990

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

A F	or th	e 202	1 calendar year, or tax year begin	ning		and endi	ng				
_			C Name of organization					D Employer id	entification nu	ımber	
Вс	heck if ap	oplicable:	BUILDING CHANGES								
	Addre		Doing Business As					91-1410)450		
	7	change	Number and street (or P.O. box if mail is	not delivered to street address	s)	Room/suite		E Telephone n	umber		
	Initial	return	1200 12TH AVENUE S			1200		(206)8	05-6100		
	Term	inated	City or town, state or province, country, a	nd ZIP or foreign postal code				,			
	Amer		SEATTLE, WA 98144					G Gross receip	ts \$ 1:	2,648	,127.
	Applie pendi	cation	F Name and address of principal officer:	DANIEL ZAVALA	4			H(a) Is this a gro	up return for	Yes	X No
	perior	iig	1200 12TH AVENUE S1200,					subordinates H(b) Are all subord		Yes	No
ī	Tax-ex	empt st	<u>' </u>) 	4947(a)(1)	or 52	27		ch a list. (see inst	ructions)	
			WWW.BUILDINGCHANGES.ORG		10 11 (0)(1)	.		H(c) Group exem	ption number	•	
K				Association Other		L Year o	of formati	ion: 1988 M			WA
$\overline{}$	art I		mmary					2500			****
	1	•	y describe the organization's mission or	most significant activities	· OIIR N	MISSION:	BIITI	LDING CHAI	NGES ADV	ZNCE!	
ø	'		ITABLE RESPONSES TO HOME							ANCE	
Governance			CHILDREN, YOUTH, AND FAM								
ern?	2		k this box if the organization di								
ŏ	3			-	•				s. 3		12
	_	Numb	per of voting members of the governing	body (Part VI, line Ta)	/				4		
es	4		per of independent voting members of the						5		12
ctivities &	5		number of individuals employed in cale								29
cti	6	Total	number of volunteers (estimate if necess	sary)					6		
`			unrelated business revenue from Part VI						7a		
	b	Net u	nrelated business taxable income from I	Form 990-T, line 34					7b		
								Prior Year		irrent Ye	
ē	8		ibutions and grants (Part VIII, line 1h)		COP	Y FOR	1	6,655,14		7,399	
ēn	9		am service revenue (Part VIII, line 2g)			NSPECTION		300,32			,388.
Revenue	10		tment income (Part VIII, column (A), line	s 3, 4, and 7d)				368,90)3.	128	,360.
_	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				-16,86	58.	-15	,067.
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A), line 12) .			7,307,50)7.	7,573	,307.
	13	Grant	ts and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)				4,343,37	76.	1,735	,898.
	14	Benef	fits paid to or for members (Part IX, colu	mn (A), line 4)				N	ONE		NONE
S	15	Salari	ies, other compensation, employee benefits (Part IX, column (A), lines 5-10)						95.	2,291	,815.
Expenses	16a	Profe	ssional fundraising fees (Part IX, column	(A), line 11e)				N	ONE		NONE
ъ	b	Total	fundraising expenses (Part IX, column (I	D), line 25) ▶ 3:	25,199	·					
Ш	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)				1,415,92	20.	903	,265.
	18		expenses. Add lines 13-17 (must equal					8,240,89)1. ·	4,930	,978.
	19	Rever	nue less expenses. Subtract line 18 from	line 12				-933,38	34.	2,642	,329.
Net Assets or Fund Balances							Begin	ning of Current	/ear E	nd of Yea	ar
sets	20	Total	assets (Part X, line 16)					11,471,96	51. 1	4,145	,989.
Ass	21		liabilities (Part X, line 26)					2,611,25		3,264	
E E	22		ssets or fund balances. Subtract line 21					8,860,70		0,881	,546.
Pa	rt II	Sig	gnature Block								
Un	der pei	nalties o	of perjury, I declare that I have examined thi	s return, including accompa	nying sched	ules and state	ments, a	and to the best of	f my knowled	ge and b	elief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all inform	nation of wh	ich preparer h	as any kn	nowledge.			
								11/	15/2022		
Sig			Signature of officer					Date			
He	re		DANIEL ZAVALA		EXI	ECUTIVE	DIRE	CTOR			
			Type or print name and title								
_		Print/	/Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Paid	t	MATT	THEW FRERKER	MATTHEW FRERKE	!R	11/15	5/202		,	77675	
	parer		sname ► BDO USA, LLP	THE PROPERTY OF THE PARTY OF TH		1/	,,202	Firm's EIN	13-538		
Use	Only		s address > 601 UNION STREET	פוודיד איין פוו	ייים אַ זייים	VA 98101		Phone no.	206-38		77
May	/ the I		scuss this return with the preparer shown			AN POICE		i iione iio.		Yes	No
			Reduction Act Notice, see the separate	, ,	<u> </u>			<u> </u>			0 (2021)
											- \

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	BUILDING CHANGES ADVANCES EQUITABLE RESPONSES TO HOMELESSNESS IN
	WASHINGTON STATE, WITH A FOCUS ON CHILDREN, YOUTH, AND FAMILIES AND
	THE SYSTEMS THAT SERVE THEM.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,822,437 including grants of \$619,229) (Revenue \$)
	HOUSING CRISIS: THROUGH GRANTMAKING, TECHNICAL ASSISTANCE AND
	RESEARCH AND EVALUATION, BUILDING CHANGES WORKS ON IMPROVING
	EQUITABLE ACCESS AND EXPERIENCES FOR CHILDREN, YOUTH, AND FAMILIES
	IMPACTED BY HOUSING CRISES BY SECURING ADEQUATE AND SUSTAINABLE
	RESOURCES FOR HOMELESS AND HOUSING SYSTEMS, FACILITATING
	CROSS-SYSTEM COLLABORATION, AND HOLDING THOSE SYSTEMS ACCOUNTABLE
	TO ADVANCE AND ADOPT RACIALLY EQUITABLE AND CULTURALLY RESPONSIVE
	POLICIES, PRACTICES, AND PRIORITIZATION. IN 2021, WE PROVIDED GRANTS TO 13 ORGANIZATIONS TO ADDRESS THE HOUSING CRISIS WHICH WAS
	MADE WORST BY COVID-19.
	TABLE WORLD DI COVID 19.
<u> </u>	(Code:) (Expenses \$ 1,419,814. including grants of \$ 988,669.) (Revenue \$ 60,388.)
40	(Code:) (Expenses \$1,419,814. including grants of \$988,669.) (Revenue \$60,388.) EDUCATION: BUILDING CHANGES WORKS ON IMPROVING ACADEMIC AND
	HOUSING OUTCOMES FOR STUDENTS BY SECURING ADEQUATE AND SUSTAINABLE
	RESOURCES AND CAPACITY FOR EDUCATION AND HOUSING SYSTEMS,
	FACILITATING LEADERSHIP BUY-IN AND CROSS-SYSTEM COLLABORATION, AND
	HOLDING THOSE SYSTEMS ACCOUNTABLE TO ADVANCE RACIALLY EQUITABLE
	AND CULTURALLY RESPONSIVE POLICIES, PRACTICES, AND COMMUNITY
	PARTNERSHIPS. IN 2021, WE PROVIDED GRANTS TO 60 ORGANIZATIONS TO
	ADDRESS YOUTH AND STUDENTS HOMELESSNESS WHICH WAS MADE WORST BY
	COVID-19.
4c	(Code:) (Expenses \$ 456,647. including grants of \$) (Revenue \$)
	KNOWLEDGE SHARING AND POLICY: OUR POLICY EFFORTS FOCUS ON
	REGULATORY AND LEGISLATIVE CHANGES THAT PREVENT, REDUCE AND
	MITIGATE THE IMPACT OF HOMELESSNESS IN WASHINGTON STATE. WE WORK
	ACROSS SYSTEMS WITH PARTNERS IN CHILD WELFARE, EMPLOYMENT AND
	EDUCATION TO IDENTIFY KEY POLICY INITIATIVES, PURSUE FIXES AND
	INFLUENCE LONG-TERM POLICY AGENDAS THAT RESULT IN MORE EFFICIENT
	HOMELESS AND HOUSING SYSTEMS - AND REDUCE THE BARRIERS THAT
	HOMELESS YOUTH AND FAMILIES FACE WHEN THEY SEEK HELP.
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O
. •	(Expenses \$ 142,585. including grants of \$ 128,000.) (Revenue \$)
4e	Total program service expenses ► 3,841,483.
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Part IV Page 3

