PUBLIC DISCLOSURE COPY

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ARMANINO LLP

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

Open to Public

| A I | or the | e 2021 calendar year, or tax year beginning | and | ending | | | | | | |
|---------------|---------------------|--|---|---------------|-------------------|-------------------|-------------------------------|--|--|--|
| | Check if applicable | C Name of organization | | | D Emplo | yer identific | cation number | | | |
| Г | Addre | | | | | | | | | |
| Ē | Name chang | | | | 01 | 0974537 | | | | |
| | Initial return | - | Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone numb | | | | | | | |
| | Final return | 155 SANSOME STREET | , | 530 | | 5) 814-88 | | | | |
| | termir ated | City or town, state or province, country, and | ZIP or foreign postal code | | G Gross re | ceipts \$ | 3,900,903. | | | |
| | Amen return | SAN FRANCISCO, CA 94104 | | | H(a) Is th | is a group re | eturn | | | |
| | Application | F Name and address of principal officer: 1 AMB. | LA HARRINGTON | | for s | ubordinates | ? Yes X No | | | |
| | pendi | SAME AS C ABOVE | | | H(b) Are all | I subordinates in | cluded? Yes No | | | |
| | | | | or 527 | If "N | o," attach a | list. See instructions | | | |
| | | te: WWW.BRINGCHANGE2MIND.ORG | | | | | n number 🕨 | | | |
| | | | ssociation Other | L Year | of formation | : 2010 N | 1 State of legal domicile: CA | | | |
| Pa | _ | Summary | | | | | | | | |
| ø | 1 | Briefly describe the organization's mission or most | | | MA AND | | | | | |
| Governance | | DISCRIMINATION SURROUNDING MENTAL ILL | | | | | | | | |
| ērn | 2 | | ntinued its operations or dispor | | | ا ہا | sets. 15 | | | |
| 30 | 3 | Number of voting members of the governing body | | | | | 15 | | | |
| | 1 . | Number of independent voting members of the go Total number of individuals employed in calendar y | | | | | 11 | | | |
| Activities & | | Total number of volunteers (estimate if necessary) | | | | | 20 | | | |
| ξį | | Total unrelated business revenue from Part VIII, co | | | | | 0. | | | |
| Ā | | Net unrelated business taxable income from Form | | | | | 0. | | | |
| | | THE GITTER SHOW THE STATE OF TH | 500 1,1 are 1, 1110 11 | | Prior Y | | Current Year | | | |
| | 8 | Contributions and grants (Part VIII, line 1h) | | | | 095,685. | 3,848,819. | | | |
| Revenue | 9 | . (5 1) (11 2) | | | · | 0. | 0. | | | |
| e e | 10 | Investment income (Part VIII, column (A), lines 3, 4 | | | | 8,427. | 12,084. | | | |
| č | 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | | | | |
| | 1 | Total revenue - add lines 8 through 11 (must equal | | | 2, | 062,987. | 3,659,382. | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (| A), lines 1-3) | | | 0. | 0. | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A | N), line 4) | | | 0. | 0. | | | |
| S | 15 | Salaries, other compensation, employee benefits (I | Part IX, column (A), lines 5-10) | | 910,220. | | 942,294. | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), I | | | | 0. | 0. | | | |
| x | b | Total fundraising expenses (Part IX, column (D), lin | e 25) 235, | 987. | | | | | | |
| Ш | '' | Other expenses (Part IX, column (A), lines 11a-11d | | | | 803,932. | 917,973. | | | |
| | 1 | Total expenses. Add lines 13-17 (must equal Part I | | | 1, | 714,152. | 1,860,267. | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line | 12 | | | 348,835. | 1,799,115. | | | |
| Net Assets or | | | | Ве | ginning of C | | End of Year | | | |
| Sset | 20 | Total assets (Part X, line 16) | | | | 816,231. | 4,765,157. | | | |
| let A | 21 | Total liabilities (Part X, line 26) | | | | 167,881. | 203,944. 4,561,213. | | | |
| P | 22 art II | Net assets or fund balances. Subtract line 21 from Signature Block | ine 20 | | <u> </u> | ,040,330. | 4,501,215. | | | |
| | | Ities of perjury, I declare that I have examined this return, | including accompanying schedule | s and stateme | ente and to t | he hest of my | knowledge and helief it is | | | |
| | | et, and complete. Declaration of preparer (other than office | | | | - | knowledge and bellet, it is | | | |
| | , 000 | Name of property (outs) than only | ., , , , , , , , , , , , , , , , , , , | or. proparor | Thus arry three | | | | | |
| Sig | n | Signature of officer | | | D | ate | | | | |
| Her | | PAMELA HARRINGTON, EXECUTIVE DIRE | CTOR | | | | | | | |
| | | Type or print name and title | | | | | | | | |
| | | Print/Type preparer's name | Preparer's signature |] [| Date | Check | PTIN | | | |
| Paid | i | MATTHEW PETROSKI | MATTHEW PETROSKI | 1 | 1/04/22 | self-employ | _{ed} P00853132 | | | |
| Pre | oarer | Firm's name ARMANINO LLP | | | Fi | irm's EIN 🕨 | 94-6214841 | | | |
| Use | Only | Firm's address 12657 ALCOSTA BLVD, STE. | 500 | | | | | | | |
| | | SAN RAMON, CA 94583-4600 | | | P | hone no.925 | -790-2600 | | | |
| May | / the II | RS discuss this return with the preparer shown abo | ve? See instructions | | | | X Yes No | | | |

