Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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.



Department of the Treasury Internal Revenue Service

ΑΙ	For th	e 2020 calendar year, or tax year beginning and	l ending		
	Check if applicab			D Employer identific	cation number
	Addre	BUILDING CHANGES			
	Name		91-14104	50	
	Initial returr		Room/suite	E Telephone number	
	Final return		1200	(206) 80	5-6100
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,580,020.
	Amer	SEATTLE, WA 90144		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: DANTED ZAVADA		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		tempt status: $X = 501(c)(3) = 501(c)() + (insert no.) = 4947(a)(1)$	or 527	- '	list. See instructions
		ite: WWW.BUILDINGCHANGES.ORG		H(c) Group exemption	
	-orm o art l	f organization: X Corporation Trust Association Other ► Summary	L Year		State of legal domicile: WA
	T	Briefly describe the organization's mission or most significant activities: ADVA	NCES E		
Governance	1	HOMELESSNESS IN WASHINGTON STATE.		QUIIADE KE.	
erne	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more		
Ň	3				10
		Number of independent voting members of the governing body (Part VI, line 1b)			10
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		25	
Activities &	6	Total number of volunteers (estimate if necessary)		10	
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
		Contributions and grants (Bart)/(III line 1b)		Prior Year 6,269,206.	Current Year 6,655,144.
IUe	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		64,150.	300,328.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		189,566.	368,903.
Be	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.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,642,714.	4,343,376.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ú	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,203,107.	2,481,595.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		5,128.	0.
be	. ь	Total fundraising expenses (Part IX, column (D), line 25) 280, 3	10.		
ũ	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	3		Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		15,855,825.	11,471,961.
tAs	21	Total liabilities (Part X, line 26)		6,202,406.	2,611,254.
ING	22	Net assets or fund balances. Subtract line 21 from line 20		9,653,419.	8,860,707.
	art II				
	-	alties of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	

Sign Here	Signature of officer DANIEL ZAVALA, EXECUTING Type or print name and title	VE DIRECTOR	Date	, 		
Paid	Print/Type preparer's name RAY HOLMDAHL	Preparer's signature RAY HOLMDAHL	Date 08/11/21	Check PTIN if self-employed P00120599		
Preparer	Firm's name BDO USA, LLP			's EIN ▶ 13-5381590		
Use Only	Firm's address 🕨 601 UNION ST, ST	E 2300				
SEATTLE, WA 98101-2345 Phone no. (206) 382						
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes 🗌 No		
032001 12-23	3-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2020)		

		91-1410450	Page 2
ar	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🔲
	Briefly describe the organization's mission:		
	BUILDING CHANGES ADVANCES EQUITABLE RESPONSES TO HOMELESS		
	WASHINGTON STATE, WITH A FOCUS ON CHILDREN, YOUTH, AND FA	MILIES AND	
	THE SYSTEMS THAT SERVE THEM.		
	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	, the total expenses, an	nd
	revenue, if any, for each program service reported.		<u> </u>
	(Code:) (Expenses \$ 2,901,182. including grants of \$ 821,683.) (Revenue		<u>622.</u>)
	HOUSING CRISIS: THROUGH GRANTMAKING, TECHNICAL ASSISTANCE		СН
	AND EVALUATION, BUILDING CHANGES WORKS ON IMPROVING EQUIT.		-
	AND EXPERIENCES FOR CHILDREN, YOUTH, AND FAMILIES IMPACTE		
	CRISES BY SECURING ADEQUATE AND SUSTAINABLE RESOURCES FOR		
	HOUSING SYSTEMS, FACILITATING CROSS-SYSTEM COLLABORATION,		
	THOSE SYSTEMS ACCOUNTABLE TO ADVANCE AND ADOPT RACIALLY E		
	CULTURALLY RESPONSIVE POLICIES, PRACTICES, AND PRIORITIZA		20,
	WE PROVIDED GRANTS TO 23 ORGANIZATIONS TO ADDRESS THE HOU	SING CRISIS	
	WHICH WAS MADE WORSE BY COVID-19.		
_			
	(Code:) (Expenses \$3,907,202. including grants of \$3,521,693.) (Revenue		706.)
	EDUCATION: BUILDING CHANGES WORKS ON IMPROVING ACADEMIC A		
	OUTCOMES FOR STUDENTS BY SECURING ADEQUATE AND SUSTAINABL		
	AND CAPACITY FOR EDUCATION AND HOUSING SYSTEMS, FACILITAT		HIP
	BUY-IN AND CROSS-SYSTEM COLLABORATION, AND HOLDING THOSE		
	ACCOUNTABLE TO ADVANCE RACIALLY EQUITABLE AND CULTURALLY		
	/ / / /	WE PROVIDE	
	GRANTS TO 197 ORGANIZATIONS TO ADDRESS YOUTH AND STUDENTS	HOMELESSNES	55
	WHICH WAS MADE WORSE BY COVID-19.		
	E00.000		
	(Code:) (Expenses \$ 522,206. including grants of \$) (Revenue)
	KNOWLEDGE SHARING AND POLICY: OUR POLICY EFFORTS FOCUS ON		0.77
	AND LEGISLATIVE CHANGES THAT PREVENT, REDUCE AND MITIGATE		
	HOMELESSNESS IN WASHINGTON STATE. WE WORK ACROSS SYSTEMS		KS
	IN CHILD WELFARE, EMPLOYMENT AND EDUCATION TO IDENTIFY KE		_
	INITIATIVES, PURSUE FIXES AND INFLUENCE LONG-TERM POLICY		
	RESULT IN MORE EFFICIENT HOMELESS AND HOUSING SYSTEMS - A		HE
	BARRIERS THAT HOMELESS YOUTH AND FAMILIES FACE WHEN THEY	SEEK HELP.	
	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ► 7,330,590.		
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 Form 990 (2020)
 BUILDING
 CHANGES

 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the survey institute restricts and office survey is a survey of the little distance of the survey of the surve	14a		x
b	Did the organization maintain an office, employees, or agents outside of the United States?	- 14		<u> </u>
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
		14b		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15		45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		- 23
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	──
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		└──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
032003	12-23-20	Form	990	(2020)

Form **990** (2020)

2020.04010 BUILDING CHANGES

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 Form 990 (2020)
 BUILDING
 CHANGES

 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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	01-		
لم	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 64			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c		(2020)
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Form	990 (2020) BUILDING CHANGES 91-1410	450	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	_		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
-			000	_

Form **990** (2020)

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	tion A. Governing Body and Management					_
	ion A. doverning body and Management				Yes	_
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		103	•
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
				0		
	officer, director, trustee, or key employee?			2		_
	Did the organization delegate control over management duties customarily performed by or under the	-		-	77	
				3	X	_
	Did the organization make any significant changes to its governing documents since the prior Form 99			4		_
	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		_
	Did the organization have members or stockholders?			6		_
	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholders, or				
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the following:				
а	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					-
	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	ianua Cada)		•		-
	This section b requests mornation about policies not required by the internal new	enue coue.)			Yes	-
0-	Did the organization have local chapters, branches, or affiliates?		l	10a	103	-
				IUa		-
	If "Yes," did the organization have written policies and procedures governing the activities of such cha	• • •		401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v	_
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the	e form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	co conflicts?		12b	Х	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe				
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
	Did the organization have a written document retention and destruction policy?				Х	Γ
				14	~	
	Did the process for determining compensation of the following persons include a review and approval			14	Λ	
	Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by independen		14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by independen ⁻	t			
15 a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	by independen	t	15a	x	
15 a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	by independen	t			
15 a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	by independen	t	15a	x	
15 a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	by independen	t	15a 15b	x	
15 a b 16a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year?	by independen ent with a	t 	15a	x	
15 a b 16a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	by independent ent with a eits participatio	t 	15a 15b	x	
15 a b 16a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year?	by independent ent with a eits participatio	t 	15a 15b	x	
15 a b 16a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi exempt status with respect to such arrangements?	by independent ent with a eits participatio zation's	t 	15a 15b	x	
15 a b 16a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	by independent ent with a eits participatio zation's	t 	15a 15b 16a	x	
i5 a b i6a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi exempt status with respect to such arrangements?	by independent ent with a eits participatio zation's	t 	15a 15b 16a	x	
15 a b 16a b 5ect	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi exempt status with respect to such arrangements? tion C. Disclosure	by independent ent with a e its participatio zation's	t n	15a 15b 16a 16b	x x	
5 a b 66a b 5ect 7	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE	by independent ent with a e its participatio zation's	t n	15a 15b 16a 16b	x x	
15 a b 16a b 5ect 17	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply.	by independent ent with a e its participatio zation's d 990-T (Section	t n n 501(c)(3)s	15a 15b 16a 16b	x x	
15 a b 16a b 5ect 17 18	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	by independent ent with a e its participatio zation's d 990-T (Section on Schedule O)	t n n 501(c)(3)s	15a 15b 16a 16b	X X	
15 a b 16a b Sect 17 18	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement axable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, corrections)	by independent ent with a e its participatio zation's d 990-T (Section on Schedule O)	t n n 501(c)(3)s	15a 15b 16a 16b	X X	
15 a b 16a b 6ect 17 18	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement axable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	by independent ent with a eits participatio zation's d 990-T (Section on Schedule O) iflict of interest	t n n 501(c)(3)s	15a 15b 16a 16b	X X avail	
a b l6a b Sect 17 18	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement axable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply. Is Own website Another's website Image: Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor statements available to the public during the tax year.	by independent ent with a eits participatio zation's d 990-T (Section on Schedule O) iflict of interest	t n n 501(c)(3)s	15a 15b 16a 16b	X X availa	
15 a b 16a b Sect 17 18	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement axable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain) Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bool ARMILLTO J PANGILLINAN - (206) 805-6100	by independent ent with a eits participatio zation's d 990-T (Section on Schedule O) iflict of interest	t n n 501(c)(3)s	15a 15b 16a 16b	X X availa	
15 a b 16a b Sect 17 18	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement axable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize exempt status with respect to such arrangements? Lion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply. IX Own website Another's website IX Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo ARMILITO J PANGILINAN – (206) 805–6100 1200 12TH AVENUE S, NO. 1200, SEATTLE, WA 98144	by independent ent with a eits participatio zation's d 990-T (Section on Schedule O) iflict of interest	t n n 501(c)(3)s	15a 15b 16a 16b (conly)	X X availa	
15 a b 16a b Sect 17 18	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement axable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain) Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bool ARMILLTO J PANGILLINAN - (206) 805-6100	by independent ent with a eits participatio zation's d 990-T (Section on Schedule O) iflict of interest	t n n 501(c)(3)s	15a 15b 16a 16b (conly)	X X availa	

5.1

91-1410450 Page 6

Form 990 (2020)	BUILDING			91-1410450	
Part VI Governance,	Management, a	and Disclosure	For each "Yes" response to lines 2 through	7b below, and for a "No" ı	response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Form 990 (202	20) BUILDING CHANGES	91-1410450	Page 7		
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated					
Employees, and Independent Contractors					
C	heck if Schedule O contains a response or note to any line in this Part VII				
Section A. C	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 c 	of the organization's current officers, directors, trustees (whether individuals or organizations), re	gardless of amount of compens	sation.		

