMISH COUNTIES. SUPPORTED THROUGH A SUSTAINED FINANCIAL COMMITMENT OF THE BILL & MELINDA GATES FOUNDATION, BUILDING CHANGES ASSISTED IN THE DESIGN AND IMPLEMENTATION OF 79 PROJECTS TOTALING \$29.8 MILLION, WORKING WITH THE THREE COUNTIES AND THEIR COMMUNITY-BASED PROVIDERS TO IMPROVE EXPERIENCES AND OUTCOMES FOR FAMILIES ENGAGING WITH THE SYSTEMS.

2020 MARKED THE FINAL YEAR OF THE INITIATIVE. THE MAJORITY OF REMAINING FHI GRANTS CLOSED AT THE END OF DECEMBER, WITH THE LAST FEW SET TO END IN EARLY 2021. WHILE THE GRANTS ARE ENDING, OUR COMMITMENT TO

Name of the organization BUILDING CHANGES	Employer identification number 91-1410450
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SUPPORTING EFFORTS TO REDUCE FAMILY HOMELESSNESS IN THE THREE COUNTIES CONTINUES. IN ADDITION, THROUGH ANOTHER INVESTMENT FROM THE GATES FOUNDATION, BUILDING CHANGES WILL WORK WITH FOUR COMMUNITIES OUTSIDE OF SNOHOMISH, KING, AND PIERCE COUNTIES IN 2021 TO HELP THEM APPLY KEY LEARNINGS FROM FHI TO THEIR OWN HOMELESS RESPONSE SYSTEMS.

WASHINGTON YOUTH AND FAMILIES FUND: BUILDING CHANGES CONTINUED LEADING AND ADMINISTERING THE WASHINGTON YOUTH AND FAMILIES FUND (WYFF), A COMBINATION OF PUBLIC AND PRIVATE DOLLARS AWARDED TO ORGANIZATIONS AND TRIBES ACROSS THE STATE IN SUPPORT OF INNOVATIVE STRATEGIES TO REDUCE YOUTH AND FAMILY HOMELESSNESS. IN RESPONSE TO COVID-19, WE PROVIDED \$10,000 IN EMERGENCY FUNDS TO EACH OF OUR 11 WYFF GRANTEES IN 2020. WE ALSO BEGAN OUR CONTRACTS WITH OUR NEWEST GRANTEES, THE SAMISH INDIAN NATION AND THE COWLITZ INDIAN TRIBE. BOTH ARE PILOTING ENHANCED RAPID RE-HOUSING, A HOUSING SUPPORT MODEL THAT UTILIZES HOUSING PLACEMENT, CULTURALLY ENHANCED SUPPORT SERVICES, CASE MANAGEMENT, AND SHORT-TERM RENT SUBSIDY, AND FLEXIBLE FUNDING TO QUICKLY MOVE INDIVIDUALS AND FAMILIES OUT OF HOMELESSNESS AND INTO PERMANENT HOUSING.

THE COWLITZ INDIAN TRIBE, ALONG WITH GRANTEES NORTHWEST YOUTH SERVICES AND SHELTON FAMILY CENTER, ARE PILOTING CRITICAL TRANSITION COACHING (CTC). CTC IS AN EVIDENCE-BASED OUTREACH MODEL WE'VE ADAPTED TO PROVIDE YOUNG PEOPLE THE SUPPORT THEY NEED DURING THEIR TRANSITION OUT OF INSTITUTIONAL CARE TO STABLE HOUSING IN WASHINGTON STATE. CTC PROVIDED COMPREHENSIVE SUPPORT BY WORKING WITH YOUNG PEOPLE DEVELOP SKILLS, FIND EMPLOYMENT, IDENTIFY EDUCATION GOALS, AND BUILD A SUPPORT NETWORK BEFORE AND DURING THEIR TRANSITION.

Name of the organization BUILDING CHANGES	Employer identification number 91-1410450
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MARY'S PLACE FAMILY DIVERSION CENTER EVALUATION: BUILDING CHANGES

COMPLETED AN EVALUATION OF THE FIRST YEAR OF MARY'S PLACE FAMILY DIVERSION CENTER (FDC). FDC IS A HOUSING SUPPORT MODEL THAT PAIRS DIVERSION SERVICES WITH SHELTER. OUR EVALUATION INCLUDED ANALYSIS OF STAFF AND FAMILIES' PERSPECTIVES ON FDC, SHELTER UTILIZATION RATES, COSTS OF RUNNING THE CENTER, AND THE DEMOGRAPHICS AND CHARACTERISTICS OF FAMILIES WHO USED FDC. WE ALSO ANALYZED OUTCOMES FOR FAMILIES WHO USED FDC SERVICES AS OPPOSED TO THOSE WHO SOUGHT OUT SHELTERS OR DIVERSION SERVICES SEPARATELY.