| Pai | rt III Statement of Program Service Accomplishments | |
|------------|---|------------------------|
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: | |
| | BC2M'S MISSION IS TO END THE STIGMA AND DISCRIMINATION SURROUNDING | |
| | MENTAL ILLNESS THROUGH WIDELY DISTRIBUTED PUBLIC EDUCATION MATERIALS | |
| | AND PROGRAMS BASED ON THE LATEST SCIENTIFIC INSIGHTS AND MEASURED FOR | |
| | EFFECTIVENESS. | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Yes X No |
| | 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? | Yes LX_No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex | =' |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe | nses, and |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ |) |
| | BRING CHANGE TO MIND MESSAGE - BRING CHANGE TO MIND (BC2M) IS A | |
| | NATIONAL ORGANIZATION WORKING TO END THE STIGMA AND DISCRIMINATION | |
| | SURROUNDING MENTAL ILLNESS THROUGH WIDELY DISTRIBUTED PUBLIC EDUCATION | |
| | MATERIALS AND PROGRAMS BASED ON THE LATEST SCIENTIFIC INSIGHTS AND | |
| | MEASURED FOR EFFECTIVENESS. ADDITIONALLY, BC2M ACTS AS A PORTAL TO A | |
| | BROAD COALITION OF ORGANIZATIONS THAT PROVIDE SERVICES, SCREENING, | |
| | INFORMATION, SUPPORT AND TREATMENT OF MENTAL ILLNESS. THIS OVERALL | |
| | MISSION CONSTITUTES BC2M'S PRIMARY PROGRAM, AND AS SUCH, THE MAJORITY | |
| | OF EXPENSES AND REVENUES RELATE TO BC2M'S EFFORTS SURROUNDING THIS | |
| | MISSION, BC2M IS NORMALIZING THE CONVERSATION AROUND MENTAL HEALTH TO | |
| | ENSURE THAT PEOPLE WORLDWIDE FEEL SUPPORTED AND ENCOURAGED IN THEIR | |
| | JOURNEY TO WELLNESS. BC2M IS SAVING LIVES. | |
| 4b | (Code:) (Expenses \$1,019,642. including grants of \$) (Revenue \$) BRING CHANGE TO MIND HIGH SCHOOL - BC2M HS IS A YOUTH-DIRECTED HIGH |) |
| | | |
| | SCHOOL PROGRAM THAT UTILIZES ACTIVE-PARTICIPATION CLUBS AS A MEANS OF FIGHTING STIGMA. IT STRIVES TO CHANGE THE CONVERSATION ABOUT MENTAL | |
| | HEALTH WITHIN HIGH SCHOOLS. THROUGH THIS STUDENT-LED CLUB INITIATIVE, | |
| | BC2M HELPS TO ERASE THE STIGMA AROUNDMENTAL ILLNESS BY INCREASING | |
| | AWARENESS AND EDUCATION, FOSTERING STUDENT EMPOWERMENT, BUILDING | |
| | MENTORING OPPORTUNITIES, AND ENCOURAGING YOUTH TO CHALLENGE THE | |
| | MISCONCEPTIONS THAT SO COMMONLY SURROUND MENTAL HEALTH CONDITIONS. AS | |
| | OF FALL 2021, THE BC2M HIGH SCHOOL PROGRAM IS OPERATING WITHIN SEVEN | |
| | MAIN GEOGRAPHIC REGIONS: NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA, | |
| | ARIZONA, OHIO, INDIANA, NEW YORK CITY, THE NORTHEAST, AND THROUGHOUT | |
| | OTHER AREAS OF THE NATION. | |
| 4c | 20,400 | |
| 70 | (Code:) (Expenses \$37,162. including grants of \$) (Revenue \$) PUBLIC SERVICE ANNOUNCEMENTS (PSA) BC2M DESIGNS, DEVELOPS AND PRODUCES | |
| | PSAS THAT ARE BROADCAST THROUGHOUT THE MEDIA. SINCE ITS ESTABLISHMENT. | |
| | BC2M 'S PSA CAMPAIGNS HAVE PROVEN TO BE AN EFFECTIVE OUTREACH METHOD | |
| | AND EDUCATIONAL TOOL, MORE THAN ONE BILLION PEOPLE HAVE SEEN BC2M'S | |
| | FIRST PSA, WHICH WAS DIRECTED BY RON HOWARD IN NEW YORK'S GRAND CENTRAL | |
| | STATION. | |
| | | |
| | THE SECOND PSA, SCHIZO, HAS BEEN SEEN BY MORE THAN 730 MILLION PEOPLE | |
| | THROUGH CINEMA, TELEVISION, RADIO, DIGITAL, PRINT AND OUT-OF-HOME | |
| | PLACEMENT. | |
| | | |
| | BC2M'S THIRD PSA, #STRONGERTHANSTIGMA, WAS RELEASED IN PARTNERSHIP WITH | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| <u>4</u> e | Total program service expenses ▶ 1,321,496. | |
| | | Form 990 (2021) |