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)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	aad	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	below	dual ti	ıtiona		nploy	st cor yee	-			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) D'ARTAGNAN CALIMAN	40.00	_	_	-			-			
EXECUTIVE DIRECTOR		1		х				145,178.	0.	9,183.
(2) ANNIE PENNUCCI	40.00									
DIRECTOR OF RESEARCH & EVALUATION						Х		150,056.	0.	9,735.
(3) LIZA BURELL	40.00									
PROGRAM DIRECTOR						X		146,682.	0.	8,391.
(4) ARMILITO PANGILINAN	40.00									
CFO				Х				174,658.	0.	11,941.
(5) DANIEL ZAVALA	40.00									
DIRECTOR OF POLICY						X		124,981.	0.	10,433.
(6) ROGERS WEED	4.00									
PRESIDENT		Х		Х				0.	0.	0.
(7) MICHAEL BROWN	4.00									
IMMEDIATE PAST PRESIDENT		х		Х				0.	0.	0.
(8) LORI KAISER	4.00								•	•
TREASURER (TERM ENDED IN JUNE 2020)		Х		Х				0.	0.	0.
(9) CHAD SWANEY	4.00								•	•
SECRETARY		Х		Х				0.	0.	0.
(10) SAARA ROMU	2.00								•	•
BOARD MEMBER		Х						0.	0.	0.
(11) DILIP WAGLE	2.00								•	•
BOARD MEMBER		Х						0.	0.	0.
(12) TRACY HILLIARD	2.00								0	0
BOARD MEMBER	0.00	Х						0.	0.	0.
(13) TRAVIS WALTER	2.00							0	0	0
BOARD MEMBER	0.00	Х						0.	0.	0.
(14) DAVID WERTHEIMER	2.00							0	0	0
BOARD MEMBER	0.00	Х						0.	0.	0.
(15) TWINA NOBLES	2.00							0	0	0
BOARD MEMBER	2 00	Х						0.	0.	0.
(16) WESLEY SAINT CLAIR	2.00								0	
BOARD MEMBER	2 00	Х						0.	0.	0.
(17) CHRIS BRUNO	2.00	v						0.	0.	0.
BOARD MEMBER 032007 12-23-20		Х						0.	0.	Form 990 (2020)

032007 12-23-20

Form 990 (2020)

91-1/10/50

	990 (2020) BUILDING	CHANGES	5							91-14	110-	450	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) (C) 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) upplicet uppli					than c s both r/trust	tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS	n I S	am com fro orga	(F) timate ount o other pensat om the anizati	of tion e on
		organizations below line)	Individual tru	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former					l relate nizatio	
(18)	ROBERT DAVIS	2.00				-								
BOAR	D MEMBER		X						0.		0.			0.
1b	Subtotal		I						741,555.		0.	49	9,68	33.
с	Total from continuation sheets to Part VI								0. 741,555.		0.		, 9,68	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	ł			5
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-			•	-		Ŭ	• • •			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4	x	
5	Did any person listed on line 1a receive or a	,										-		
Soc	rendered to the organization? <i>If "Yes." com</i> tion B. Independent Contractors	plete Schedule	e J fe	or sı	ıch r	oers	on .					5		Х
1	Complete this table for your five highest co	-	-								ensat	tion fro	m	
	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	<u>i the organization's tax y</u> (B)	ear.		(C	:)	
	Name and business	address	NC	ONE	2				Description of s	ervices	C	omper		<u>ו</u>
								_						
								_						
2	Total number of independent contractors (ii	•	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation P				<u> </u>	,					Form	990 (2	2020)

032008 12-23-20

Form					ING CI	HAN	GES			91-1410	450 Page
Pa	rt V	/111	Statement of Re	ven	ue						
			Check if Schedule O	conta	ins a resp	onse	or note to any lin				
								(A) Tatal waxaa waxaa	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue	function revenue		from tax under
											sections 512 - 514
ts ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
ΩĞ		с	Fundraising events				71,407.				
ifts ar A											
nila n			Government grants (conti				628,874.				
Sir			All other contributions, gifts,		· ·						
her		•	similar amounts not included				5,954,863.				
oti		g	Noncash contributions included in			\$	202,157.				
u o		-	Total. Add lines 1a-1f					6,655,144.			
0 0			TULAL AUU III IES TA-IT				Business Code	0,000,111.			
	~	_	CONSULTING FEES				900099	300,328.	300,328.		
ice	2						300033	500,528.	500,528.		
er v		b									
n S eni		С									
Program Service Revenue		d									
5 E		е									
₫.			All other program service				_				
		g	Total. Add lines 2a-2f					300,328.			
	3		Investment income (inclue								
			other similar amounts) \dots					159,881.			159,881
	4		Income from investment of	of tax	exempt be	ond p	roceeds				
	5		Royalties	· · <u></u>			🕨				
					(i) Rea	al	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss	;) (;			•				
			Gross amount from sales of		(i) Securi		(ii) Other				
			assets other than inventory	7a	1,464,	667.					
		b	Less: cost or other basis								
Ð			and sales expenses	7b	1,255,	645.					
evenue		c	Gain or (loss)	7c	209,						
leve			Net gain or (loss)					209,022.			209,022
sr Re	0		Gross income from fundraisi			····					
Other	0	a	including \$	-							
0			contributions reported on								
			1		,		0.				
			Part IV, line 18								
			Less: direct expenses				10,000.	-16,868.			-16,868
			Net income or (loss) from				····· 🕨	-10,000.			-10,000
	9	а	Gross income from gamir								
		_	Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from			es	▶				
	10	а	Gross sales of inventory,								
			and allowances								
		b	Less: cost of goods sold			10b					-
		с	Net income or (loss) from	sales	of invento	ory	►				
ő							Business Code				
no €	11	а									
scellaneo <u>Revenue</u>		b									
eVe		с									
Miscellaneous Revenue		d	All other revenue								
≥			Total. Add lines 11a-11d								
!	12		Total revenue. See instruction					7,307,507.	300,328.	0.	352,035
032009									•	•	Form 990 (202)

032009 12-23-20

9

091665.1

	Check if Schedule O contains a response or note to any line in this Part IX												
	not include amounts reported on lines 6b, 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)	1 010 011	1 010 015		1.65 1.00								
7	Other salaries and wages	1,812,961.	1,310,845.	336,924.	165,192.								
8	Pension plan accruals and contributions (include	45 005	22 226		4 000								
	section 401(k) and 403(b) employer contributions)	45,085.	33,006.	7,799.	4,280. 11,218.								
9	Other employee benefits	118,155.	86,499. 120,379.	20,438.									
10	Payroll taxes	164,434.	120,379.	28,444.	15,611.								
11	Fees for services (nonemployees):												
a	Management	26,860.		26,860.									
b		25,725.	4,125.	20,800.									
	Accounting	26,400.	26,400.	21,000.									
	Lobbying	20,400.	20,400.										
e f	Professional fundraising services. See Part IV, line 17 Investment management fees												
	Other. (If line 11g amount exceeds 10% of line 25,												
y	column (A) amount, list line 11g expenses on Sch 0.)	947,181.	869,377.	56,426.	21,378.								
12	Advertising and promotion	51772020											
13	Office expenses	61,304.	33,603.	22,356.	5,345.								
.e	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. 815.								
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 0.)												
а	MISCELLANEOUS	108,286.	95,199.	4,322.	8,765.								
b	STAFF RECRUIT, DEVELOPM	46,162.	38,830.	5,645.	1,687.								
с	DUES AND LICENSES	11,202.	5,944.	5,162.	96.								
d													
е	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 if following SOP 98-2 (ASC 958-720)												

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10 2020.04010 BUILDING CHANGES

Form 990 (2020)

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X

Form 990 (2020)

BUILDING CHANGES

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

BUILDING CHANGES

Par	נא	Balance Sneet					
		Check if Schedule O contains a response or	note to any	line in this Part X		······	
					(A) Beginning of year		(B) End of year
	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					
		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri		6			
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
As	9			1,968.	9	149,570	
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	215,102.			
	b		10b	215,102.	23,362.	10c	0
	11	Investments - publicly traded securities	7,246,826.	11	5,197,067		
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e			15,855,825.	16	11,471,961
	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. Comple	te Part IV o	f Schedule D		21	
ŝ	22	Loans and other payables to any current or for	ormer office	r, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
labi		controlled entity or family member of any of t	nese persor	ns		22	
	23	Secured mortgages and notes payable to un		23			
	24	Unsecured notes and loans payable to unrela	ted third pa	arties		24	
	25	Other liabilities (including federal income tax,	payables to	o related third			
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X			
		of Schedule D			0.	25	268,936
	26				6,202,406.	26	2,611,254
		Organizations that follow FASB ASC 958, o	heck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27				1,865,196.	27	2,317,532
Ba	28	Net assets with donor restrictions	7,788,223.	28	6,543,175		
pun		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current fun				29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		Г		31	
Ne.	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.