FORM 990, PART I, LINE 1, DESCRIPTION OF MISSION AND ACTIVITIES CONTINUED: EDUCATION

BEATING THE ODDS & MENU OF STRATEGIES: BUILDING CHANGES PUBLISHED TWO RESOURCES EARLIER LAST YEAR TO HELP SCHOOLS AND SCHOOL DISTRICTS BETTER SUPPORT STUDENTS EXPERIENCING HOMELESSNESS. IN FEBRUARY 2020, WE RELEASED "BEATING THE ODDS: HOW CAN SCHOOLS AND DISTRICTS SUPPORT STUDENTS EXPERIENCING HOMELESSNESS?" A REPORT SUMMARIZING PROMISING PRACTICES FROM HIGH-PERFORMING SCHOOLS AND DISTRICTS THAT SHOW POSITIVE EDUCATIONAL OUTCOMES FOR STUDENTS EXPERIENCING HOMELESSNESS. IN MARCH 2020, WE PUBLISHED THE FIRST ITERATION OF THE MENU OF STRATEGIES, A WORKING COLLECTION OF RECOMMENDATIONS FOR SCHOOLS, DISTRICTS, AND COMMUNITY PARTNERS TO BETTER SUPPORT STUDENTS AND FAMILIES EXPERIENCING HOMELESSNESS IN THE STATE. WE PULLED TOGETHER INSIGHTS FROM SURVEYS AND INTERVIEWS WITH SCHOOL STAFF, DISTRICT STAFF, STUDENTS AND FAMILIES WITH LIVED EXPERTISE, AND STUDENT DATA FROM THE OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION TO ADDRESS TOPICS ESPECIALLY PERTINENT TO STUDENTS EXPERIENCING HOMELESSNESS AND THEIR FAMILIES.

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ASSESSMENT AND BUILDING CAPACITY TOOL: BUILDING OFF THE MENU OF STRATEGIES, BUILDING CHANGES DEVELOPED THE ASSESSMENT AND BUILDING CAPACITY TOOL (ABC TOOL) TO HELP SCHOOLS AND SCHOOL DISTRICTS IDENTIFY AREAS TO IMPROVE THEIR CAPACITY TO EFFECTIVELY MEET THE NEEDS OF STUDENTS EXPERIENCING HOMELESSNESS. WITH THE ABC TOOL, WE HOPE TO DEVELOP RACIALLY EQUITABLE AND CULTURALLY RESPONSIVE STRATEGIES TO HELP MEET STUDENTS' NEEDS. THE ABC TOOL FACILITATES OUR GOAL TO INCREASE STUDENTS' OUTCOMES BY BRINGING CLARITY AND STRUCTURE TO HOW SCHOOLS AND SCHOOL DISTRICTS CAN IMPROVE SERVICES AND SUPPORTS.

YOUTH ASCEND WA: TO SUPPORT STUDENTS EXPERIENCING HOMELESSNESS AS THEY TRANSITION OUT OF HIGH SCHOOL, BUILDING CHANGES DEVELOPED YOUTH ASCEND WA, A WEB-BASED TOOL DESIGNED TO CONNECT STUDENTS WITH RESOURCES THAT WILL HELP THEM EXPLORE OPTIONS ON THEIR PATH TOWARD ACHIEVING POST-GRADUATION STABILITY. THE RESOURCE TOOL IS A COLLABORATIVE PROJECT MADE POSSIBLE THROUGH INTERVIEWS, WORKSHOPS, AND FOCUS GROUP WITH YOUTH AND ADVOCATES IN SCHOOLS, PUBLIC AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS. YOUTH ASCEND WA'S GOAL IS TO BE AN INCLUSIVE, ACCESSIBLE, AND YOUTH-CENTERED RESOURCE TOOL THAT WILL HELP STRENGTHEN RELATIONSHIPS BETWEEN PROVIDERS AND STUDENTS.

SCHOOL/HOUSING NETWORK: TO PROVIDE A PEER-TO-PEER LEARNING SPACE FOR SCHOOL DISTRICT HOMELESS LIAISONS AND LOCAL HOUSING PROVIDERS ACROSS WASHINGTON STATE, BUILDING CHANGES CONTINUED HOSTING A MONTHLY VIRTUAL CONFERENCE. AN AVERAGE OF 30 LIAISONS AND PROVIDERS PARTICIPATE IN OUR MONTHLY CALL BY SHARING THEIR OWN EXPERIENCES SUPPORTING STUDENTS IN THEIR COMMUNITIES AND DISCUSS BEST PRACTICES ON SUPPORTING STUDENTS

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EXPERIENCING HOMELESSNESS IN THEIR SCHOOLS. IN THE BEGINNING OF PANDEMIC-RELATED SCHOOL CLOSURES, WE INCREASED THE FREQUENCY OF OUR CONFERENCE CALLS TO BI-WEEKLY. WE DID THIS TO RESPOND TO LIAISONS AND PROVIDERS' HEIGHTENED NEED TO ENSURE STUDENTS ARE STILL ADEQUATELY SUPPORTED DESPITE GROWING CONCERNS OVER THE PUBLIC HEALTH CRISIS. THE SCHOOL/HOUSING NETWORK IS AN OUTLET FOR LIAISONS AND PROVIDERS ACROSS THE STATE TO LEARN FROM EACH OTHER AND TO COLLABORATE ON WAYS TO BETTER SUPPORT STUDENTS EXPERIENCING HOMELESSNESS IN THEIR COMMUNITIES.