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Form 990 (2021) BRING CHANGE 2 MIN Part IV Checklist of Required Schedules

| | | | Yes | No |
|---------|---|------------|-----|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 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 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | T. | | |
| Ŭ | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | Ť | | |
| U | | 6 | | x |
| - | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | l |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | 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, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| - | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| · | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| ٨ | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | 110 | | |
| u | | 11d | | x |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX | | Х | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | 21 | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | v | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? 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." | | | |
| | , | 19 | | x |
| 20- | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | х |
| 20a | | 20a 20b | | |
| b O4 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | ZUD | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | " |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | | X |

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| | i (continuou) | | Yes | No |
|------|---|---------|-----|---------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 162 | 110_ |
| 22 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, 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 | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | v |
| | "Yes," complete Schedule L, Part IV | 28c | | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | х |
| 0.4 | 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 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | х |
| 22 | Schedule N, Part II | 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 33 | | х |
| 24 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 34 | | х |
| 35 = | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 558 | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | <u></u> |
| Pai | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |

| Pai | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | age - |
|-----|--|-----|----------|----------|
| | 3 3 3 i (continued) | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | 100 | 110 |
| | filed for the calendar year ending with or within the year covered by this return 2a 1: | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | х | |
| - | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | х |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | 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 | Х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | - | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| 9 | 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 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 8 | | |
| 9 | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. | • | | |
| a | P. H | 9a | | |
| b | Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | | |
| а | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 4 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| 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 | 4 | | |
| С | Enter the amount of reserves on hand | 1 | | V |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | \vdash | X |
| 15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | \vdash | _ |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 4.5 | | x |
| | excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | | |
| 16 | In the constitution of the first live of the first that the continue to the continue of the co | 16 | | х |
| 10 | If "Yes," complete Form 4720, Schedule O. | 10 | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |

If "Yes," complete Form 6069.

Form 990 (2021) BRING CHANGE 2 MIND 01-0974537 Page **6**

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|--|---------|---------|-----|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 15 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 15 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | • | | |
| | (The social Diograms in official asset Solids in the social as the social asset is the social asset in the social asset in the social asset in the social asset is the social asset in the social asset in the social asset is the social asset in the social asset in the social asset is the social asset in the social asset in the social asset in the social asset is the social asset in the | | Yes | No |
| 10a | 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 such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | Х |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | Х |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶CA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s | only) a | availal | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financ | ial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | PAMELA HARRINGTON - (415)814-8845 | | | |
| | 155 SANSOME STREET, SUITE 530, SAN FRANCISCO, CA 94101 | | | |

Form 990 (2021) BRING CHANGE 2 MIND 01-0974537 Page **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.
- 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.

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

• 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.