Form **990** (2020)

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Form 990 (2020) BUILDI

Form	990 (2020) BUILDING CHANGES	91-14	10450	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,307	7,5	07.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,240),8	91.
3	Revenue less expenses. Subtract line 2 from line 1	3	-933	3,3	84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,653	3,4	19.
5	Net unrealized gains (losses) on investments	5	-107	7,2	70.
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	7,9	42.
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),7	07.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	<u> </u>
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			v
	Act and OMB Circular A-133?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	·····	3b	000	L

Form **990** (2020)

032012 12-23-20

SCH	IEDL	JLE A
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► 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
------	--------	--------------

Nan	ne of t	the organization							identification number			
Da	ort I	BUIL.	DING CHANG					9	1-1410450			
	art I	Reason for Public C					ee instruction	IS.				
	organ	ization is not a private found										
1		A church, convention of chu					l)(A)(i).					
2		A school described in secti										
3		A hospital or a cooperative										
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for		lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C										
6		A federal, state, or local gov	-									
7	X	An organization that normal		ntial part of its support fr	om a gove	ernmental i	unit or from th	ne general p	bublic described in			
_		section 170(b)(1)(A)(vi). (C										
8		A community trust describe			-							
9		An agricultural research org	•			-		-	-			
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city,	, and state of	the college	or			
40		university:	1	11 00 1 /00 /					1			
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment										
				-					-			
		income and unrelated busin		(less section 511 tax) no	in pusines	ses acquir		janization a	iter Julie 30, 1975.			
11		See section 509(a)(2). (Cor An organization organized a		volu to tost for public saf	oty Soo	soction 50	$\Omega(a)(4)$					
12	\square	An organization organized a	-	•	•			rny out the	nurnoses of one or			
12		more publicly supported or	-	-	-			•				
		lines 12a through 12d that	-									
а		Type I. A supporting orga	• •			-		-	nivina			
		the supported organization		-	• • • •	-						
		organization. You must c			indjointy c				pporting			
b	,	Type II. A supporting orga	-		ion with its	s supporte	d organizatio	n(s), by hav	ina			
		control or management of	-				-		-			
		organization(s). You mus						5				
с	: [] Type III functionally inte			in connect	tion with, a	nd functional	lly integrate	d with,			
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppo	rted organiz	ation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution req	uirement and	an attentiv	veness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Туре I, Туре	II, Type III				
		functionally integrated, or	r Type III non-functior	nally integrated supportir	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
<u> </u>		vide the following information			(iv) is the oro:	anization listed	())	· · · · · · · · · · · · · · · · · · ·				
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see ir	,	(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No						
Tota	al											
-		Paperwork Reduction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	032021 01-2	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020			

13

Schedule A (Form 990 or 990-EZ) 2020 BUILDING CHANGES

91-1410450 Page 2

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.)

Se	ction A. Public Support	-					
Cale	ndar 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	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.
	ction B. Total Support				L	L	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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							
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	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.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	655,942.
	First 5 years. If the Form 990 is for th			ourth or fifth tax y	vear as a section 5		,
10	organization, check this box and sto	•					
Se	ction C. Computation of Publi						
	Public support percentage for 2020 (olumn (f))		14	53.45 %
	Public support percentage from 2019		•	())		15	43.08 %
	33 1/3% support test - 2020. If the						
	stop here. The organization qualifies						• v
r	33 1/3% support test - 2019. If the o		-				
	and stop here. The organization qual						
17=	10% -facts-and-circumstances test		•••				
170	and if the organization meets the fact						
	meets the facts-and-circumstances te					•	
ŀ	10% -facts-and-circumstances test	-		• • • •		7a and line 15 is	
Ľ	more, and if the organization meets the					-	
	organization meets the facts-and-circl						
18	Private foundation. If the organization						
10		on did not check a		a, 100, 17a, 01 170			or 990-EZ) 2020
					00110		

Schedule A (Form 990 or 990-EZ) 2020 BUILDING CHANGES

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.)

Sec	tion A. Public Support					_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2	020	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b	L						
8 Sec	Public support. (Subtract line 7c from line 6.)							
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2	020	(f) Total
	Amounts from line 6	(a) 2010	(0) 2017	(0) 2018	(0) 2019	(e) 2	020	
	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							
с	Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
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.)	L						
14	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) or	ganizatio	on,
_	check this box and stop here		-			<u></u>	<u></u>	
Sec	tion C. Computation of Publi	c Support Per	rcentage					
	Public support percentage for 2020 (I			column (f))		15		%
	Public support percentage from 2019					16		%
	tion D. Computation of Inves							
	Investment income percentage for 20			ine 13, column (f))		17		%
	Investment income percentage from					18		%
19a	33 1/3% support tests - 2020. If the						nd line 17	7 is not
	more than 33 1/3%, check this box ar	•	•					
b	33 1/3% support tests - 2019. If the							
_	line 18 is not more than 33 1/3%, che							
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t				
03202	3 01-25-21		1 5		Sch	edule A (F	^o rm 990) or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **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? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ec	tion 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? 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.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
jec	tion D. All Type III Supporting Organizations			
			Vac	N

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to sat	sfy the Integral Part Test during the yea	r (see instructions).
--	---	-----------------------

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

С		The organization supported a g	governmental entity.	Describe in Part VI how	you supported a go	overnmental entity	(see instruction <u>s).</u>
---	--	--------------------------------	----------------------	-------------------------	--------------------	--------------------	-----------------------------

17

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Yes No

2a

2b

3a

3b

instructions).

Schedule A (Form 990 or 990-EZ) 2020 BUILDING CHANGES 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 s	hort-term capital gain	1		
2 Reco	veries of prior-year distributions	2		
3 Othe	r gross income (see instructions)	3		
4 Add I	lines 1 through 3.	4		
5 Depr	eciation and depletion	5		
6 Portio	on of operating expenses paid or incurred for production or			
colled	ction of gross income or for management, conservation, or			
main	tenance of property held for production of income (see instructions)	6		
7 Othe	r expenses (see instructions)	7		
8 Adju	sted 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 Aggre	egate fair market value of all non-exempt-use assets (see			
instru	uctions for short tax year or assets held for part of year):			
a Avera	age monthly value of securities	1a		
b Avera	age monthly cash balances	1b		
c Fair r	narket value of other non-exempt-use assets	1c		
d Tota	I (add lines 1a, 1b, and 1c)	1d		
e Disc	ount claimed for blockage or other factors			
	ain in detail in Part VI):			
	isition indebtedness applicable to non-exempt-use assets	2		
3 Subt	ract line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	nstructions).	4		
	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
	ply line 5 by 0.035.	6		
	veries of prior-year distributions	7		
	num Asset Amount (add line 7 to line 6)	8		
	- Distributable Amount			Current Year
1 Adjus	sted net income for prior year (from Section A, line 8, column A)	1		
2 Enter	. 0.85 of line 1.	2		
3 Minin	num asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter	greater of line 2 or line 3.	4		
5 Incor	ne tax imposed in prior year	5		
6 Distr	ibutable Amount. Subtract line 5 from line 4, unless subject to			
emer	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v inteara	ted Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 BUILDING CHANGES

Par	t V Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	nizations (continued)	-
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	1	10	
Secti	on 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 (reason-			
	able cause required - explain in Part VI). 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			
<u>h</u>	Applied to 2020 distributable amount			-
i	Carryover from 2015 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	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, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017 Excess from 2018			
	Excess from 2019			
	Excess from 2020			
-				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

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

Schedule A (Form 990 or 990-EZ) 2020

12210811 758871 091665.0

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

F

** PUBLIC DISCLOSURE COPY *

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

Employer identification number

91-1410450

	a	
BUILDING	CHANGES	

Filers of:	Section:
Form 990 or 990-EZ	\fbox 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

X 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 \dots \blacktriangleright \$

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

91-1410450

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 1,137,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 750,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 299,059. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) 023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

091665.1

22 2020.04010 BUILDING CHANGES Page **2**

BUILDING	CHANGES	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

91-1410450

BUILDING CHANGES

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$180,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

91-1410450

BUILDING CHANGES

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

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Name of or	ganization		Employer identification number				
BUILDI	NG CHANGES		91-1410450				
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line entry. F charitable, etc., contributions of \$1,000 or less	n 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations for the year. (Enter this info. once.) \$				
(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, a	nd 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, a	nd 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				
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	ster of gift 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				
F		(e) Transfer of gift	_				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
023454 11-25-;	20	25	Schedule B (Form 990, 990-EZ, or 990-PF) (2020)				

12210811 758871 091665.0

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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.

2U20 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Nar	ne of organization				Employ	er identificatio	n number
	BUILDIN	G CHANGES				91-14104	50
Pa	art I-A Complete if the org	anization is exempt unde	r section 501(c) o	or is a section 52	7 orga	inization.	
2		ures	-		· · _		
3	Volunteer hours for political campai	gn activities			_		
Pa	art I-B Complete if the org	anization is exempt unde	r section 501(c)(3	3).			
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955		▶\$		
	If the organization incurred a section						No
	a Was a correction made?						No No
k	If "Yes," describe in Part IV.						
Pa	art I-C Complete if the org	anization is exempt unde	r section 501(c), e	except section 5	01(c)(3	3).	
1	Enter the amount directly expended	by the filing organization for sect	ion 527 exempt function	on activities	▶\$_		
2	Enter the amount of the filing organ	ization's funds contributed to oth	er organizations for sec	ction 527			
	exempt function activities				▶\$_		
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here an	d on Form 1120-POL,				
	line 17b				▶\$_		
4	Did the filing organization file Form						No
5	,			-			
	made payments. For each organizat						
	contributions received that were pro political action committee (PAC). If a				parate s	egregated fund	or a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fu filing organization funds. If none, ente	n's C	(e) Amount of contributions rec promptly and delivered to a s political organ If none, ente	ceived and directly separate nization.