Part	V 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? See instructions	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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		21
Ū	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			21
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			21
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		21
• •	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,"			
u	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	ıια	21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		21
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	21
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	21	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			21
1 Z a	Schedule D, Parts XI and XII.	122		v
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		X
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	- · · ·		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	-55		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Form 990 (2021)

Part IV Checklist of Required Schedules (continued) Page 4

rart	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	
24 a	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	0.4		
	through 24d and complete 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	04-		
ان.	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		X
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		Λ
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			21
	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 the 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	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	:		
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		Λ
30	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part		- 55		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 113			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Par	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. 29					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for 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		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х		
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	7с		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
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				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	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:					
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
	Section 501(c)(12) organizations. Enter:					
	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.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
_	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand	115		37		
	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? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		v		
	excess parachute payment(s) during the year?	15		X		
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
4 –	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?					

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Part VI

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

Sect	ion A. Governing Body and Management			• • •		21
	gg				Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
ıa	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					
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	12			
				1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re		-	2		Х
3	any other officer, director, trustee, or key employee?			_		
3	supervision of officers, directors, trustees, or key employees to a management company or other p			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was in Did the organization become aware during the year of a significant diversion of the organization's			5		X
5 6				6		X
7a	Did the organization have members or stockholders?					
ı a	one or more members of the governing body?			7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval					
b	stockholders, or persons other than the governing body?			7b		Х
0						
8	Did the organization contemporaneously document the meetings held or written actions und	enake	in during			
_	the year by the following:			8a	Х	
a	The governing body?			8b	X	
b	Each committee with authority to act on behalf of the governing body?					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte			_	.)	
					Yes	No
102	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of			100		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt prices.		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	iiiig iii	e ioiiii .			
12a	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					
b	rise to conflicts?			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p					
·	describe on Schedule O how this was done	-		12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar					
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation		•			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement			
·ou	with a taxable entity during the year?	ii uiic	ingomoni	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization	to ev	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990.	and 990-1	Γ (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap x Own website x Another's website x Upon request x Other (explain on Sc	ply.		,		()
19	Describe on Schedule O whether (and if so, how) the organization made its governing document and financial statements available to the public during the tax year.	nents,	conflict o	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's I JACLYN PUEYO 1200 12TH AVENUE SOUTH, SUITE 1200 SEATTLE, WA 98144	oooks	and record	s ►		

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Form **990** (2021)

Form 990 (2021) BUILDING CHANGES 91-1410450

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer and a director/trustee Officer Institutional trustee		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations		
	dotted line)	tee	ustee		ensated				
(1) ARMILITO PANGILINAN	40.00								
CFO	NONE			Х			190,381.	NONE	13,422.
(2) DANIEL ZAVALA	40.00								
EXECUTIVE DIRECTOR	NONE			Х			169,519.	NONE	12,797.
(3) LIZA BURELL	40.00								
MANAGING DIRECTOR, PROGRAMS	NONE				Х		166,813.	NONE	12,715.
(4) MATTHEW LEMON	40.00								
DIRECTOR OF RESEARCH & EVALUAT	NONE				Х		121,342.	NONE	11,338.
(5) TERRA CHEN	40.00								
STRATEGIC COMMUNICATIONS LEAD	NONE				Х		106,863.	NONE	10,917.
(6) D'ARTAGNAN CALIMAN	40.00								
EXECUTIVE DIRECTOR	NONE			Х			20,364.	NONE	1,179.
(7) WESLEY SAINT CLAIR	4.00								
PRESIDENT	NONE	Х		Х			NONE	NONE	NONE
(8) DAVID WERTHEIMER	4.00								
VICE PRESIDENT	NONE	Х		Х			NONE	NONE	NONE
(9) ROGERS WEED	4.00								
TREASURER	NONE	Х		Х			NONE	NONE	NONE
(10) CHAD SWANEY	4.00								
SECRETARY	NONE	Х		Х			NONE	NONE	NONE
(11) MICHAEL BROWN	2.00								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
(12) DILIP WAGLE	2.00								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
(13) TRACY HILLIARD	2.00								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
(14) TRAVIS WALTER	2.00								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE

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Part VIII Section A Officers Directors Trustoes Key Employees and Highest Companyated Employees (centinged)