| (A) Name and title | (B) | l | | | C) | | | (D) Reportable | (E) Reportable | (F) Estimated |
|------------------------------------|--|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| manie and title | Average hours per week | box | , unle | ss per | rson i | than o s both r/trus | n an | compensation | compensation from related | amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (1) PAMELA HARRINGTON | 40.00 | - | | | | | | 400 000 | | 20.000 |
| EXECUTIVE DIRECTOR | F 00 | | | Х | | | | 199,230. | 0. | 38,908. |
| (2) PESCOLIDO, BERNICE | 5.00 | - | | | | | | | _ | 2 |
| CHAIR, SCIENTIFIC ADVISORY COUNCIL | F 00 | Х | _ | | | | | 0. | 0. | 0. |
| (3) ACKLEY, MEREDITH DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (4) BONNICI, RYAN | 5.00 | Λ | | | | | | 0. | 0. | <u> </u> |
| DIRECTOR | 3.00 | x | | | | | | 0. | 0. | 0. |
| (5) CANCHOLA, KYLE | 5.00 | 21 | | | | | | · · · | <u> </u> | <u> </u> |
| DIRECTOR | 3.00 | х | | | | | | 0. | 0. | 0. |
| (6) DRAGANIC, PENELOPE | 5.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (7) RAMSTAD, KATHRYN MITCHELL | 5.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (8) SCHWARTZBERG, HARRIS | 5.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) WILLIAMS, ZACHARY | 5.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) WOERZ, CRAIG | 5.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) FORLENZA, NICK | 5.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) HORN, HILARY | 5.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (13) HINSHAW, STEPHEN | 5.00 | 1 | | | | | | | | |
| DIRECTOR, LIAISON SCIENTIFIC | | Х | | | | | | 0. | 0. | 0. |
| (14) CAMBELL, CHRIS | 5.00 | | | | | | | | | |
| DIRECTOR - SECRETARY | | Х | | | | | | 0. | 0. | 0. |
| (15) COMO, MONALISA | 5.00 | | | | | | | | _ | _ |
| DIRECTOR - TREASURER | F 00 | Х | | | | _ | | 0. | 0. | 0. |
| (16) ROGERS, NELLIE | 5.00 | | | | | | | | _ | _ |
| DIRECTOR (START 01/21) | F 00 | Х | \vdash | | | | | 0. | 0. | 0. |
| (17) WATSON, DAVID | 5.00 | | | | | | | | 0. | _ |
| DIRECTOR (LEFT 09/21) | | Х | | | | | | 0. | <u> </u> | 0. Form 990 (2021) |

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| rai | t VII Section A. Officers, Directors, Trus | | oloy | ees, | | | ghes | t C | | | , | | | |
|--------|---|---|--------------------------------|-----------------------|---------|--------------|------------------------------|-------------|---------------------------|----------------------------|----------|--------|-----------------|--------|
| | (A) | (B) (C) (D) (E) Average Position Reportable Reportable | | | | (F) | | | | | | | | |
| | Name and title | (do not check mo | | | | | than c | | Reportable | Reportable | | | stimat | |
| | | hours per week | | | | | s both or/trust | | compensation | compensation | | а | mount | |
| | | (list any | | | | | | | from the | from related organizations | | con | other npensa | |
| | | hours for | Individual trustee or director | | | | p | | organization | (W-2/1099-MISC | ;/ | | from th | |
| | | related | ee or | stee | | | Highest compensated employee | | (W-2/1099-MISC/ | 1099-NEC) | | | ganiza | |
| | | organizations | trust | nal tru | | oyee | om be | | 1099-NEC) | • | | ar | nd rela | ted |
| | | below | vidua | Institutional trustee | Jec | sey employee | nest c | ner | | | | org | janizat | ions |
| | | line) | Indi | Inst | Officer | Key | High | Former | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | Ш | | 100 020 | | | | 2.0 | 000 |
| | Subtotal | | | | | | | > | 199,230. | | 0. | | 38 | 908, |
| | Total from continuation sheets to Part VI | | | | | | | | 199,230. | | 0. | | 3.0 | 908. |
| a 2 | Total (add lines 1b and 1c) Total number of individuals (including but r | | | | | | | <u> </u> | | 200 of roportable | ۰۰۱ | | 30 | , 500. |
| _ | compensation from the organization | ot illilited to th | 036 | 11316 | u al | JOVE | <i>y</i> wii | <i>J</i> 16 | ceived more than \$100, | boo of reportable | | | | 1 |
| | compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer | director, truste | ee, k | кеу е | empl | loye | e, or | hig | hest compensated empl | oyee on | | | | |
| | line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | | 3 | | х |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | | | |
| | and related organizations greater than \$150 | 0,000? <i>If</i> "Yes, | " co | mple | ete S | Sche | edule | J f | or such individual | | [| 4 | Х | |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | | | | |
| | rendered to the organization? If "Yes." con | plete Schedule | e J f | or su | ıch ı | oers | on . | | | | | 5 | | Х |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest co | mpensated ind | lepe | nder | nt co | ontra | actor | s th | nat received more than \$ | 100,000 of compe | nsat | ion fr | rom | |
| | the organization. Report compensation for | the calendar ye | ear e | endir | ng w | ith c | or wit | hin | the organization's tax ye | ear. | | | | |
| | (A) | | | | | | | | (B) | | _ | | C) | |
| | Name and business | | | | | | | 4 | Description of s | | C | ompe | ensatio | on |
| | K THOMAS, 299 WEST 12TH STREET, | 16L, | | | | | | | BRAND AND DEVELOPM | ENT | | | | |
| NEW | YORK, NY 10014 | | | | | | | 4 | CONSULTANT | | | | 120 | ,000. |
| | | | | | | | | | | | | | | |
| | | | | | | | | \dashv | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | \dashv | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | \dashv | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i | ncluding but a | at lir | niter | t to | thor | a lie | - A | ahove) who received mo | ere than | | | | |
| _ | \$100,000 of compensation from the organi | | J. 111 | | | | se 115 1 | .cu | asovoj wilo received IIIC | no triair | | | | |