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

LHA

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

Schedule C (Form 990 or 990-EZ) 2020	BUILDI	NG CH	ANGES		91-1	410450 Page 2			
Part II-A Complete if the org	anization	ı is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction 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	e of excess	lobbying e	expenditures).						
B Check 🕨 🔄 if the filing organizat	tion checke	d box A ar	nd "limited control" pro	visions apply.					
	ts on Lobby litures" me		nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditures to influ	ience public		arassroots lobbying)						
b Total lobbying expenditures to influ	•				27,335.				
c Total lobbying expenditures (add lin	-		• • • • •		27,335.				
d Other exempt purpose expenditure					8,213,556.				
e Total exempt purpose expenditures					8,240,891.				
f Lobbying nontaxable amount. Ente					562,045.				
If the amount on line 1e, column (a) or			bying nontaxable amo						
Not over \$500,000			the amount on line 1e.						
Over \$500,000 but not over \$1,000	0.000		00 plus 15% of the exce	ess over \$500.000.					
Over \$1,000,000 but not over \$1,50			00 plus 10% of the exce	· · · · · · · · · · · · · · · · · · ·					
Over \$1,500,000 but not over \$17,0			0 plus 5% of the exces						
Over \$17,000,000		\$1,000,							
g Grassroots nontaxable amount (en	ter 25% of li	ine 1f)			140,511.				
h Subtract line 1g from line 1a. If zero		,			0.				
i Subtract line 1f from line 1c. If zero	-				0.				
j If there is an amount other than zer	-								
reporting section 4911 tax for this						Yes No			
	4	-Year Ave	eraging Period Under	Section 501(h)					
(Some organizations th			• •		of the five columns be	low.			
	See	the separa	ate instructions for lin	es 2a through 2f.)					
	Lobby	ing Exper/	nditures During 4-Yea	r Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 20	017	(b) 2018	(c) 2019	(d) 2020	(e) Total			
2a Lobbying nontaxable amount	473	<u>,933.</u>	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									

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 BUILDING CHANGES

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)		
	lobbying activity.	Yes	No	Amo	ount	
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:					
а	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
i	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), sectio	n 501(c)(5)	. or sec	tion		
	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	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		. 2			
_	t III-B Complete if the organization is exempt under section 501(c)(4), sectio			tion		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				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 politic	al				
	expenses for which the section 527(f) tax was paid).					
а	Current year		. 2a			
b	Carryover from last year		. 2b			
с	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 exc	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pe	olitical				
	expenditure next year?		. 4			
5	Taxable amount of lobbying and political expenditures (See instructions)		. 5			
Par	t IV Supplemental Information					
Provi	de 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 a	nd 2 (See		
	ctions); and Part II-B, line 1. Also, complete this part for any additional information.			,		
	T II-A LINE 1B:					
ASS	IST IN ADVANCING BUILDING CHANGES' LEGISLATIVE AGEN	DA BY	LDENT	IFYING		
ANE	ENGAGING KEY LEGISLATORS, LEGISLATIVE STAFF AND RE	LEVANT	EXEC	UTIVE		
AGF	NCY PERSONNEL; COORDINATING WITH OTHER COALITIONS C	N SHARI	ED TN	TEREST	'S.	

SCHEDULE D)
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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.



Department of the Treasury Internal Revenue Service

-			
Name	of the	organizatio	n

Employer identification number 91 1/10/50

Part L1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization assessed 'Yes' on Form 920, Part IV, line 3. Aggregate value of constructions to (Jurng year) (a) Donor advised funds (b) Funds and other accounts Aggregate value of constructions to (Jurng year) (a) Aggregate value of anis from (Jurng year) (b) Funds and other accounts Aggregate value of anis from (Jurng year) (a) Aggregate value of anis from (Jurng year) (b) Funds and other accounts G Did the organization's property, subject to the organization's exclusive legal control? Ves No 6 Did the organization inform all grantese, Complete if the organization arakynow of an you of the property on the unset of the banefit of the donor or donar advisos, or for any other purpose confirming impermissible private bunefit? Yes No Part II. Conservation Easements hed by the organization answered 'Yes' on Form 990, Part IV, line 7. Preservation of a last organization answered 'Yes' on Form 990, Part IV, line 7. Preservation of a last brack of the accounties of the accounties of the organization assements in a certified by conservation easements in a certified by conservation easements in a certified by conservation easements in a certified by the organization appreservation of a historical trunct any easement on the last 2 to the unservation easements in a certified historic structure 2 a 2 a 3 Total number of conservation easements in certified histhin's structure included in (a)		BUILDING CHANGES		91-1410450
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(a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year)		organization answered "Yes" on Form 990, Part IV, lin	e 6.	
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 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 	7		lling of violations, and enforcing conservation	n easements during the year
and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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. Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other s	-			
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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. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X § 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1			iote to the organization's financial statement	is that describes the
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 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 				
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 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ 				
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 provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ \$	b	-	-	
 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 			exhibition, education, or research in further	ance of public service,
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 				•
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 * 		···· · · · · · · · · · · · · · · · · ·		N A
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	2			
a Revenue included on Form 990, Part VIII, line 1	2	-	· · ·	
	9		-	▶ \$
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020				

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Sche		G CHANGES						91-14			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	r Othe	r Similaı	⁻ Assets	(contir	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	iny of the f	following that	make s	ignificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🛄 L(oan or exc	hange progra	am					
b	Scholarly research	е	• 🗌 o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how the	y further th	ne organizatio	on's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	orical treas	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	TIV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the c	organizatio	n answered '	'Yes" on	Form 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for co	ntribution	s or other ass	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount	1	
с	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance								_		
	Did the organization include an amount on F						ity?	∟	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete								_		
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years	back
	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance Provide the estimated percentage of the cur		/line 1 a								
2	Board designated or quasi-endowment		%	column (a))) neiù as.						
d h	Permanent endowment										
b C		⁷⁰									
U	The percentages on lines 2a, 2b, and 2c sho										
39	Are there endowment funds not in the posse		tion that :	are held ar	nd administer	ed for th	e organiza	ation			
ou	by:			are nera ar			io organize		ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)	• • •	ccumulate	d	(d) Bool	< value	Э
1a	Land										
b	Buildings										
с	Leasehold improvements			8	1,755.		81,7				0.
	Equipment				3,347.		133,34	47.			0.
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. column	(B). line 1	0c.)						0.
								 .	- /-	000	0000

Schedule D (Form 990) 2020

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(-) D-	Complete if the organization answered "Yes" of			
	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or enc	i-or-year market value
	ncial derivatives			
	ely held equity interests			
(3) Othe	r			
(A)				
<u>(B)</u>				
(C)				
(D)				
<u>(E)</u>				
(F)				
<u>(G)</u> (H)				
	(h) must aqual Form 000, Part V, col. (R) line 12.)			
	II. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ [IIII] Investments - Program Related.			
i art i		n Form 000 Dort IV lin	11a Cas Form 000 Part V line 12	
	Complete if the organization answered "Yes" c (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1)				
<u>(1)</u> (2)			1	
(3)				
<u>(3)</u> (4)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	ıl. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part I	V Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (C	olumn (b) must equal Form 990. Part X. col. (B) line	15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
(1) F	Federal income taxes			
(2) I	FISCAL SPONSORSHIPS			268,936.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (C	olumn (b) must equal Form 990, Part X, col. (B) line	25.)		268,936.
	lity for uncertain tax positions. In Part XIII, provide			act 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

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 BUILDING CHANGES				1410450 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
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:				
а	Net unrealized gains (losses) on investments	. 2a	-107,270.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d					
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	-16,868.		
с	Add lines 4a and 4b			4c	-16,868.
~	Total revenue Add lines 2 and 4 Trian 1 C and D (1)			5	7,307,507.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				1,301,301
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	n Expenses per F		n.
	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	n Expenses per F		n.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With a.	n Expenses per F		n. 8,009,817.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With a.	n Expenses per F	Retur	n.
Pa 1	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		n Expenses per F	Retur	n.
Pa 1 2	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With 	n Expenses per F	Retur	n.
Pa 1 2 a	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	n Expenses per F	Retur	n.
Pa 1 2 a	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	n Expenses per F	Retur	n.
Pa 1 2 a	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	n Expenses per F	Retur	n. <u>8,009,817.</u> 0.
Pa 1 2 a b c d	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	n Expenses per F	1	n.
Pa 1 2 a b c d e	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	n Expenses per F	1 2e	n. <u>8,009,817.</u> 0.
Pa 1 2 b c d e 3	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	n Expenses per F	1 2e	n. <u>8,009,817.</u> 0.
Pa 1 2 a b c d e 3 4	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	n Expenses per F	1 2e	n. <u>8,009,817.</u> 0.
Pa 1 2 a b c d e 3 4 a b	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 	231,074.	1 2e	n. <u>8,009,817.</u> 0.
Pa 1 2 b c d e 3 4 b c 5	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	231,074.	1 2e 3	n. 8,009,817. 0. 8,009,817.

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

PART XII, LINE 4B - OTHER ADJUSTMENTS: CANCELLED GRANTS AND OTHER GRANT EXPENSE ADJUSTMENTS 247,942. <u>-16,86</u>8. SPECIAL EVENT EXPENSES TOTAL TO SCHEDULE D, PART XII, LINE 4B 231,074.

032054 12-01-20

-16,868.

BUILDING CHANGES

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities								OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	or if the	2020					
Department of the Treasury			Open to Public					
Internal Revenue Service	► Go		Inspection					
Name of the organization		G CHANGES					Employer ide	entification number 450
	ing Activities. complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 Indicate whether the a Mail solicitat Mail solicitat Internet and Phone solicitat In-person so a Did the organization key employees list b If "Yes," list the 10 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover lising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
compensated at le	ast \$5,000 by the	organization.			I			1
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
3 List all states in whi		n is registered or licensed to solicit o		► utions	or has been notified	it is	exempt from re	gistration
or licensing.								
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Z. 9	Sche	dule G (Form §	990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990 EZ) 2020 BUILDING CHANGES

91-1410450 Page 2

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 tha	an \$5,000.

						rm 990 or 990-EZ) 2020
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
a b	Is t	ter the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	ctivities in each of these s	tates?		
		Net gaming income summary. Subtract line 7				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	6	Volunteer labor	└── Yes % └── No	Yes % No	└── Yes % └── No	
	5	Other direct expenses				
Direct E	4	Rent/facility costs				
Direct Expenses	3	Noncash prizes				
SS	2	Cash prizes				
Revenue	1	Gross revenue				
an			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Pa	nrt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
	11	Net income summary. Subtract line 10 from li				-16,868.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through		I	•	16,868.
Dir	8	Entertainment	1			16,868.
Direct Expenses	7	Food and beverages				
senses	6	Rent/facility costs				
	5	Noncash prizes				
	3	Gross income (line 1 minus line 2) Cash prizes				
		Less: Contributions	71,407.			71,407.
Revenue	1	Gross receipts	71,407.			71,407.
			(event type)	(event type)	(total number)	(-)/
			PROMOTE PROGRESS EVE		NONE	(add col. (a) through col. (c))
			(a) Event #1	EZ, lines 1 and 6b. List e (b) Event #2	(c) Other events	(d) Total events