Part VI Section A. Officers, Directors, Iri	ustees, Ke	ey ⊏n	пріо	ye	es,	ana t	٦ıgı	nest Compensat	ea ⊏mpioyees	(continue	∋d)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do	nat ak		sition	e than c		Reportable	Reportable		stimated	
	hours per week (list any	,				is both		compensation from	compensation fror related		nount of other	
	hours for					or/trust		the	organizations		pensatio	n
	related organizations	ndiv or di	nsti	Officer	(ey	Highest co employee	Former	organization	(W-2/1099-MISC)	, ,	om the janizatior	0
	below dotted	/idua	tutio	er	emp	loye	ner	(W-2/1099-MISC)		_	d related	
	line)	or la	nal		Key employee	e				orga	anization	iS
		Individual trustee or director	Institutional trustee		Õ	pens						
			ee			compensated						
15) T'WINA NOBLES	2.00					_				+		
BOARD MEMBER	NONE	X						NONE	NON	Œ	1	NONI
16) CHRIS BRUNO	2.00								_	+		
BOARD MEMBER	NONE	X						NONE	NON	Œ	1	NONI
17) RHONDA HAUFF	2.00											
BOARD MEMBER	NONE	Х						NONE	NON	Œ]	NONI
18) LEE MURDOCK	2.00											
BOARD MEMBER	NONE	Х						NONE	NON	Œ]	NONI
	ļ											
										+		
		-										
										+		
	 -	-										
										+		
	 	1										
										+		
	†	1										
	T											
1b Sub-total							\blacktriangleright	775,282.	NON	E	62,3	368.
c Total from continuation sheets to Part VII, S	ection A						>	NONE	NON	E		NON
d Total (add lines 1b and 1c)							<u> </u>	775,282.	NON	Έ	62,3	368.
2 Total number of individuals (including but not		hose	liste	d al	bove	e) who	o re	eceived more than	\$100,000 of			
reportable compensation from the organizatio	n 🚩					5						
											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3		Х
										3		
4 For any individual listed on line 1a, is the organization and related organizations groups.												
individual								complete Scrieda	ile J ioi sucii	4	X	
5 Did any person listed on line 1a receive or								related organizati	on or individual	-		
for services rendered to the organization? <i>If "Y</i>										5		Х
Section B. Independent Contractors	, 						,					
1 Complete this table for your five highest com	pensated i	ndep	ende	ent (con	tracto	rs t	hat received more	than \$100,000	of		
compensation from the organization. Report of	compensati	on fo	r the	ca	lend	dar ye	ar e	ending with or with	nin the organizati	ion's tax		
year.												
(A)								(B)		(C)		
SEE SCHEDULE O Name and business add	dress							Description of se	ervices	Compens	sation	
							-					
							-					
							-					
2. Total number of independent control "	المام المام		4 1:	,i+ ~	d 4		<u> </u>	iotod chaus)le :	rossived			
2 Total number of independent contractors (in	ncluaing bi	ut no	ιIIM	nte	u tc	ว เทอร	se II	isted above) who	received			

more than \$100,000 in compensation from the organization ► 5

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Part VIII Statement of Revenue

Par	t VII		oo or note to on	(line in this Dort)	/III		
		Check if Schedule O contains a respon	ise of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
۾ ۾	С	Fundraising events 1c	110,057.				
fts r A	d	Related organizations 1d					
⊒ia	е	Government grants (contributions) 1e	417,779.				
Sin	f	All other contributions, gifts, grants,					
utio er (-	and similar amounts not included above . 1f	6,871,790.				
t p	g	Noncash contributions included in					
d C	9	lines 1a-1f 1g	\$ 5,217,666.				
a	h	Total. Add lines 1a-1f		7,399,626.			
		Total Add mos is in The Tentral Tentra	Business Code	, ,			
ġ.		CONSULTING FEES	900099	60,388.	60,388.		
Žζ	2a	00100211110 1220	300033	00,300.	0073001		
Sel	b						
Z S	C						
gra Re	d						
Program Service Revenue	e						
_	T C	All other program service revenue Total. Add lines 2a-2f		60,388.			
	<u>g</u>			00,300.			
	3	Investment income (including dividends,		1,537.			1,537.
		other similar amounts)		NONE			1,337.
	4 5	Income from investment of tax-exempt bond Royalties		NONE			
		(i) Real	(ii) Personal	NONE			
	60		()				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b Rental income or (loss) 6c NONE	E NONE				
	C	rteritar meeme er (1888)		NONE			
	d	Net rental income or (loss)	(ii) Other	NONE			
	7a	0.000 aca	(ii) Other				
		sales of assets other than inventory 7a 5,185,572.					
4							
venue	b	Less: cost or other basis					
Ş.		and sales expenses 7b 5,058,749.					
Re	C	Gain or (loss)		106.002			106,000
Other R	d	Net gain or (loss)		126,823.			126,823.
ğ	8a	Gross income from fundraising					
_		events (not including \$110,057.					
		of contributions reported on line					
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses	16,071.	16.051			16.081
	С	Net income or (loss) from fundraising events		-16,071.			-16,071.
	9a	Gross income from gaming	,,,,				
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	NONE				
	b	Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory.		NONE			
Sn			Business Code				
er iue	11a	OTHER REVENUE	900099	1,004.			1,004.
Miscellaneous Revenue	b						
Sce Re	С						
Mis.	d	All other revenue					
		Total. Add lines 11a-11d		1,004.			
	12	Total revenue. See instructions		7,573,307.	60,388.		113,293.

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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 respo	nse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 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	1,735,898.	1,735,898.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	407,662.	253,532.	106,243.	47,887
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
	Other salaries and wages	1,553,084.	965,936.	405,024.	182,124.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,398.	22,000.	9,141.	4,257
9	Other employee benefits	119,381.	74,197.	30,828.	14,356
10	Payroll taxes	176,290.	109,567.	45,524.	21,199.
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	4,516.	4,154.	362.	
	Accounting	39,520.	4,885.	34,006.	629
d	Lobbying	29,700.	29,700.		
	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	439,808.	400,118.	20,487.	19,203.
12	Advertising and promotion	NONE			
13	Office expenses	117,207.	60,058.	43,850.	13,299
14	Information technology	NONE			
15	Royalties	NONE			
	Occupancy	120,986.	85,790.	19,248.	15,948
	Travel	423.	383.	40.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE	10.014	2 0 0 0	246
	Conferences, conventions, and meetings	16,230.	12,014.	3,870.	346
	Interest	NONE			
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	NONE 12,565.	1,905.	10,306.	354
	Insurance	12,303.	1,905.	10,300.	334
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
9	MISCELLANEOUS	71,157.	44,342.	22,405.	4,410
	STAFF RECRUIT, DEVELOPMENT	42,895.	30,196.	12,089.	610
	DUES AND LICENSES	8,258.	6,808.	873.	577
d		2,2001	-,000.	3731	<u> </u>
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	4,930,978.	3,841,483.	764,296.	325,199.
	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)	2,230,273	5,511,105.		

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	764,812.	1	955,667.
	2	Savings and temporary cash investments	2,900,158.	2	726,236.
	3	Pledges and grants receivable, net	2,460,354.	3	1,216,244.
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
ğ	9	Prepaid expenses and deferred charges	149,570.	9	46,798.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 215, 102.			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	5,197,067.	11	11,201,044.
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	NONE		NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,471,961.	16	14,145,989.
	17	Accounts payable and accrued expenses	376,857.	17	318,554.
	18	Grants payable	1,965,461.	18	612,918.
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
S	22	Loans and other payables to any current or former officer, director,	1,01,1		1101112
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
į		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	110112		110112
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	268,936.	25	2,332,971.
	26	Total liabilities. Add lines 17 through 25	2,611,254.		3,264,443.
es		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.	270117231.		372017113.
anc	27		0 217 520	27	4 220 251
Bal	27	Net assets without donor restrictions	2,317,532.	27	4,338,371.
þ	28	Net assets with donor restrictions	6,543,175.	28	6,543,175.
Net Assets or Fund Balances		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund [30	
As	31	Retained earnings, endowment, accumulated income, or other funds [31	
et	32	Total net assets or fund balances	8,860,707.	32	10,881,546.
z	33	Total liabilities and net assets/fund balances	11,471,961.	33	14,145,989.
					Form 990 (2021)

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BUILDING CHANGES 91-1410450

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u> 307</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,9	30,	<u>978</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		2,6	42,	<u> 329</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		8,8	60,	<u>707</u> .
5	Net unrealized gains (losses) on investments	5		-6	21,	<u>490</u> .
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	0,8	81,	<u>546</u> .
Part	· · ·					
	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 on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n 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 over	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .		3b		

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SCHEDULE A (Form 990)

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.