132008 12-09-21

Form 990 (2021) BRING CHANG Part VIII Statement of Revenue

| | | | Check if Schedule O contains a | response o | or note to any lin | e in this Part VIII | | | |
|--|----|---|---|-------------|---|---------------------|-------------------|------------------|------------------------------------|
| | | | | | , | (A) | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt | Unrelated | Revenuè excluded from tax under |
| | | | | | | | function revenue | business revenue | sections 512 - 514 |
| SS | 1 | _ | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Membership dues | 1b | | | | | |
| S S | | | Fundraising events | 1c | 805,241. | | | | |
| fts, | | | Related organizations | 1d | *************************************** | | | | |
| ij gi | | | | | 275,658. | | | | |
| ons, | | | Government grants (contributions) | 1e | 273,030. | | | | |
| utio er (| | T | All other contributions, gifts, grants, and | I I | 2 767 920 | | | | |
| ĕŧ | | | similar amounts not included above | 1f | 2,767,920. | | | | |
| ont | | - | Noncash contributions included in lines 1a-1f | 1g \$ | 9,724. | 2 040 010 | | | |
| O g | | h | Total. Add lines 1a-1f | | | 3,848,819. | | | |
| | | | | | Business Code | | | | |
| ce | 2 | а | | | | | | | |
| ervi | | b | | | | | | | |
| ı S. | | С | | | | | | | |
| ran Sev | | d | | | | | | | |
| Program Service Revenue | | е | | | | | | | |
| <u>-</u> | | f | All other program service revenue . | | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | | |
| | 3 | | Investment income (including divide | nds, intere | st, and | | | | |
| | | | other similar amounts) | | | 12,084. | | | 12,084. |
| | 4 | | Income from investment of tax-exen | | | | | | |
| | 5 | | Royalties | | > | | | | |
| | | | | i) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents 6a | | | | | | |
| | | | Less: rental expenses 6b | | | | | | |
| | | С | Rental income or (loss) 6c | | | | | | |
| | | | Not rental income or (less) | | | | | | |
| | | | ` ' | Securities | (ii) Other | | | | |
| | | | assets other than inventory 7a | | | | | | |
| | | b | Less: cost or other basis | | | | | | |
| <u>o</u> | | _ | and sales expenses 7b | | | | | | |
| her Revenue | | c | Gain or (loss) 7c | | | | | | |
| ě | | | Net gain or (loss) | | — | | | | |
| 푸 | | | Gross income from fundraising events (| | | | | | |
| Oth | 0 | а | including \$ 805,241. | | | | | | |
| ١ | | | contributions reported on line 1c). S | - | | | | | |
| | | | Part IV, line 18 | | 40,000. | | | | |
| | | h | Less: direct expenses | I . | 241,521. | | | | |
| | | | | | _ | -201,521. | | | -201,521. |
| | | | Net income or (loss) from fundraisin Gross income from gaming activities | | ····· | 201,021. | | | 231,321. |
| | 9 | a | | | | | | | |
| | | L | Part IV, line 19 | | | | | | |
| | | | Less: direct expenses | | | | | | |
| | | | Net income or (loss) from gaming ac | | ····· | | | | |
| | 10 | а | Gross sales of inventory, less return | | | | | | |
| | | | and allowances | | | | | | |
| | | | Less: cost of goods sold | | | | | | |
| - | | С | Net income or (loss) from sales of in | ventory | | | | | |
| က္ | | | | | Business Code | | | | |
| 30 n | 11 | а | | | | | | | |
| Miscellaneous Revenue | | b | | | | | | | |
| cell Sev | | С | | | | | | | |
| Ais | | d | All other revenue | | | | | | |
| | | е | Total. Add lines 11a-11d | | | | | | |
| | 12 | | Total revenue. See instructions | | | 3,659,382. | 0. | 0. | -189,437. |