Sch	edule G (Form 990 or 990-EZ) 2020 BUILDING CHANGES	91-1	410450	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility		13a	%
	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$	ount		
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the		
Do	organization's own exempt activities during the tax year s			
Pa	Image: supplemental information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part	III, lines 9, 9	9b, 10b,
0320	83 11-25-20 Schedule 35	G (Form	990 or 990	-EZ) 2020

emental information	(continued)		
			Schedule G (Form 990 or 990-E

032084 04-01-20

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, an	d Individual	s in the Ŭni on Form 990, Par	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization BUILDING	CHANGES	-					Employer identification number 91-1410450
Part I General Information on Grants a							<u> </u>
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						on 🛛 🔀 Yes 🗔 No
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Parl	: IV, line 21, for any
recipient that received more than	-					,	, , <u>,</u>
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
BORIEN, WA SOLOG	01 4342047	501(0)(3)	420,000.				
MULTICULTURAL CHILD AND FAMILY HOPE CENTER - 2021 SOUTH 19TH							FAMILY HOMELESSNESS
STREET - TACOMA, WA 98405	35-2266626	501(C)(3)	54,481.	0.			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 AVE S - 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) a 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	s listed in the line	1 table	e line 1 table				Schedule I (Form 990) 2020

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

Schedule I (Form 990) d Otha of Gra

BUILDING CHANGES

(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							FHI/WYFF COVID -19
SEATTLE, WA 98104-2876	91-0852503	501(C)(3)	10,000.	0.			SUPPORT
COMMUNITY FOUNDATION FOR SNOHOMISH							
COUNTY - 2823 ROCKEFELLER AVE -							FHI/WYFF COVID -19
EVERETT, WA 98201	94-3188703	501(C)(3)	100,000.	0.			SUPPORT
COUNCIL FOR THE HOMELESS							
2500 MAIN ST							FHI/WYFF COVID -19
VANCOUVER, WA 98660-2675	91-2001828	501(C)(3)	10,000.	0.			SUPPORT
COWLITZ INDIAN TRIBE							
1055 9TH AVENUE SUITE B							FHI/WYFF COVID -19
LONGVIEW, WA 98632	91-1265477	TRIBAL NATION	10,000.	0.			SUPPORT
IONGVIEW, WA 90032	51 1205477	INITIAL NATION	10,000.				BUTTORI
MOTHER NATION							
16422 MEREDIAN AVE S							FHI/WYFF COVID -19
BOTHELL, WA 98012	46-2691773	501(C)(3)	10,000.	0.			SUPPORT
MULTICULTURAL CHILD AND FAMILY							
HOPE CENTER - 2021 SOUTH 19TH							FHI/WYFF COVID -19
STREET - TACOMA, WA 98405	35-2266626	501(C)(3)	10,000.	0.			SUPPORT
NORTHWEST YOUTH SERVICES							
1020 N STATE ST							FHI/WYFF COVID -19
BELLINGHAM, WA 98225-5012	91-0970561	501(C)(3)	10,000.	0.			SUPPORT
PELTON PROJECT							
PO BOX 770							FHI/WYFF COVID -19
GIG HARBOR, WA 98335	27-2815872	501(C)(3)	10,000.	0.			SUPPORT
QUALITY BEHAVIORAL HEALTH							
900 7TH ST							FHI/WYFF COVID -19
CLARKSTON, WA 99403-2005	91-1156943	501(C)(3)	10,000.	Ο.			SUPPORT

00.	0.	

Schedule I (Form 990)

TACOMA, WA 98401-1912	91-0565014	501(C)(3)	10,000.	0.	SUPPORT
SAMISH INDIAN NATION					
2918 COMMERCIAL AVENUE					FHI/WYFF COVID -19
ANACORTES, WA 98221		TRIBAL NATION	10,000.	0.	SUPPORT
GEDENTERY HOUGE OF GIALLAN COUNTRY					
SERENITY HOUSE OF CLALLAM COUNTY PO BOX 4047					
		F01 (a) (a)	10.000		FHI/WYFF COVID -19
PORT ANGELES, WA 98363-0997	91-1180069	501(C)(3)	10,000.	0.	SUPPORT
SHELTON FAMILY CENTER					
123 S 2ND ST					FHI/WYFF COVID -19
SHELTON, WA 98584	82-3875497	501(C)(3)	10,000.	0.	SUPPORT
/			/ -		
TACOMA COMMUNITY HOUSE					
"1314 SOUTH L STREET					FHI/WYFF COVID -19
TACOMA, WA 98405	91-0570872	501(C)(3)	10,000.	0.	SUPPORT
TACOMA MINISTERIAL ALLIANCE					
3575 E PORTLAND AVENUE					FHI/WYFF COVID -19
TACOMA, WA 98404	91-1237526	501(C)(3)	10,000.	0.	SUPPORT
THE COFFEE OASIS					
837 4TH ST	01 1545050	F01 (a) (a)	10.000		FHI/WYFF COVID -19
BREMERTON, WA 98337-1424	91-1745050	501(C)(3)	10,000.	0.	SUPPORT
THE SALVATION ARMY, TACOMA CORPS					
1501 6TH AVE					FHI/WYFF COVID -19
TACOMA, WA 98405-3307	94-1156347	501(C)(3)	10,000.	0.	SUPPORT
YAKIMA NEIGHBORHOOD HEALTH					
SERVICES - 12 S 8TH ST - YAKIMA,					FHI/WYFF COVID -19
WA 98901-3020	91-0928817	501(C)(3)	10,000.	ο.	SUPPORT

39

BUILDING CHANGES Schedule I (Form 990)

(a) Name and address of

organization or government

RESCUE MISSION PO BOX 1912

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

(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

(b) EIN

91-1410450

FHI/WYFF COVID -19

(h) Purpose of grant

or assistance

Page 1

BUILDING CHANGES

)1-1410450 _{Ра}
Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	urt II.)	1
(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
01 0110125	$E_{01}(\alpha)(2)$	20,000	0			COVID STATE FUND STUDENTS
91-2110135	501(C)(3)	20,000.	0.			STUDENTS
						COVID STATE FUND
91-1339173	501(C)(3)	10 000	0			STUDENTS
51 10051/0	501(0)(3)	10,000.				
						COVID STATE FUND
85-0906399	501(C)(3)	20,000.	0.			STUDENTS
		, ,				
						COVID STATE FUND
91-6055119	501(C)(3)	5,000.	0.			STUDENTS
						COVID STATE FUND
91-1725470	501(C)(3)	20,000.	0.			STUDENTS
						COVID STATE FUND
91-0658331	501(C)(3)	5,000.	0.			STUDENTS
						COVID STATE FUND
91-1551087	GOVERNMENT	20,000.	0.			STUDENTS
						COVID STATE FUND
91_1659027	501(C)(3)	10 000	0			STUDENTS
7-1020021	501(C)(3)	10,000.	0.			PINTS PINTS
						COVID STATE FUND
1	1					
	Assistance to Do (b) EIN 91-2110135 91-1339173 85-0906399 91-6055119	Assistance to Domestic Organizations (b) EIN (c) IRC section if applicable 91-2110135 501(C)(3) 91-1339173 501(C)(3) 85-0906399 501(C)(3) 91-6055119 501(C)(3) 91-1725470 501(C)(3) 91-0658331 501(C)(3) 91-1551087 GOVERNMENT	(b) EIN (c) IRC section if applicable (d) Amount of cash grant 91-2110135 501(C)(3) 20,000. 91-1339173 501(C)(3) 10,000. 85-0906399 501(C)(3) 20,000. 91-6055119 501(C)(3) 20,000. 91-1725470 501(C)(3) 5,000. 91-0658331 501(C)(3) 5,000. 91-1551087 GOVERNMENT 20,000.	Assistance to Domestic Organizations and Domestic Governments (Schweiter (Sc	Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Pa (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) 91-2110135 501(C) (3) 20,000. 0. 91-1339173 501(C) (3) 10,000. 0. 91-6055119 501(C) (3) 20,000. 0. 91-6055119 501(C) (3) 5,000. 0. 91-1725470 501(C) (3) 5,000. 0. 91-0658331 501(C) (3) 5,000. 0. 91-0658331 501(C) (3) 5,000. 0.	Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (pook, FMV, appraisal, other) (g) Description of non-cash assistance 91-2110135 501(C) (3) 20,000. 0.

BUILDING CHANGES

Schedule I (Form 990) BUILDING							01-1410450 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	ırt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
30YS & GIRLS CLUB OF KING COUNTY 503 STEWART STREET, SUITE 300							COVID STATE FUND
SEATTLE, WA 98101	91-0532600	501(C)(3)	12,500.	0.			STUDENTS
BOYS & GIRLS CLUB OF THE OLYMPIC PENINSULA - 400 W. FIR ST							COVID STATE FUND
SEQUIM, WA 98382	91-1376766	501(C)(3)	5,000.	0.			STUDENTS
BOYS & GIRLS CLUBS OF BELLEVUE 209 100TH AVE NE							COVID STATE FUND
BELLEVUE, WA 98004	91-0776451	501(C)(3)	20,000.	٥.			STUDENTS
BOYS & GIRLS CLUBS OF SKAGIT COUNTY - PO BOX 947 - MOUNT							COVID STATE FUND
VERNON, WA 98273	91-1670669	501(C)(3)	5,000.	0.			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 500 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 -							COVID STATE FUND
FEDERAL WAY, WA 98003	94-3181464	501(C)(3)	20,000.	0.			STUDENTS
COMMUNITIES IN SCHOOLS OF KENT							COVID STATE FUND
KENT, WA 98032	91-1523924	501(C)(3)	20,000.	0.			STUDENTS
, COMMUNITIES IN SCHOOLS OF RENTON-TUKWILA - 1055 S. GRADY WAY							COVID STATE FUND
- RENTON, WA 98057	91-1689158	501(C)(3)	20,000.	0.			STUDENTS