Attach to Form 990 of Form 990-EZ.

OMB No. 1545-0047
2021
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

BU]	[LD]	ING CHANGES					91-1	410450
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	te this p	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	00).)		
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated to	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <mark>sect</mark>	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or
		university:						
10		An organization that norma	lly receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, membersh	ip fees, and gross
		receipts from activities rela support from gross investm	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s: and (2) no more thar	า 331/3 % of its
		acquired by the organizatio	n after June 30. 1	975. See section 509	able inco (a)(2). (0	Complete	e Part III.)	Dusinesses
11		An organization organized						
12		An organization organized a	and operated exclu	sively for the benefit o	f, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppo	-	-	-			
		the box on lines 12a through	_					
а		Type I. A supporting orga		• • • • • • • • • • • • • • • • • • • •			·	· · ·
_		the supported organization	•	•	•		• , ,	
		_ supporting organization.	• •	0 , 11		۵,0, ۵.		
b		Type II. A supporting org	-			with its	supported organizati	on(s) by having
~		control or management of	•				· · ·	
		_ organization(s). You must			tilo odili	o po.oo.	io that control of mar	ago mo oupportou
С		Type III functionally integ			ited in co	onnectio	n with and functiona	lly integrated with
·	_	its supported organization	•				·	ny miogratoa min,
d		Type III non-functionally		-				ted organization(s)
_	_	that is not functionally into			-			-
		requirement (see instruct						a an attornivonoco
е		Check this box if the orga		-				II Type III
Ū	_	functionally integrated, or						, 1,700
f	En	ter the number of supported	. **					
g		ovide the following information	-					
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see	other support (see instructions)
				above (see instructions))	Yes	No	instructions)	instructions)
/ A \								
(A)								
(D)								
(B)								
(C)								
(C)								
(D)								
(D)								
/ _ \								
(E)								
			t					<u> </u>

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

Schedule A (Form 990) 2021

Total

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,028,608.	8,662,023.	6,269,206.	6,655,144.	7,399,626.	30,014,607.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	1,028,608.	8,662,023.	6,269,206.	6,655,144.	7,399,626.	30,014,607.
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)						9,316,414.
6	Public support. Subtract line 5 from line 4						20,698,193.
	tion B. Total Support		#1.0040	() 0040	(1) 0000	4 3 0 0 0 4	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,028,608. 52,995.	8,662,023. 98,763.	6,269,206. 180,936.	6,655,144. 159,881.	7,399,626. 1,537.	30,014,607.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE SUPP PAGE	8,105.	4,094.	497.		1,004.	13,700.
11	Total support. Add lines 7 through 10						30,522,419.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup	•					
14	Public support percentage for 2021 (li		-			14	67.81 %
15	Public support percentage from 2020					15	53.45 %
16a	331/3% support test - 2021. If the org	-					
b	box and stop here . The organization q 33 1/3% support test - 2020 . If the organization q	ganization did no	ot check a box c	on line 13 or 16	a, and line 15 is	s 331/3 % or moi	e, check
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	•
	Part VI how the organization meets organization						▶ □
b	10%-facts-and-circumstances test - 2	_	•		•		
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets organization			•	•		
18	Private foundation. If the organization						
	instructions	<u> </u>	<u> </u>	<u> </u>			▶ 🔲

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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						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	() 00 (7	41.0040		()) () ()	() 600 ((O.T.)
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6 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						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔲
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2020 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	Income Perc	centage				
17	Investment income percentage for 2021 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2020 S					18	%
19 a	331/3% support tests - 2021. If the or	ganization did r	not check the bo	ox on line 14, ar	nd line 15 is m	ore than 331/3 %	, and line
	17 is not more than 331/3 %, check this	s box and stop	here. The orga	nization qualifies	as a publicly su	upported organiza	ation ►
b	331/3% support tests - 2020. If the orga	anization did not	check a box on	line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than $331/3\%$, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 🔼
20	Private foundation If the organization of	did not check	a hox on line '	4 19a or 10h	check this ho	v and see instru	ictions

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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

- 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).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a 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.)

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

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Part l	V Supporting Organizations (continued)			
			Yes	No
11	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 on lines 11b and			
	, , , , , , , , , , , , , , , , , , , ,	11a		
	,	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Cootie	provide detail in Part VI.	11c		
Secur	on B. Type I Supporting Organizations		Yes	No
			162	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i>			
	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		
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		
Section	on C. Type II Supporting Organizations			
	r		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).	_		
Soction	on D. All Type III Supporting Organizations	1		
Secur	D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	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 on 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		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a b	The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization is the parent of each of its supported organizations. Complete time 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	≏ instr	uctions	2)
•		<i>,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> Part VI the role played by the organization in this regard.	3b		

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	S						
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.								
Se	ection A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)						
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or collection								
	of gross income or for management, conservation, or maintenance of								
	property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Se	ction C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
_	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting	g organization					
	(see instructions).								

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Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions								
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1				
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed					
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.			8				
9	9 Distributable amount for 2021 from Section C, line 6							
10	10 Line 8 amount divided by line 9 amount							
			/ii\		/iii\			

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

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Part VI Supplemental Information. Provide the explanations required by Part II, line

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 - OTHER INCOME	3					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS	8,105.	4,094.	497.		1,004.	13,700.
TOTALS	8,105.	4,094.	497.		1,004.	·

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-PF.