132009 12-09-21

| <u> </u> | Check if Schedule O contains a respons | (A) | (B) | (C) | (D) |
|-------------|---|--------------------|---|---------------------------------|-------------------------|
| | include amounts reported on lines 6b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 Gr | rants and other assistance to domestic organizations | | | | |
| ar | nd domestic governments. See Part IV, line 21 | | | | |
| | rants and other assistance to domestic | | | | |
| in | dividuals. See Part IV, line 22 | | | | |
| 3 G | rants and other assistance to foreign | | | | |
| | rganizations, foreign governments, and foreign | | | | |
| | dividuals. See Part IV, lines 15 and 16 | | | | |
| | enefits paid to or for members | | | | |
| | ompensation of current officers, directors, | 000 440 | 444 450 | 42.040 | 00.50 |
| | ustees, and key employees | 238,140. | 111,472. | 43,040. | 83,628 |
| | ompensation not included above to disqualified | | | | |
| • | ersons (as defined under section 4958(f)(1)) and | | | | |
| | ersons described in section 4958(c)(3)(B) | 552.004 | 541 406 | 0.200 | 0.000 |
| | ther salaries and wages | 553,024. | 541,426. | 2,320. | 9,278 |
| | ension plan accruals and contributions (include | 15 604 | 15 220 | 0.3 | 2 17 4 |
| | ection 401(k) and 403(b) employer contributions) | 15,694. | 15,230. | 93. | 371 |
| | ther employee benefits | 82,023. 53,413. | 79,187. | 2,065. | 771 |
| | ayroll taxes | 55,413. | 45,977. | 2,559. | 4,897 |
| | ees for services (nonemployees): | | | | |
| | lanagement | | | | |
| | egal | 97,463. | | 97,463. | |
| | ccounting | 57,405. | | 37,403. | |
| | obbying | | | | |
| | rofessional fundraising services. See Part IV, line 17 | | | | |
| | vestment management feesther. (If line 11g amount exceeds 10% of line 25, | | | | |
| _ | blumn (A), amount, list line 11g expenses on Sch 0.) | 382,329. | 133,206. | 129,123. | 120,000 |
| | · · · · · · · · · · · · · · · · · · · | 146,414. | 146,414. | 125,125. | 120,000 |
| | dvertising and promotion | 9,427. | 8,387. | 362. | 678 |
| | ffice expenses | 25,805. | 22,352. | 1,203. | 2,250 |
| | oyalties | | , | | |
| | ccupancy | 95,984. | 80,359. | 5,446. | 10,179 |
| | ravel | 8,058. | 6,342. | 1,716. | |
| | ayments of travel or entertainment expenses | 7 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | -, | |
| | or any federal, state, or local public officials | | | | |
| | onferences, conventions, and meetings | | | | |
| | iterest | | | | |
| | ayments to affiliates | | | | |
| | epreciation, depletion, and amortization | 4,250. | 3,558. | 241. | 451 |
| | surance | 33,015. | 27,667. | 1,864. | 3,484 |
| | ther expenses, Itemize expenses not covered | · | · | | · |
| ab Iir | pove. (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule O.) | | | | |
| | IGH SCHOOL PROGRAM | 99,919. | 99,919. | | |
| b B | ANK CHARGES AND OTHER | 15,080. | | 15,080. | |
| c M | ISCELLANEOUS | 229. | | 229. | |
| d _ | | | | | |
| _ | Il other expenses | | | | |
| | otal functional expenses. Add lines 1 through 24e | 1,860,267. | 1,321,496. | 302,784. | 235,987 |
| | oint costs. Complete this line only if the organization | | | · | , |
| | ported in column (B) joint costs from a combined | | | | |
| | ducational campaign and fundraising solicitation. | | | | |
| | neck here if following SOP 98-2 (ASC 958-720) | | | | |