032241 11-05-20

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

42

032241 11-05-20

(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							COVID STATE FUND
TACOMA, WA 98424	91-0894349	GOVERNMENT	20,000.	0.			STUDENTS
FOUNDATION FOR EDMONDS SCHOOL							
DISTRICT - 20420 68TH AVE W -							COVID STATE FUND
LYNWOOD, WA 98036	91-1296816	501(C)(3)	5,000.	0.			STUDENTS
FOUNDATION FOR EDMONDS SCHOOL							
DISTRICT - 20420 68TH AVE W -							COVID STATE FUND
LYNWOOD, WA 98036	91-1296816	501(C)(3)	15,000.	0.			STUDENTS
,			,				
FRANKLIN PIERCE SCHOOL DISTRICT							
315 129TH ST S							COVID STATE FUND
TACOMA, WA 98444	91-6014726	GOVERNMENT	20,000.	0.			STUDENTS
FRIENDS UNITED TO SHELTER THE							
INDIGENT, OPPRESSED AND NEEDY - PO							
BOX 23934 - FEDERAL WAY, WA							COVID STATE FUND
98093-0934	91-0814641	501(C)(3)	20,000.	0.			STUDENTS
HELPING HANDS FOOD BANK OF SKAGIT							
COUNTY - PO BOX 632 -							COVID STATE FUND
SEDRO-WOOLLEY, WA 98284	91-1203572	501(C)(3)	20,000.	0.			STUDENTS
HIGHLINE SCHOOLS FOUNDATION							
15675 AMBAUM BLVD SW							COVID STATE FUND
BURIEN, WA 98166	91-2020506	501(C)(3)	10,000.	0.			STUDENTS
HOQUIAM SCHOOL DISTRICT							
501 W EMERSON AVE							COVID STATE FUND
HOQUIAM, WA 98550	91-6001563	GOVERNMENT	20,000.	0.			STUDENTS
HORN OF AFRICA SERVICES							
4714 RAINIER AVE S STE 105							COVID STATE FUND
SEATTLE, WA 98118-1600	91-1897087	501(C)(3)	20,000.	0.			STUDENTS

43

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

BUILDING CHANGES Schedule I (Form 990)

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BUILDING CHANGES

Schedule I (Form 990) BUILDING							1-1410450 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.) T	
(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							COVID STATE FUND
WA 98225	91-1202013	501(C)(3)	5,000.	0.			STUDENTS
TRACT COMMINITING CENTRED OF MA							
IRAQI COMMUNITY CENTER OF WA 10610 SE KENT KANGLEY RD. 204							COVID STATE FUND
KENT, WA 98030	61-1729234	501(C)(3)	20,000.	0.			STUDENTS
KIONA-BENTON CITY SCHOOL DISTRICT 1105 DALE AVE							COVID STATE FUND
BENTON CITY, WA 99320	91-6001571	GOVERNMENT	14,739.	0.			STUDENTS
	51 0001371		11,705.	.			
LA CONNER SCHOOL DISTRICT							
PO BOX 2103							COVID STATE FUND
LA CONNER, WA 98257	91-0923099	GOVERNMENT	5,000.	0.			STUDENTS
LAKE BURIEN PRESBYTERIAN CHURCH							
15003 14TH AVE SW							COVID STATE FUND
BURIEN, WA 98166	91-0616446	501(C)(3)	20,000.	0.			STUDENTS
LONGVIEW PUBLIC SCHOOLS 2715 LILAC STREET							COVID STATE FUND
LONGVIEW, WA 98632	91-6001605	GOVERNMENT	15,000.	0.			STUDENTS
	51 0001005		13,000.	.			
LYDIA PLACE							
PO BOX 28487							COVID STATE FUND
BELLINGHAM, WA 98228-0487	94-3111948	501(C)(3)	15,000.	0.			STUDENTS
MARY'S PLACE							
1830 9TH AVE							COVID STATE FUND
SEATTLE, WA 98101-1321	27-2087950	501(C)(3)	20,000.	٥.			STUDENTS

NORTH THURSTON PUBLIC SCHOOLS

305 COLLEGE ST. NE. LACEY, WA 98516

	COVID STATE	FUND
0.	STUDENTS	

Schedule I (Form 990)

ID STATE FUND STUDENTS 20,000. Ο.

MOUNT ADAMS SCHOOL DISTRICT						
621 SIGNAL PEAK ROAD						COVID STATE FUND
WHITE SWAN, WA 98952	91-0761272	GOVERNMENT	20,000.	0.		STUDENTS
MOUNT VERNON SCHOOL DISTRICT						
124 EAST LAWRENCE STREET						COVID STATE FUND
MOUNT VERNON, WA 98273	91-6014653	GOVERNMENT	20,000.	0.		STUDENTS
MT. SI HIGH SCHOOL						
8651 MEADOWBROOK WAY SE						COVID STATE FUND
SNOQUALIMIE, WA 98065	91-6001642	GOVERNMENT	12,000.	0.		STUDENTS
MULTICULTURAL CHILD AND FAMILY						
HOPE CENTER - 2021 SOUTH 19TH						COVID STATE FUND
STREET - TACOMA, WA 98405	35-2266626	501(C)(3)	20,000.	0.		STUDENTS
NEIGHBORHOOD HOUSE						
1225 S WELLER ST STE 510						COVID STATE FUND
SEATTLE, WA 98144-1906	91-0568305	501(C)(3)	20,000.	0.		STUDENTS
NORTH MASON SCHOOL DISTRICT						
71 E CAMPUS DRIVE						COVID STATE FUND
BELFAIR, WA 98528	91-1143026	GOVERNMENT	20,000.	0.		STUDENTS

20,000

45

(d) Amount of

cash grant

20,000

20,000

(e) Amount of

non-cash

assistance

0.

0.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

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

(c) IRC section

if applicable

501(C)(3)

GOVERNMENT

(b) EIN

91-1546525

91-0932942

91-6017626

GOVERNMENT

(a) Name and address of

organization or government

6930 MARTIN LUTHER KING JR WAY SOUT

MERCY HOUSING NORTHWEST

MONROE SCHOOL DISTRICT 200 E FREMONT ST

MONROE, WA 98272-2336

SEATTLE, WA 98118

(h) Purpose of grant

or assistance

COVID STATE FUND

COVID STATE FUND

STUDENTS

STUDENTS

032241 11-05-20

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

Page 1

91-1410450

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(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							COVID STATE FUND
BOTHELL, WA 98201	91-6001566	GOVERNMENT	8,000.	0.			STUDENTS
OLYMPIA SCHOOL DISTRICT							
1113 LEGION WAY SOUTHEAST							COVID STATE FUND
	91-6001626	GOVERNMENT	20.000	٥.			
OLYMPIA, WA 98501	91-6001626	GOVERNMENT	20,000.	0.			STUDENTS
READINESS TO LEARN							
PO BOX 280							COVID STATE FUND
LANGLEY, WA 98260	91-1864751	501(C)(3)	10,000.	٥.			STUDENTS
,			,				
READING FOUNDATION OF THE QUINCY							
VALLEY - 17091 ROAD 11 NW -							COVID STATE FUND
QUINCY, WA 98848	81-1994596	501(C)(3)	15,000.	0.			STUDENTS
<u></u> ,			,				
RECLAIMING OUR GREATNESS							
PO BOX 1385							COVID STATE FUND
RENTON, WA 98057	84-5039413	501(C)(3)	20,000.	٥.			STUDENTS
			, -				
RENTON SCHOOL DISTRICT							
300 SW 7TH STREET							COVID STATE FUND
RENTON, WA 98057	91-6001635	GOVERNMENT	20,000.	٥.			STUDENTS
			, ,				
RESTORE ASSEMBLE PRODUCE							
P.O. BOX 101							COVID STATE FUND
KENT, WA 98035	81-1938413	501(C)(3)	19,999.	٥.			STUDENTS
			, 				
ROYAL SCHOOL DISTRICT							
901 AHLERS RD							COVID STATE FUND
ROYAL CITY, WA 99357	91-6012307	GOVERNMENT	15,000.	٥.			STUDENTS
SAFE HARBOR SUPPORT CENTER							
1111 N GRANT PL							COVID STATE FUND
KENNEWICK, WA 99336-2150	91-1725914	501(C)(3)	10,000.	٥.			STUDENTS

BUILDING CHANGES

Schedule I (Form 990) BUILDING							01-1410450 Pag
Part II Continuation of Grants and Othe	r Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	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 non-cash assistance	(h) Purpose of grant or assistance
EATTLE PUBLIC SCHOOLS							
2445 3RD AVE S							COVID STATE FUND
SEATTLE, WA 98134-1923	91-6001541	GOVERNMENT	20,000.	0.			STUDENTS
SEATTLE SCHOOL DISTRICT / SOUTH	51 0001511		20,000.				
SHORE, RAINIER VIEW ELEMENTARY -							
1800 HENDERSON S - SEATTLE, WA							COVID STATE FUND
98118	91-6001541	501(C)(3)	20,000.	0.			STUDENTS
			,				
SEDRO-WOOLLEY SCHOOL DISTRICT							
801 TRAIL ROAD							COVID STATE FUND
SEDRO-WOOLLEY, WA 98284	91-6016044	GOVERNMENT	14,739.	0.			STUDENTS
SEQUIM SCHOOL DISTRICT							
503 NORTH SEQUIM AVENUE							COVID STATE FUND
SEQUIM, WA 98382	91-0951996	GOVERNMENT	20,000.	0.			STUDENTS
SHELTON SCHOOL DISTRICT							
700 SOUTH FIRST STREET	01 1104602		20.000	0			COVID STATE FUND
SHELTON, WA 98584	91-1124683	GOVERNMENT	20,000.	0.			STUDENTS
SHORELINE PTA COUNCIL							
PO BOX 55832							COVID STATE FUND
SHORELINE, WA 98155	51-0151739	501(C)(3)	15,000.	0.			STUDENTS
,,				- •			
SOLID GROUND							
1501 N 45TH ST							COVID STATE FUND
SEATTLE, WA 98103-6708	23-7421892	501(C)(3)	20,000.	0.			STUDENTS
i							
SOMALI FAMILY SAFETY TASK FORCE							
7054 32ND AVE S, RM 207							COVID STATE FUND
EATTLE, WA 98118	46-4692924	501(C)(3)	20,000.	0.			STUDENTS
SPRUCE ELEMENTARY							
L7405 SPRUCE WAY							COVID STATE FUND
LYNNWOOD, WA 98037	94-3113790	GOVERNMENT	20,000.	Ο.			STUDENTS