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

Employer identification number Name of the organization BUILDING CHANGES 91-1410450 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Name of organization
BUILDING CHANGES

Employer identification number
91-1410450

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>1</u> <u>N</u>	I/A	\$\$5,217,666.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 <u>N</u>	I/A	\$\$\$	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
		\$	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

JSA

Name of organization

BUILDING CHANGES

Employer identification number

91-1410450

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
1_	1,403 SHS AMAZON STOCK		
		\$5,217,666	11/30/2021
(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
		\$	

Name of organization **Employer identification number** BUILDING CHANGES 91-1410450 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2021)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

Tax)	(See separate instructions), the		Tax) (See separate in	nstructions) or Form 990-I	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Employer ide	ntification number
	•				
	LDING CHANGES				110450
		organization is exempt under			
1	•	he organization's direct and ind	irect political camp	aign activities in Part	IV. See instructions for
_	definition of "political campa	_			
2		xpenditures. See instructions			
		campaign activities. See instruction	ons		
	<u>-</u>	organization is exempt under			
1		cise tax incurred by the organization			
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1		xpended by the filing organization			
2		ng organization's funds contributed			
		es			
3		enditures. Add lines 1 and 2. En			
4 5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, entributions received that were prored or a political action committee.	per (EIN) of all section of the amount paid optly and directly de	on 527 political organiza d from the filing organizalistice of the filing organization or separate po	ations to which the filing cation's funds. Also enter ditical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)			_		
(2)					
(2)					
(3)			-		
(4)					
(5)					
(6)					
(U)			4		

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

Schedule C (Form 990) 2021

Sche		DING CHANG				-1410450 Page 2
Pa	rt II-A Complete if the organiz section 501(h)).	ation is exen	npt under section	501(c)(3) and	filed Form 5768 (elec	ction under
4	Check ► if the filing organization address, EIN, expense	•	• • • •		ach affiliated group mem	ber's name,
3	Check ▶ if the filing organization	checked box	A and "limited control	" provisions app	oly.	
	Limits on L (The term "expenditures'	obbying Expend means amour			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influe	nce public opin	ion (grassroots lobby	ring)		
b	Total lobbying expenditures to influe	nce a legislative	e body (direct lobbyin	ıg) [31,390.	
С	Total lobbying expenditures (add line	s 1a and 1b) .			31,390.	
d	Other exempt purpose expenditures				4,899,588.	
е	Total exempt purpose expenditures	(add lines 1c an	nd 1d)		4,930,978.	
f	Lobbying nontaxable amount. Ente	the amount	from the following t	able in both		
	columns.				396,549.	
	If the amount on line 1e, column (a) or (b) is: The lobbyin	ng nontaxable amount is	s:		
	Not over \$500,000	20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 pl	us 15% of the excess of	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,00		us 10% of the excess of	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,0		us 5% of the excess ov	/er \$1,500,000.		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter	r 25% of line 1f)		99,137.	
	Subtract line 1g from line 1a. If zero			-		
	Subtract line 1f from line 1c. If zero					
j	If there is an amount other than z			•		
	reporting section 4911 tax for this ye	ar?				Yes No
			aging Period Under			
	(Some organizations that mag)1(h) election do not te instructions for li	-		ins below.
		· 				
	L	obbying Exper	nditures During 4-Ye	ar Averaging Pe	eriod	
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount	640,553.	672,987.	562,04	5. 396,549.	2,272,134.
b	Lobbying ceiling amount (150% of line 2a, column (e))					3,408,201.
С	Total lobbying expenditures	24 900	29.063	27 . 33	5 31.390	112.688

168,247.

140,511.

Schedule C (Form 990) 2021

568,033.

852,050.

99,137.

JSA

1E1265 2.000

d Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

7843TJ YJ4A **29**

160,138.

Part II-	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	3	
or eac	th "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(6	a)		(b)	
	ion of the lobbying activity.	Yes	No		Amou	nt
leg ref	ring the year, did the filing organization attempt to influence foreign, national, state, or local islation, including any attempt to influence public opinion on a legislative matter or erendum, through the use of:					
b Pai	unteers? d staff or management (include compensation in expenses reported on lines 1c through 1i)?.					
d Ma	dia advertisements?					
g Dir h Ra	ants to other organizations for lobbying purposes?					
j Tot	ral. Add lines 1c through 1i					
d If the	Yes," enter the amount of any tax incurred by organization managers under section 4912 ne filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	()(5)		4:		
Part III	-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(C)(5)	, or s	ection		
Dic	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	m the (c)(5)	prior , or s	year? section	1 2 3	yes N
Due	answered "Yes." es, assessments and similar amounts from members			1		
Se	ction 162(e) nondeductible lobbying and political expenditures (do not include amountical expenses for which the section 527(f) tax was paid).	ints	of			
	rent year			2a		
b Ca	rryover from last year			2b		
	al			2c		
	gregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) duratices were sent and the amount on line 2c exceeds the amount on line 3, what portion			3		
	ess does the organization agree to carryover to the reasonable estimate of nondeductible le	•	_			
Tax	I political expenditure next year?	 		5		
Part IV	the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d aroi	ın list)· Part !	I-A lin	es 1 ar
	structions); and Part II-B, line 1. Also, complete this part for any additional information.	a gio	ap iist), i ait i	173, 1111	cs i ai

Part IV Supplemental Information (continued)

ADDITIONAL INFORMATION

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

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

► 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.

Mathematical Properties of Table 111, 112, or 12b.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspect

Employer identification number

BUI	LDING CHANGES			91-1410450
Pa	rt Organizations Maintaining Donor Adv	ised Funds or Other	Similar Funds o	r Accounts.
	Complete if the organization answered	"Yes" on Form 990, F	Part IV, line 6.	
		(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that	nt the assets held	in donor advised
	funds are the organization's property, subject to the	•		
6	Did the organization inform all grantees, donors, a	_	-	
	only for charitable purposes and not for the bene-			
	conferring impermissible private benefit?			
Pa	rt II Conservation Easements.			
	Complete if the organization answered	"Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all t	hat apply).	
	Preservation of land for public use (for example	, recreation or education)	Preservation	of a historically important land area
	Protection of natural habitat		Preservation	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conserva	tion contribution in	the form of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements	3		2b
С	Number of conservation easements on a certified	historic structure include	ed in (a)	2c
d	Number of conservation easements included in (c	c) acquired after 7/25/0	6, and not on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, tra	nsferred, released, exti	nguished, or term	ninated by the organization during the
	tax year 🕨			
4	Number of states where property subject to conse	rvation easement is loca	ted ▶	
5	Does the organization have a written policy reg	garding the periodic m	onitoring, inspec	tion, handling of
	violations, and enforcement of the conservation ea	sements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violati	ions, and enforcing	conservation easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violatior	ns, and enforcing o	conservation easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text of	,	ganization's financ	cial statements that describes the
Do	organization's accounting for conservation easeme			y Cincilar Assats
Га	rt III Organizations Maintaining Collections Complete if the organization answered			er Sillillar Assets.
			•	
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar asset	ASB ASC 958, not to re ts held for public exhi	eport in its revenu bition education	ue statement and balance sheet works or research in furtherance of public
	service, provide in Part XIII the text of the footnote	to its financial statemer	its that describes t	hese items.
b	If the organization elected, as permitted under FA			
	art, historical treasures, or other similar assets he		education, or res	search in furtherance of public service,
	provide the following amounts relating to these iter			▶ ¢
	(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 a			assets for financial gain, provide the
	following amounts required to be reported under F. Revenue included on Form 990, Part VIII, line 1			> ¢
a b	Assets included in Form 990, Part X			\$