HEALTH

STRENGTHENING ADVOCACY AND PARTNERSHIPS: THROUGHOUT 2020, BUILDING CHANGES WORKED TO STRENGTHEN OUR ADVOCACY, PARTNERSHIPS, AND EFFORTS IN THE HEALTH SYSTEM TO ADVANCE EQUITABLE STRATEGIES IN SUPPORT OF PEOPLE EXPERIENCING HOMELESSNESS AND HOUSING INSTABILITY. OUR ADVOCACY WORK COMPRISED THE FOLLOWING EFFORTS: JOINING HEALTH ADVOCATES TO PERSUADE THE WASHINGTON STATE DEPARTMENT OF HEALTH TO DISAGGREGATE COVID-19 DATA BY RACE AND ETHNICITY; PARTNERING WITH NUTRITION ADVOCATES TO RAISE AWARENESS AND WEBINARS ON ACCESSING PANDEMIC ELECTRONIC BENEFIT TRANSFER (P-EBT) ON FOOD; ADVOCATING FOR THE CONTINUATION OF MATERNITY SUPPORT SERVICES (MSS); SURVEYING MSS PROVIDERS TO LEARN ABOUT THEIR CLIENTS' DEMOGRAPHICS AND TOP NEEDS; AND ENSURING THE RENEWAL OF FOUNDATIONAL COMMUNITY SUPPORTS (FCS), A MEDICAID BENEFIT THAT HELPS ELIGIBLE CLIENTS WITH COMPLEX HEALTH NEEDS FIND AND MAINTAIN HOUSING AND EMPLOYMENT.

IN 2020, BUILDING CHANGES ALSO JOINED THE STATE LEGISLATURE'S CHILDREN AND YOUTH BEHAVIORAL HEALTH WORKGROUP AND CONTINUED TO CULTIVATE NEW

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PARTNERSHIPS WITH COMMUNITY HEALTH ORGANIZATIONS AND ADVOCACY GROUPS.

IN ADDITION TO OUR ADVOCACY AND PARTNERSHIP EFFORTS, WE COMPLETED AN EVALUATION OF THE IMPACTS OF OUR PERINATAL HOUSING GRANTS (PHG), A PILOT PROJECT DESIGNED TO IMPROVE HOUSING AND HEALTH OUTCOMES FOR PREGNANT WOMEN AND POSTPARTUM MOTHERS WHO NEED ADDITIONAL SUPPORT TO PREPARE AND PROVIDE FOR THEIR BABIES.

FORM 990, PART VI, SECTION A, LINE 3:

THE EXECUTIVE COMMITTEE IS COMPRISED OF THE PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER, COMMITTEE CHAIR AND IMMEDIATE PAST PRESIDENT. THE EXECUTIVE COMMITTEE MAKES DECISIONS ON BEHALF OF THE BOARD WHEN THERE ARE URGENT ISSUES THAT NEED TO BE RESOLVED OR ACTED UPON.

FORM 990, PART VI, SECTION B, LINE 11B:

ANNUAL FORM 990 IS REVIEWED AND APPROVED BY THE BOARD FINANCE AND AUDIT COMMITTEE, THEN SHARED WITH THE FULL BOARD AT THE NEXT BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS AND KEY STAFF ARE REQUIRED TO REVIEW AND SIGN CONFLICT OF INTEREST POLICY ANNUALLY. THROUGH THIS PROCESS, BOARD MEMBERS AND KEY STAFF ARE REMINDED OF THE REQUIREMENT TO DISCLOSE ALL MATERIAL FACTS OF EVERY ACTUAL OR POTENTIAL CONFLICT OF INTEREST TO THE EXECUTIVE DIRECTOR OR BOARD CHAIR. BUILDING CHANGES MANAGEMENT AND THE BOARD EXECUTIVE COMMITTEE HAVE THE RESPONSIBILITY TO IDENTIFY RELATED PARTY TRANSACTIONS AND REAL OR POTENTIAL CONFLICTS OF INTERESTS. ALL IDENTIFIED RELATED PARTY TRANSACTIONS AND REAL OR POTENTIAL CONFLICTS OF INTEREST ARE PRESENTED AND DISCUSSED BY THE APPROPRIATE COMMITTEE OR FULL BOARD AND ARE RECORDED IN THE MINUTES OF

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THAT MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR SALARY IS DETERMINED BY THE BOARD. ALL BUILDING CHANGES COMPENSATION IS BASED ON PUBLISHED SALARY SURVEYS.

FORM 990, PART VI, SECTION C, LINE 19:

THESE DOCUMENTS ARE NOT PUBLICLY AVAILABLE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

TECHNICAL ASSISTANCE FOR THE DATA DRIVEN CULTURE INITIATIVE:

PROGRAM SERVICE EXPENSES	869,377.
MANAGEMENT AND GENERAL EXPENSES	56,426.
FUNDRAISING EXPENSES	21,378.
TOTAL EXPENSES	947,181.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	947,181.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CANCELLED GRANTS AND OTHER GRANT EXPENSE ADJUSTMENTS	247,942.
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