Schedule I (Form 990) BUILDING CHANGES 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
ST. STEPHEN HOUSING ASSOCIATION							
13055 SE 192ND ST							COVID STATE FUND
RENTON, WA 98058-7604	94-3125444	501(C)(3)	10,000.	0.			STUDENTS
,			, -				
STILL WATERS							
P.O. BOX 88576							COVID STATE FUND
TUKWILA, WA 98138	81-1771736	501(C)(3)	20,000.	0.			STUDENTS
SWS FUND							
5155 54TH AVE S							COVID STATE FUND
SEATTLE, WA 98118	82-1252726	501(C)(3)	20,000.	0.			STUDENTS
TACOMA PUBLIC SCHOOLS							
PO BOX 1357							COVID STATE FUND
TACOMA, WA 98401-1357	91-6001553	GOVERNMENT	20,000.	0.			STUDENTS
TACOMA URBAN LEAGUE							
2550 YAKIMA AVE UNIT A							COVID STATE FUND
TACOMA, WA 98405-3800	91-0826302	501(C)(3)	20,000.	0.			STUDENTS
TAHOMA SCHOOL DISTRICT							
25720 MAPLE VALLEY-BLACK DIAMOND RD							COVID STATE FUND
MAPLE VALLEY, WA 98038	91-6001641	GOVERNMENT	10,000.	0.			STUDENTS
MEGUNOLOGY ACCESS BOUNDARTON							
TECHNOLOGY ACCESS FOUNDATION							
605 SW 108TH ST	91-1731833	501(C)(3)	20.000	0.			COVID STATE FUND STUDENTS
SEATTLE, WA 98146-2229 THE FINANCIAL SERVICES	31-1131033	501(C)(3)	20,000.	0.			DI UDUTO
COALITION-PUGET SOUND CHARITABLE							
							COVID STATE FUND
FOUNDATION - 701 5TH AVE, SUITE 4200 - SEATTLE, WA 98104	26-1801775	501(C)(3)	20,000.	0.			STUDENTS
4200 BEATTLE, WA 70104	20-1001//3	501(0)(3)	20,000.	0.			61019
THE MASON COUNTY HOST PROGRAM							
807 W PINE ST							COVID STATE FUND
SHELTON, WA 98584	47-5160205	501(C)(3)	15,000.	0.			STUDENTS

(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		
TOGETHER! YELM/TUMWATER 1520 IRVING STREET SW SUITE A TUMWATER, WA 98512	91-1465778	501(C)(3)	20,000.	0.			COVID STATE FUND STUDENTS		
FOLEDO SCHOOL DISTRICT 116 RAMSEY WAY FOLEDO, 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		

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

91-1410450 Page 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 non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON MASONIC CHARITIES							
4970 BRIDGEPORT WAY W							COVID STATE FUND
TACOMA, WA 98476	91-1663363	501(C)(3)	5,000.	0.			STUDENTS
				••			
WASHINGTON MASONIC CHARITIES							
4970 BRIDGEPORT WAY W							COVID STATE FUND
TACOMA, WA 98476	91-1663363	501(C)(3)	10,000.	0.			STUDENTS
			,	- •			
WELLPINIT SCHOOL DISTRICT							
6270 FORD-WELLPINIT RD							COVID STATE FUND
WELLPINIT, WA 99040	91-1073793	GOVERNMENT	7,000.	0.			STUDENTS
,			,				
YELM COMMUNITY SCHOOLS							
PO BOX 476							COVID STATE FUND
YELM, WA 98579	91-0936342	GOVERNMENT	20,000.	Ο.			STUDENTS
·			, ,				
YMCA OF PIERCE AND KITSAP COUNTIES							
4717 S 19TH ST STE 201							COVID STATE FUND
TACOMA, WA 98405-1167	91-0565562	501(C)(3)	20,000.	0.			STUDENTS
,			,				
YOUTH AND FAMILY LINK							
907 DOUGLAS STREET							COVID STATE FUND
LONGIVEW, WA 98632	91-0726260	501(C)(3)	5,000.	0.			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
			· · ·			1	
ACRES OF DIAMONDS							
PO BOX 1672							
DUVALL, WA 98019-1672	91-1684691	501(C)(3)	5,000.	0.			COVID STATE FUND YYA
			, , , ,			1	
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

032241 11-05-20

3)	20,000.	0.	
3)	20,000.	0.	

Schedule I (Form 990)

organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
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.	٥.			COVID STATE FUND YYA
CHILDREN'S WELFARE INTERNATIONAL 223 PACIFIC AVE S							
PACIFIC, WA 98047	26-1596778	501(C)(3)	20,000.	٥.			COVID STATE FUND YYA

BUILDING CHANGES Schedule I (Form 990)

(a) Name and address of

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

(c) IRC section

(d) Amount of

(e) Amount of

(f) Method of

(g) Description of

(b) EIN

91-1410450

(h) Purpose of grant

DIGNITY FOR DIVAS

SEATTLE, WA 98118

BELLEVUE, WA 98004

ESCAPE TO PEACE

3722 S HUDSON STREET STE A

10400 NE 4TH STREET, SUITE 500

organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistanc	
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.	٥.			COVID STATE FUND	YYA
COLUMNTA DAGIN COLLEGE FORMETON								
COLUMBIA BASIN COLLEGE FOUNDATION COLUMBIA BASIN COLLEGE FOUNDATION M								
PASCO, WA 99301	91-1307538	501(C)(3)	20,000.	0.			COVID STATE FUND	vva
11600, WA 55001	51 1307330	501(0)(3)	20,000.				COVID DIMIL I OND	1111
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	82-1770495	501(C)(3)	5,000.	٥.			COVID STATE FUND	WW A
TACOMA, WA 98405	02-1//0495	501(C)(3)	5,000.	0.			LOVID STATE FUND	IIA

(d) Amount of

(e) Amount of

(f) Method of

(g) Description of

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

(c) IRC section

(b) EIN

46-0685664

46-3754865

501(C)(3)

501(C)(3)

BUILDING CHANGES Schedule I (Form 990)

(a) Name and address of

91-1410450 Page 1

(h) Purpose of grant

20,000.

20,000.

Ο.

Ο.

COVID STATE FUND YYA

COVID STATE FUND YYA

Schedule I (Form	990) BUILDING	CHANGES	
Part II Contin	uation of Grants and Other	Assistance to Domestic Organizations and Domestic Governments	(Schedule I (Form 990), Part II.)

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(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
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	20.0455550	E01 (0) (2)		_			
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.							
	82-4898269	501(C)(3)	17,000.	0.			
SPOKANE, WA 99207	02-4030209	hor(c)(3)	1,000.	υ.			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	VVA
WA 90110-0005	27-3000320	501(0/(5)	20,000.	0.		COVID SIRIE FOND	IIA
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.		F01 (a) (2)		2			
SEATTLE, WA 98118	85-3058655	PUT(C)(3)	20,000.	0.		COVID STATE FUND	YYA

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

(c) IRC section

if applicable

501(C)(3)

(d) Amount of

cash grant

20,000.

(e) Amount of

non-cash

assistance

0.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

(b) EIN

81-4680515

BUILDING CHANGES Schedule I (Form 990)

(a) Name and address of

organization or government

INNOVATIONS HUMAN TRAFFICKING COLLABORATIVE - 3545 7TH AVE SW

#305 - OLYMPIA, WA 98502

(h) Purpose of grant

or assistance

COVID STATE FUND YYA

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

91-1410450 Page 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 non-cash assistance	(h) Purpose of grant or assistance
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	01 1250114	E01(0)(2)	20.000	0			
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 -		F01(0)(2)					
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
5	01 2023204	501(0/(5/	,,500.	·.			COULD DIVID LOND LIN
PUYALLUP TRIBE							
3009 EAST PORTLAND AVENUE							
TACOMA, WA 98404	91-0955402	TRIBAL NATION	16,000.	0.			COVID STATE FUND YYA

032241 11-05-20

,		
20,000.	0.	

Schedule I (Form 990)

(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
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.,	45.2521020	501 (0) (2)	20.000				
SUITE B - SEATTLE, WA 98118 REBUILDING HOPE! SEXUAL ASSAULT	45-3531020	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
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

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

032241 11-05-20

6920 ROOSEVELT WAY NE 355							
SEATTLE, WA 98115	04-3602577	501(C)(3)	20,000.	٥.		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.	٥.		COVID STATE FUND	YYA
SHARED HOUSING SERVICES							
901 S 11TH ST							
TACOMA, WA 98405	91-1557248	501(C)(3)	10,000.	٥.		COVID STATE FUND	YYA
SHELTON FAMILY CENTER							
123 S 2ND ST							
SHELTON, WA 98584	82-3875497	501(C)(3)	20,000.	٥.		COVID STATE FUND	YYA
SHERON ANN FOUNDATION							
PO BOX 769							
TACOMA, WA 98401	47-1640301	501(C)(3)	20,000.	٥.		COVID STATE FUND	YYA

BUILDING CHANGES Schedule I (Form 990)

(a) Name and address of

organization or government

RYAN'S HOUSE FOR YOUTH

COUPEVILLE, WA 98239

SAFE HARBOR SUPPORT CENTER

KENNEWICK, WA 99336-2150

SEATTLE EDUCATION ACCESS

SKAGIT VALLEY COLLEGE FOUNDATION

2405 EAST COLLEGE WAY

MOUNT VERNON, WA 98273

125 N 5TH STREET MOUNT VERNON, WA 98273

SKAGIT VALLEY FAMILY YMCA

19777 SR 20

1111 N GRANT PL

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

(c) IRC section

if applicable

501(C)(3)

501(C)(3)

(d) Amount of

cash grant

20,000

10,000

(e) Amount of

non-cash

assistance

0.

0.

Ο.

0.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

(b) EIN

27-2113343

91-1725914

91-1012915

91-0565022

501(C)(3)

501(C)(3)

91-1410450 Page 1

(h) Purpose of grant

or assistance

COVID STATE FUND YYA

COVID STATE FUND YYA

COVID STATE FUND YYA

COVID STATE FUND YYA

20,000.

20,000.

Schedule I (Form 990) BUILDING CHANGES 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
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	46 0694742	E01(G)(2)	20,000	0			
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
Incomi, wi 90405	51 0570072	501(0)(3)	10,000.	••			
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.	Ο.			COVID STATE FUND YYA

		=	= ' / ' ' ' '		
THE JOSEPH PROJECT					
707 S GRADY WAY, STE 600					
RENTON, WA 98057	83-1555613	501(C)(3)	20,000.	0.	
THE MOORE WRIGHT GROUP					
2747 29TH AVENUE SW					
TUMWATER, WA 98512	81-5157499	501(C)(3)	20,000.	0.	
THE NEW SCHOOL AT CHAMBERS BAY					
5000 67TH AVE W					
UNIVERSITY PLACE, WA 98467	85-1137533	501(C)(3)	10,800.	Ο.	