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use or collection items (check all that apply): a									
a	No								
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No								
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No								
Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No								
XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance 1d d Additions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years to define and programs (a) Gurnent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Part XIII. Percent Part Part Provide the estimated precentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Part XIII. Percent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Part XIII. Percent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Part XIII. Percent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Part XIII. Percent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Part XIII. Percent year end balance (line 1g, column (a)) held as:	No								
assets to be sold to raise funds rather than to be maintained as part of the organization?	No								
assets to be sold to raise funds rather than to be maintained as part of the organization?	No								
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?									
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?									
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year. e Distributions during the year. 10 Ending balance 11 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses. d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses g End of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y 6 Permanent endowment P 90, Part IV, line 10.									
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year. e Distributions during the year. 10 Ending balance 11 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses. d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses g End of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y 6 Permanent endowment P 90, Part IV, line 10.									
b If "Yes," explain the arrangement in Part XIII and complete the following table: C									
c Beginning balance									
d Additions during the year	 								
d Additions during the year									
e Distributions during the year	No								
f Ending balance	No								
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Nο								
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	110								
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years to be Contributions									
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years to be Contributions									
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶									
1a Beginning of year balance	ack								
b Contributions									
c Net investment earnings, gains, and losses									
and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
and programs									
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment w									
g End of year balance									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶% Permanent endowment ▶%									
a Board designated or quasi-endowment ▶% b Permanent endowment ▶%									
b Permanent endowment ▶%									
term endowment >									
· · · · · · · · · · · · · · · · · · ·									
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the									
· ·	No								
organization by: (i) Unrelated organizations	-								
<u> </u>									
	—								
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value									
(investment) (other) depreciation									
1a Land	—								
b Buildings									
· · · · · · · · · · · · · · · · · · ·	רד דר ר								
	ONE								
e Other	ONE ONE								

Schedule D (Form 990) 2021

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7843TJ YJ4A 33

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11h See Form 990 Pa	rt X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		"Voo" on Form 000	Port IV line 11a See Form 000 De	rt V lina 12
	Complete if the organization answered			It A, lifte 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	lue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.			
raitix	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Pa	rt X, line 15.
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(1) 15 000 B 11/ 1/B)	45)		
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990), Part IV, line 11e or 11f. See Form 9	90, Part X,
1.		tion of liability		(b) Book value
(1) Fede	ral income taxes			
(2)FISCA	L SPONSORSHIPS			2,332,971.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 25.)			2,332,971.
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that re	eports 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)

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	40	
С 5	Add lines 4a and 4b	4c 5	
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Ft XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
-			

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2021

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number 91-1410450 BUILDING CHANGES Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

110,057.

Schedule G (Form 990) 2021 BUILDING CHANGES 91-1410450 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) PROMOTE PROGRES GIVE BIG NONE (event type) (event type) (total number)

20,469

89,588.

1 Gross receipts

 R		Less: Contributions Gross income (line 1 minus line 2)	89,588.	20,469.		110,057.
	4	Cash prizes				
suses	5	Noncash prizes				
	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	16,071.			16,071.
Pa	11	Part IV, line 19, or	16,071. -16,071. reported more than			
Revenue		\$15,000 on Form 990-EZ, lin	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a b		Enter the state(s) in which the org. Is the organization licensed to con If "No," explain:	anization conducts ga duct gaming activities	in each of these state	es?	. Yes No
10a b	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:					. Yes No

Schedule G (Form 990) 2021

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Sched	lule G (Form 990 or 990-EZ) 2021 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 entit	y						
	formed to administer charitable gaming?		Yes	No				
13	Indicate the percentage of gaming activity conducted in:							
а	The organization's facility	13a		%				
b	An outside facility			%				
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and						
	Name ▶							
	Address ►							
15 a	Does the organization have a contract with a third party from whom the organization receives g			-				
	revenue?		Yes	No				
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the						
_	amount of gaming revenue retained by the third party ▶ \$							
С	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:							
 а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to						
	retain the state gaming license?		Yes	No				
b	Enter the amount of distributions required under state law to be distributed to other exempt orgation or spent in the organization's own exempt activities during the tax year > \$							
Par								

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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

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

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

Open to Public Inspection

Employer identification number

BUILDING CHANGES						91-1410450	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		-					es" on Form 990,
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
(1) ABUNDANCE OF HOPE CENTER							
6516 25TH AVE NE, UNIT 5 SEATTLE, WA 98115	26-0191685	501(C)(3)	20,000.				YYA COVID
(2) ASSISTANE LEAGUE OF SEATTLE							
1415 N 45TH STREET SEATTLE, WA 98103	91-6055119	501(C)(3)	5,875.				STUDENT COVID
(3) BETHEL COMMUNITY SERVICES							
18020 B STREET EAST SPANAWAY, WA 98387	33-1086473	501(C)(3)	20,000.				STUDENT COVID
(4) BURLINGTON MID-DAY ROTARY FOUNDATION							
12257 BAYHILL DRIVE BURLINGTON, WA 98233	91 -2136325	501(C)(3)	20,000.				STUDENT COVID
(5) CHAM REFUGEES COMMUNITY							
5945 39TH AVE S SEATTLE, WA 98115	91-1214867	501(C)(3)	20,000.				YYA COVID
(6) CHILDREN'S WELFARE INTERNATIONAL - CWI							
223 PACIFIC AVE S PACIFIC, WA 98047	26-1596778	501(C)(3)	20,000.				YYA COVID
(7) COMMUNITIES IN SCHOOLS OF FEDERAL WAY-HIGHL							
1825 S 316TH ST, SUITE 101	94-3181464	501(C)(3)	20,000.				STUDENT COVID
(8) COMMUNITIES IN SCHOOLS OF RENTON-TUKWILA							
1055 S GRADY WAY RENTON, WA 98057	91-1689158	501(C)(3)	9,000.				SUPPORTING STUDENTS
(9) COMMUNITY LEADERS ROUNDTABLE SEATTLE							
1416 SW 151ST STREET BURIEN, WA 98166	46-4242313	501(C)(3)	11,750.				YYA COVID
(10) COMPASS HEALTH							
4526 FEDERAL AVE, M/S #49 EVERETT, WA 98203	91-1180810	501(C)(3)	11,750.				YYA COVID
(11) DUWAMISH TRIBAL SERVICES INC							
4705 WEST MARGINAL WAY SW SEATTLE, WA 98106	91-1122115	TRIBAL NATI	20,000.				YYA COVID
(12) EAST AFRICAN COMMUNITY SERVICES							
7050 32ND AVE SOUTH SEATTLE, WA 98115	91-2138852	501(C)(3)	20,000.				YYA COVID
2 Enter total number of section 501(c)(3) and	government o	organizations lis	sted in the line 1 tal	ole			54
3 Enter total number of other organizations list	ted in the line	1 table					1

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificat	tion number
BUILDING CHANGES						91-1410450	
Part I General Information on Grants an	d Assistanc	е				'	
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce Part II Grants and Other Assistance to Example 1 	ts or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			Yes No
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.	
(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
(1) FAMILY PROMISE OF SKAGIT VALLEY							
PO BOX 335 SEDRO-WOOLEY, WA 98284	46-2556043	501(C)(3)	20,000.				STUDENT COVID
(2) FINANCIAL SERVICES COALITION - PUGET SOUND							
701 5TH AVE, SUITE 4200 SEATTLE, WA 98104	26-1801775	501(C)(3)	20,000.				STUDENT COVID
(3) FINANCIAL SERVICES COALITION - PUGET SOUND							
701 5TH AVE, SUITE 4200 SEATTLE, WA 98104	26-1801775	501(C)(3)	20,000.				YYA COVID
(4) GENDER JUSTICE LEAGUE							
1122 E PIKE ST, UNIT 969 SEATTLE, WA 98122	47-3399375	501(C)(3)	20,000.				YYA COVID
(5) GRACE CITY OUTREACH							
PO BOX 9074 YAKIMA, WA 98902	84-4485102	501(C)(3)	20,000.				YYA COVID
(6) HARBOR HOPE CENTER							
3781 ROSEDALE ST GIG HARBOR, WA 98335	82-4495774	501(C)(3)	20,000.				STUDENT COVID
(7) HELPING HAND HOUSE							
4321 2ND ST SW PUYALLUP, WA 98373-3725	91-1275046	501(C)(3)	70,388.				EQUITABLE SYSTEMS DE
(8) HELPING HAND HOUSE							
4321 2ND ST SW PUYALLUP, WA 98373-3725	91-1275046	501(C)(3)	64,424.				EQUITABLE SYSTEMS DE
(9) HELPING HANDS PROJECT ORGANIZATION							
2808 HOYT AVE EVERETT, WA 98201	84-3913395	501(C)(3)	65,188.				EQUITABLE SYSTEMS DE
(10) HELPING HANDS PROJECT ORGANIZATION							
2808 HOYT AVE EVERETT, WA 98201	84-3913395	501(C)(3)	20,000.				STUDENT COVID
(11) HELPING HANDS PROJECT ORGANIZATION							
2808 HOYT AVE EVERETT, WA 98201	84-3913395	501(C)(3)	20,000.				YYA COVID
(12) HIGHLINE SCHOOLS FOUNDATION FOR EXCELLENCE							
15675 AMBAUM BLVD SW BURIEN, WA 98166	91-2020506	501(C)(3)	10,000.				SUPPORTING STUDENTS
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	•	•					

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2021

OMB No. 1545-0047

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

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

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Schedule I (Form 990) 2021

ce, the grantees' eligibility for the grants or assistance, and United States. Framents. Complete if the organization answered "Yes" on Form 990 eduplicated if additional space is needed. (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance (student covider) (student covider) (student covider) (student covider)
United States. Framents. Complete if the organization answered "Yes" on Form 990 eduplicated if additional space is needed. (e) Amount of noncash assistance (book, FMV, appraisal, other) (g) Description of noncash assistance or assistance or assistance students.
United States. Framents. Complete if the organization answered "Yes" on Form 990 eduplicated if additional space is needed. (e) Amount of noncash assistance (book, FMV, appraisal, other) (g) Description of noncash assistance or assistance or assistance students.
e duplicated if additional space is needed. (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance or assistance (h) Purpose of grant or assistance
(e) Amount of non- cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non- noncash assistance (h) Purpose of grant or assistance
other) STUDENT COVID
STUDENT COVID
STUDENT COVID
YYA COVID
YYA COVID
STUDENT COVID
YYA COVID
STUDENT COVID
STUDENT COVID
ESD, 2021-3567, 1
ESD, 2021-3567, 2
ESD, 2021-3567, 3

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Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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Name of the organization						Employer identification	tion number
BUILDING CHANGES						91-1410450	
Part I General Information on Grants and	d Assistanc	е				•	
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	ts or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to		•					res on Follii 990,
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
(1) POWER OF TWO							
204 2ND ST SW UNIT 911 PUYALLUP, WA 98371	84-2823284	501(C)(3)	20,000.				YYA COVID
(2) PUSH FOR DREAMS							
PO BOX 1663 TACOMA, WA 98401	91-1864751	501(C)(3)	16,000.				STUDENT COVID
(3) READINESS TO LEARN							
PO BOX 280 LANGLEY, WA 98260	91-1864751	501(C)(3)	8,814.				STUDENT COVID
(4) RESILIENT IN SUSTAINING EMPOWERMENT							
31811 PACIFIC HIGHWAY SOUTH, SUITE B-425	85-1218118	501(C)(3)	11,750.				STUDENT COVID
(5) RIVERTON PARK UNITED METHODIST CHURCH							
3118 S 140TH ST TUKWILA, WA 98168	91-0845808	501(C)(3)	20,000.				YYA COVID
(6) ROOM ONE							
PO BOX 222 TWISP, WA 98856	91-1906926	501(C)(3)	11,750.				YYA COVID
(7) SAFE HARBOR SUPPORT CENTER							
1112 N GRANT PL KENNEWICK, WA 99336	91-1725914	501(C)(3)	5,875.				YYA COVID
(8) SCHOOL DISTRICT #100 SKAGIT COUNTY							
927 E FAIRHAVVEN AVE BURLINGTON, WA 98233	90-0344569	GOVERNMENT	20,000.				STUDENT COVID
(9) SERENITY HOUSE OF CLALLAM COUNTY							
PO BOX 4047 PORT ANGELES, WA 98363-0997	91-1180069	501(C)(3)	20,000.				YYA COVID
(10) SHARE							
2306 NE ANDRESEN RD VANCOUVER, WA 98661	91-1205119	501(C)(3)	100,000.				EQUITABLE SYSTEMS DI
(11) SHELTON SCHOOL DISTRICT NO 309							
700 SOUTH 1ST STREET SHELTON, WA 98584	91-1124683	GOVERNMENT	20,000.				STUDENT COVID
(12) SOUTH PUGET SOUND COMMUNITY COLLEGE FOUNDAT							
2011 MOTTMAN ROAD SW OLYMPIA, WA 98512	91-1174940	501(C)(3)	20,000.				YYA COVID
2 Enter total number of section 501(c)(3) and	•	•				 •	
3 Enter total number of other organizations lis	ted in the line	1 table					