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 (b) EIN (c) IRC section (d) Amount of

if applicable

85-1137533 501(C)(3)

BUILDING CHANGES

(h) Purpose of grant

or assistance

COVID STATE FUND YYA

COVID STATE FUND YYA

COVID STATE FUND YYA

Schedule I (Form 990)

20,000

0.

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.	Ο.		COVID STATE FUND	YYA

cash grant

(e) Amount of

non-cash

assistance

(f) Method of

valuation

(book, FMV, appraisal, other) (g) Description of

non-cash assistance

Schedule I (Form 990)

5000 67TH AVE W

THE NEW SCHOOL AT CHAMBERS BAY

UNIVERSITY PLACE, WA 98467

organization or government

032241 11-05-20

60

Schedule I (Form 990)	BUILDING	CHANGES

(a) Name and address of

organization or government

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

(c) IRC section

if applicable

(d) Amount of

cash grant

(e) Amount of

non-cash

assistance

(f) Method of

valuation

(book, FMV,

(b) EIN

				assistance	appraisal, other)		
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		501 (2) (2)	10.000				
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	VVA
	23 1319212	501(0/(3/	15,200.	0.		COVID SIAIE FOND	114
WHATCOM COMMUNITY COLLEGE							
FOUNDATION - 237 WEST KELLOGG ROAD							
- BELLINGHAM, WA 98226	94-3064448	501(C)(3)	20,000.	0.		COVID STATE FUND	YYA

91-1410450

(g) Description of

non-cash assistance

Page 1

(h) Purpose of grant

or assistance

BUILDING CHANGES

	G CHANGES						1-1410450 Pag
Part II Continuation of Grants and Oth (a) Name and address of organization or government	(b) EIN	(c) IRC section (c) 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
MCA OF GREATER SEATTLE 09 4TH AVE							
EATTLE, WA 98104-1108	91-0482710	501(C)(3)	20,000.	0.			COVID STATE FUND YYA
OU GROW GIRL! 20 RAINIER AVE S, SUITE 201							
EATTLE, WA 98144	46-1649553	501(C)(3)	20,000.	0.			COVID STATE FUND YYA

BUILDING CHANGES

Schedule I (Form 990) 2020 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.

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

91-1410450

SC	SCHEDULE J Compensation Information								
(Fo	rm 990)	For certain Officers, Directors, T	rustees, Key Employees, and Highest		20	2020			
			ated Employees ered "Yes" on Form 990, Part IV, line 23.		2020		J		
Dena	tment of the Treasury		to Form 990.		Open to Public				
	ernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
Nan	ne of the organization			Employer i			nber		
		BUILDING CHANGES		91-1	41045	0			
Ра	rt I Question	Regarding Compensation							
_	.					Yes	No		
1a		ate box(es) if the organization provided any of the		990,					
		line 1a. Complete Part III to provide any relevant							
	First-class or c] Housing allowance or residence for person						
	Travel for com] Payments for business use of personal res						
		ation and gross-up payments	Health or social club dues or initiation fees						
		pending account	Personal services (such as maid, chauffeu	r, chei)					
h	If any of the bayes	on line to are checked, did the organization follow	we written policy regarding poyment or						
D	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			1b					
2	•	require substantiation prior to reimbursing or all							
2	-	s, including the CEO/Executive Director, regardir			2				
	trustees, and onloc	s, moldaring the OEO/Exceditive Director, regardin							
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's								
-		ctor. Check all that apply. Do not check any boxe		on to					
		tion of the CEO/Executive Director, but explain ir							
	·	Compensation committee Written employment contract							
	·		Compensation survey or study						
	·	0 of other organizations X 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 re	• •	, , , , , , , , , , , , , , , , , , ,						
а	-	-			4a		х		
b		eive payment from a supplemental nonqualified r					Х		
с	Participate in or rec	eive payment from an equity-based compensation	n arrangement?		4c		Х		
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 r	evenues of:							
а	The organization?				5a		X		
		ation?					X		
		r 5b, describe in Part III.							
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the o	organization pay or accrue any compensatio	n					
	contingent on the r	et earnings of:							
а		anization?					X		
b		ation?			6b		X		
		r 6b, describe in Part III.							
7		n Form 990, Part VII, Section A, line 1a, did the o							
		es 5 and 6? If "Yes," describe in Part III			7	Х			
8	-	reported on Form 990, Part VII, paid or accrued p	-	е					
		ption described in Regulations section 53.4958-4			8		X		
9		d the organization also follow the rebuttable pres							
		53.4958-6(c)?							
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Fo	orm 990.	Sched	lule J (Forn	n 990)	2020		

032111 12-07-20

91-1410450

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.

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

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.

2020
Open to Public Inspection

Name of	f the	organ	izatior
---------	-------	-------	---------

BUILDING CHANGES Part I Types of Property

Employer identification number
91-1410450

			1					
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu	termini	0	s
			literns contributed	Form 990, Part VIII, line 1g				
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	Х	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							
2 . 25								
26 07	Other ()							
27	Other ()							
28	Other ()		1					
29	Number of Forms 8283 received by the organiz	-	•					
	for which the organization completed Form 828	33, Part V, L	onee Acknowledg	ement 29			~	
	5 · · · · · · · · · · · · · · · · · · ·						Yes	No
30a	During the year, did the organization receive by		, i i , i	, 0	,			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	• • • • • • • • • • • • • • • • • • • •				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				ions?	31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell noncash				_
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	r for which column (a) is cheo	ked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule N	l (Forn	n 990)	2020

12210811 758871 091665.0

Part II	Suppler	nental	Information.	Provide the info
Schedule I	M (Form 990)	2020	BUILDING	CHANGES

91-1410450 Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

022142 11-23-20	Schedule M (Form 990) 2020
032142 11-23-20	Schedule M (Form 390) 2020

12210811 758871 091665.0

67 2020.04010 BUILDING CHANGES SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



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 то

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

BUILDING CHANGES

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

69

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

2020.04010 BUILDING CHANGES

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
BUILDING CHANGES	91-1410450
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.

70

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization BUILDING CHANGES	Employer identification number $91 - 1410450$
EVICTION MORATORIUM EXTENSION ADVOCACY: IN SPRING 2020, BU	ILDING
CHANGES ADVOCATED FOR THE EXTENSION OF THE EVICTION MORATO	RIUM TO
SUPPORT CHILDREN, YOUTH, AND FAMILIES EXPERIENCING HOUSING	CRISES
DURING THE PANDEMIC. TO FURTHER DEMONSTRATE THE NEGATIVE A	ND RACIALLY
INEQUITABLE IMPACTS THE EVICTION MORATORIUM'S END WOULD HA	VE ON PEOPLE
EXPERIENCING HOUSING INSTABILITY, WE CONTRIBUTED ADDITIONA	L DATA TOWARD
FEDERAL AND STATE-LEVEL BRIEFS. WITHOUT HOUSING RELIEF, IN	DIVIDUALS AND
FAMILIES EXPERIENCING HOUSING INSTABILITY ARE LEFT TO WORR	Y ABOUT
MAINTAINING HOUSING AND TO TAKE ON ADDITIONAL CRISES BROUG	HT ON BY THE
PANDEMIC. THE BRIEFS WE SUPPORTED THROUGH OUR ADVOCACY WOR	K WERE RULED
FAVORABLY, AND THE EVICTION MORATORIUM HAS SINCE BEEN EXTE	NDED THROUGH
THE END OF MARCH 2021 ACROSS WASHINGTON STATE AND NATIONWI	DE.

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 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

71

2020.04010 BUILDING CHANGES

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
BUILDING CHANGES	91-1410450
SUPPORTING EFFORTS TO REDUCE FAMILY HOMELESSNESS IN THE TH	REE COUNTIES
CONTINUES. IN ADDITION, THROUGH ANOTHER INVESTMENT FROM TH	E GATES
FOUNDATION, BUILDING CHANGES WILL WORK WITH FOUR COMMUNITI	ES 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.

72

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
BUILDING CHANGES	91-1410450
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 THA	T PAIRS
DIVERSION SERVICES WITH SHELTER. OUR EVALUATION INCLUDED A	NALYSIS OF
STAFF AND FAMILIES' PERSPECTIVES ON FDC, SHELTER UTILIZATI	ON RATES,
COSTS OF RUNNING THE CENTER, AND THE DEMOGRAPHICS AND CHAR	ACTERISTICS
OF FAMILIES WHO USED FDC. WE ALSO ANALYZED OUTCOMES FOR FA	MILIES WHO
USED FDC SERVICES AS OPPOSED TO THOSE WHO SOUGHT OUT SHELT	ERS 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. Schedule O (Form 990 or 990-EZ) 2020 032212 11-20-20

73

2020.04010 BUILDING CHANGES

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 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

74

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2020.04010 BUILDING CHANGES

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
BUILDING CHANGES	91-1410450
EXPERIENCING HOMELESSNESS IN THEIR SCHOOLS. IN THE BEGINNI	NG 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 W	AYS TO BETTER
SUPPORT STUDENTS EXPERIENCING HOMELESSNESS IN THEIR COMMUN	ITIES.

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
032212 11-20-20
Schedule O (Form 990 or 990-EZ) 2020
75

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization BUILDING CHANGES	Employer identification number 91-1410450
PARTNERSHIPS WITH COMMUNITY HEALTH ORGANIZATIONS AND ADVOC	ACY GROUPS.
IN ADDITION TO OUR ADVOCACY AND PARTNERSHIP EFFORTS, WE CO	MPLETED AN
EVALUATION OF THE IMPACTS OF OUR PERINATAL HOUSING GRANTS	(PHG), A
PILOT PROJECT DESIGNED TO IMPROVE HOUSING AND HEALTH OUTCO	MES 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 032212 11-20-20 76

12210811 758871 091665.0

2020.04010 BUILDING CHANGES

Schedule O (Forr	n 990 or	990-EZ)	2020
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Name of the organization

BUILDING CHANGES

Employer identification number 91-1410450

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.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020 77 2020.04010 BUILDING CHANGES