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

Schedule I (Form 990) 2021

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2021

OMB No. 1545-0047

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

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

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization						Employer identificat	tion number
BUILDING CHANGES						91-1410450	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					Yes No
Part IV, line 21, for any recipient the		_					es" on Form 990,
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
(1) SOUTH SUDAN KUKU ASSOCIATION OF NORTH AMERI							
23420 100TH AVE SE #C104 KENT, WA 98031	91-1997794	501(C)(3)	10,000.				STUDENT COVID
(2) SOUTHEAST YOUTH & FAMILY SERVICES							
3722 S HUDSON ST SEATTLE, WA 98118	91-1036750	501(C)(3)	20,000.				YYA COVID
(3) SOUTHEAST YOUTH & FAMILY SERVICES							
3722 S HUDSON ST SEATTLE, WA 98118	91-1036750	501(C)(3)	11,750.				YYA COVID
(4) STILL WATERS							
PO BOX 88576, TUKWILA, WA 98138	81-1771736	501(C)(3)	11,750.				STUDENT COVID
(5) SWS FUND							
5155 54TH AVE S SEATTLE, WA 98118	82-1252726	501(C)(3)	20,000.				STUDENT COVID
(6) TEENAGERS PLUS							
1305 S 312TH STREET, SUITE 101	47-4256136	501(C)(3)	11,750.				YYA COVID
(7) THE MOORE WRIGHT GROUP							
2747 29TH AVE SW TUMWATER, WA 98512	81-5157499	501(C)(3)	11,750.				STUDENT COVID
(8) THE NEW SCHOOL AT CHAMBERS BAY							
5000 67TH AVE W UNIVERSITY PLACE, WA 98467	85-1137533	501(C)(3)	9,695.				STUDENT COVID
(9) TUKWILA SCHOOL DISTRICT							
4640 S 144TH STREET TUKWILA, WA 98168	91-6001638	GOVERNMENT	12,000.				TUKWILA SCHOOL DIST
(10) VANCOUVER PUBLIC SCHOOL DISTRICT HOPE PROGR							
2901 FALK RD VANCOUVER, WA 98661	91-0971800	GOVERNMENT	20,000.				STUDENT COVID
(11) WAKULIMA USA							
PO BOX 6253 KENT, WA 98064	83-3464668	501(C)(3)	20,000.				STUDENT COVID
(12) WAKULIMA USA	_						
PO BOX 6253 KENT, WA 98064	83-3464668	501(C)(3)	20,000.				YYA COVID

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

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2021

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificat	tion number
BUILDING CHANGES						91-1410450	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	ce?	of grant funds in th	e United States.			Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					res" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) WASHINGTON KIDS IN TRANSITION							
19721 SCRIBER LAKE RD #B LYNNWOOD, WA 98036	47-2258133	501(C)(3)	20,000.				STUDENT COVID
(2) WESTSIDE BABY							
10002 14TH AVE SW SEATTLE, WA 98146	91-2124405	501(C)(3)	20,000.				STUDENT COVID
(3) WHAT A BLESSING STREET OUTREACH							
1405 S J ST, APT 201 TACOMA, WA 98405	84-4311631	501(C)(3)	15,000.				YYA COVID
(4) YAKIMA NEIGHBORHOOD HEALTH SERVICES							
12 SOUTH 8TH ST YAKIMA, WA 98901	91-0928817	501(C)(3)	84,045.				EQUITABLE SYSTEMS DE
(5) YAKIMA NEIGHBORHOOD HEALTH SERVICES							
12 SOUTH 8TH ST YAKIMA, WA 98901	91-0928817	501(C)(3)	128,000.				MATERNAL-CHILD HEALT
(6) YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATE							
909 4TH AVE SEATTLE, WA 98104	91-0482710	501(C)(3)	11,750.				YYA COVID
(7) ABU-BAKR ISLAMIC CENTER OF WASHINGTON							
14101 TUKWILA INTERNATIONAL BLVD	91-2110135	501(C)(3)	11,750.				STUDENT COVID
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	•	•					

Schedule I (Form 990) (2021) BUILDING CHANGES 91-1410450 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS

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.

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization BUILDING CHANGES

Part I Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

Employer identification number

91-1410450

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
L	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 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 related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
e	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of:	60		v
a	The organization?	6a		X
b	Any related organization?	6b		Λ
_				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7		v
8	payments not described on lines 5 and 6? If "Yes," describe in Part III	-		X
0	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			21
3	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 BUILDING CHANGES 91-1410450 Page 2

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 a	ind/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ARMILITO PANGILINAN	(i)	145,678.	44,703.		5,711.	7,711.	203,803.	
_ 1 CFO	(ii)							
DANIEL ZAVALA	(i)	156,051.	13,468.		5,086.	7,711.	182,316.	
2 EXECUTIVE DIRECTOR	(ii)							
LIZA BURELL	(i)	127,621.	39,192.		5,004.	7,711.	179,528.	
3 MANAGING DIRECTOR, PR	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Noncash Contributions

► 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.

OMB No. 1545-0047

2021

Open to Public

Inspection

Name of the organization
BUILDING CHANGES

Department of the Treasury Internal Revenue Service

Employer identification number

91-1410450

Par	Types of Property		4.	(c)	<u> </u>	, n	
		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conti		
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		1	5,217,666.	FMV		
10	Securities - Closely held stock			3721773331	1 1 1 1		
11	Securities - Partnership, LLC,						
• •	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
13	contribution - Historic						
	structures						
14	Qualified conservation						
14	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19							
	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►() Other ►()						
26	Other > ()				 		
27	Other ►()				 		
28	Other ►()				 		
29	Number of Forms 8283 received	-			20		
	which the organization completed I	-orm 8283,	Part V, Donee Acknowledge	ement	29	V	a Na
00.	Design the committee the committee		h (29) (2	oter manufacture Deat I. Per	[10	es No
30a	During the year, did the organizat				- 1		
	28, that it must hold for at least the	•			•	00	
	to be used for exempt purposes for		olding period?			30a	X
	If "Yes," describe the arrangement i						
31	Does the organization have a	• .	· ·	•			
	contributions?					31	X
32a	Does the organization hire or use						
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an describe in Part II.	amount in o	column (c) for a type of pro	perty for which column (a)) is checked,		

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

Schedule M (Form 990) 2021

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 91-1410450

BUILDING CHANGES

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 THAT MEETING.

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

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

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

THESE DOCUMENTS ARE NOT PUBLICLY AVAILABLE.

JSA 1E1227 2.000

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Name of the organization	Employer ident	Employer identification number		
BUILDING CHANGES	91-1410	91-1410450		
FORM 990, PART III, LINE 4D - OTHER PROGRA	AM SERVICES			
DESCRIPTION	GRANTS	EXPENSES	REVENUE	
HEALTH SYSTEMS	128,000.	142,585.		
nealin Sisiems	128,000.	142,505.		
TOTAL	S 128,000.	142,585.		

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

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS							
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION					
CLARUS RESEARCH							
1548 E ALTADENA DR.							
ALTADENA, CA 91001	EVALUATION & DATA	195,478.					
NORTH BY NORTHWEST NONFICTION TANNER PIC							
903 W BROADWAY AVE.							
SPOKANE, WA 99201	LL+L, TV PRODUCTION	144,090.					
KINETIC WEST, LLC							
9238 25TH AVE NW							
SEATTLE, WA 98117	CONSULTING FOR LEC	132,625.					
PACIFIC TOWER MASTER TENANT, LLC							
PO BOX 84602							
SEATTLE, WA 98124	RENT & OPERATING EXP	121,060.					
VALDA A. THOMAS-MATSON							
5817 S 144TH ST							
TUKWILA, WA 98168	LL+L, EXECUTIVE PROD	101,264.					