rm 990 (2021) BRING CHANGE 2 MIND 01-0974537 Page **11**

Form 990 (2021) Part X Balance Sheet

| Pari | - 71 | Check if Schedule O contains a response or | note to an | line in this Part X | | | |
|-----------------------------|------|---|------------------|---------------------|--------------------------|-----|--------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 1,761,265. | 1 | 2,967,018. | | |
| | 2 | Savings and temporary cash investments | | | 20,582. | 2 | 25,076. |
| | 3 | Pledges and grants receivable, net | 384,712. | 3 | 1,054,999. | | |
| | 4 | Accounts receivable, net | | | 4 | | |
| | 5 | Loans and other receivables from any curren | | | | | |
| | | trustee, key employee, creator or founder, su | | | | | |
| | | controlled entity or family member of any of | | 5 | | | |
| | 6 | Loans and other receivables from other disqu | sons (as defined | | | | |
| | | under section 4958(f)(1)), and persons descri | bed in sect | ion 4958(c)(3)(B) | | 6 | |
| S | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | | 80,071. | 9 | 20,853. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 34,847. | | | |
| | b | Less: accumulated depreciation | | 30,700. | 7,047. | 10c | 4,147. |
| | 11 | Investments - publicly traded securities | | | 558,554. | 11 | 689,064. |
| | 12 | Investments - other securities. See Part IV, lin | | | 12 | | |
| | 13 | Investments - program-related. See Part IV, li | ı | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 4,000. | 15 | 4,000. | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | 2,816,231. | 16 | 4,765,157. | | |
| | 17 | Accounts payable and accrued expenses | 50,928. | 17 | 101,184. | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | | | | 21 | |
| S | 22 | Loans and other payables to any current or f | ormer offic | er, director, | | | |
| i <u>ti</u> | | trustee, key employee, creator or founder, su | ıbstantial c | ontributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of | hese perso | ons | | 22 | |
| <u>ا</u> د | 23 | Secured mortgages and notes payable to un | related thir | d parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | ated third p | arties | | 24 | |
| | 25 | Other liabilities (including federal income tax | payables t | o related third | | | |
| | | parties, and other liabilities not included on li | nes 17-24) | Complete Part X | | | |
| | | of Schedule D | | | 116,953. | 25 | 102,760. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 167,881. | 26 | 203,944. |
| | | Organizations that follow FASB ASC 958, | check here | x X | | | |
| Ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| <u>a</u> u | 27 | Net assets without donor restrictions | | | 2,311,886. | 27 | 2,857,261. |
| Ba | 28 | Net assets with donor restrictions | | | 336,464. | 28 | 1,703,952. |
| 밀 | | Organizations that do not follow FASB AS | C 958, che | ck here 🕨 🗌 | | | |
| 년 | | and complete lines 29 through 33. | | | | | |
| ō | 29 | Capital stock or trust principal, or current fur | nds | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, o | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated | d income, d | or other funds | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 2,648,350. | 32 | 4,561,213. |
| | 33 | Total liabilities and net assets/fund balances | | | 2,816,231. | 33 | 4,765,157. |

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| | rt XI Reconciliation of Net Assets | | | ıα | 5 - |
|----|---|--------|------|------|----------------|
| | 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 | 3 , | 659, | 382. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1, | 860, | 267. |
| 3 | 3 Revenue less expenses. Subtract line 2 from line 1 | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2 | 648, | 350. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 113, | 748. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| _ | column (B)) | 10 | 4 | 561, | 213. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | 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 | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | - | | | l |
| | 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 undergo the required | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | 000 | Щ_ |
| | | | Form | 990 | (2021) |

132012 12-09-21

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

| Name of the organization Employer identification number 1. Employer identification number 1. | | | | | r identification number | | | | |
|--|---------------------|---|---|--|-------------------------|--|-----------------|-------------------------|----------------------------|
| | BRING CHANGE 2 MIND | | | | | | 01-0974537 | | |
| Pa | rt I | Reason for Public (| Charity Status. | (All organizations must o | omplete ti | nis part.) S | ee instruction | IS. | |
| The | organ | ization is not a private found | ation because it is: (| For lines 1 through 12, c | heck only | one box.) | | | |
| 1 | Ш | A church, convention of ch | urches, or association | on of churches described | in sectio | on 170(b)(1 | I)(A)(i). | | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | |
| 3 | Ш | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 |)(b)(1)(A)(ii | ii). | | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospital | described | l in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | | |
| 5 | | An organization operated for | | llege or university owned | l or operat | ed by a go | vernmental u | nit describe | ed in |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 | Щ | A federal, state, or local government | vernment or governn | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | Х | An organization that norma | - | ntial part of its support for | rom a gove | ernmental | unit or from th | ne general _l | public described in |
| | | section 170(b)(1)(A)(vi). (C | | | | | | | |
| 8 | | A community trust describe | | | • | | | | |
| 9 | Ш | An agricultural research org | | | | - | | - | - |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the | name, city | , and state of | the college | e or |
| | | university: | | | | | | | |
| 10 | Ш | An organization that norma | | | | | | | |
| | | activities related to its exen | | · · | | | | | - |
| | | income and unrelated busin | | (less section 511 tax) fro | m busines | sses acqui | rea by the org | janization a | arter June 30, 1975. |
| 11 | | See section 509(a)(2). (Con | • | ivaly to toot for public as | foty Coo | cootion E(| 00(a)(4) | | |
| 12 | H | An organization organized a An organization organized a | · | · · · | • | | | rn, out tho | nurnosos of one or |
| 12 | ш | more publicly supported or | · | | - | | | • | |
| | | lines 12a through 12d that | ~ | | | | | | SHOOK THE BOX OH |
| а | | Type I. A supporting orga | * * | | | - | | - | aivina |
| ŭ | | the supported organization | • | • | | _ | | | |
| | | organization. You must o | | | | | | | |
| b | | Type II. A supporting org | - · · · · · · · · · · · · · · · · · · · | | ion with it | s supporte | ed organizatio | n(s), bv hav | /ina |
| | | control or management o | · · | | | | - | | - |
| | | organization(s). You mus | | | • | | | | |
| С | | Type III functionally inte | grated. A supportin | g organization operated | in connec | tion with, a | and functional | ly integrate | ed with, |
| | | its supported organization | n(s) (see instructions |). You must complete I | Part IV, Se | ections A, | D, and E. | | |
| d | | Type III non-functionally | / integrated. A supp | oorting organization oper | ated in co | nnection v | vith its suppor | ted organiz | zation(s) |
| | | that is not functionally int | egrated. The organiz | zation generally must sat | isfy a distr | ibution red | quirement and | l an attentiv | veness |
| | | requirement (see instructi | ions). You must cor | mplete Part IV, Sections | A and D, | and Part | V. | | |
| е | | Check this box if the orga | anization received a | written determination fro | m the IRS | that it is a | Type I, Type | II, Type III | |
| | | functionally integrated, or | r Type III non-functio | nally integrated supporti | ng organiz | ation. | | | |
| f | Ente | er the number of supported o | organizations | | | | | | |
| <u>g</u> | | vide the following information i) Name of supported | n about the supporte | ed organization(s). (iii) Type of organization | (iv) Is the ora | anization listed | (v) Amount o | fmanatani | (vi) Amount of other |
| | , | organization | (II) EIN | (described on lines 1-10 | in your govern | ing document? | support (see ir | • | support (see instructions) |
| | | organization | | above (see instructions)) | Yes | No | cappert (ccc ii | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | + |

BRING CHANGE 2 MIND 01-0974537 Schedule A (Form 990) 2021 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

| <u>C</u> | falls to qualify under the tests | s listed below, pleas | se complete Part II | 1.) | | | |
|----------|--|-----------------------|----------------------|-----------------------|--------------------|---------------------|---------------|
| | ction A. Public Support | 1 | | | | · · | |
| | 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.") | 1,236,500. | 1,503,962. | 2,111,574. | 2,095,685. | 3,848,819. | 10,796,540. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 3 | 1,236,500. | 1,503,962. | 2,111,574. | 2,095,685. | 3,848,819. | 10,796,540. |
| 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) | | | | | | 2,018,122. |
| | Public support. Subtract line 5 from line 4. | | | | | | 8,778,418. |
| | ction B. Total Support | 1 | | | | · · · | |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 4 | 1,236,500. | 1,503,962. | 2,111,574. | 2,095,685. | 3,848,819. | 10,796,540. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 986. | 3,139. | 7,060. | 8,427. | 12,084. | 31,696. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | 100 000 | 107 500 | 54 600 | | | 200 100 |
| | assets (Explain in Part VI.) | 100,020. | 107,500. | 54,600. | | 40,000. | 302,120. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 11,130,356. |
| 12 | Gross receipts from related activities, | • | , | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | · · | st, second, third, f | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) | |
| 804 | organization, check this box and stop | | | | | | P |
| | ction C. Computation of Publi | | | | | | 78.87 % |
| | Public support percentage for 2021 (I | | | | | 14 | |
| 15 | Public support percentage from 2020 | | | | | 15 | |
| 16a | 33 1/3% support test - 2021. If the | | | | | | ▶ 🔻 |
| | stop here. The organization qualifies | | • | | | | |
| D | 33 1/3% support test - 2020. If the | | | L' | | | |
| 47- | and stop here. The organization qual | • | • • • | | | | |
| 1/a | 10% -facts-and-circumstances test | - | | | | | |
| | and if the organization meets the fact | | • | - | · · | ū | ightharpoonup |
| | meets the facts-and-circumstances to | · · | • | | | 70 and line 15 in 1 | |
| b | 10% -facts-and-circumstances test | - | | | | | U% Or |
| | more, and if the organization meets the | | | | - | | ▶ □ |
| 40 | organization meets the facts-and-circu | | - | | | | |
| ıδ | Private foundation. If the organization | ni dia not check a i | box on line 13, 162 | i, 100, 1/a, 0r 1/b | , cneck this box a | | |

Schedule A (Form 990) 2021 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.)

| Se | ction 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.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| K | 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | _ |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (a) 2010 | (4) 2020 | (a) 2021 | (f) Total |
| | Amounts from line 6 | (a) 2017 | (b) 2016 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, and income from similar sources | | | | | | |
| ŀ | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| (| Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, | | | | | | |
| | whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, t | fourth, or fifth tax | year as a section 5 | 01(c)(3) organizati | on, |
| | | | | | | | > |
| Se | ction C. Computation of Publi | c Support Per | centage | | | | |
| 15 | Public support percentage for 2021 (I | ine 8, column (f), d | livided by line 13, o | column (f)) | | 15 | <u>%</u> |
| | Public support percentage from 2020 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | | |
| 17 | Investment income percentage for 20 | | | ne 13, column (f)) | | 17 | <u>%</u> |
| 18 | | | | | | 18 | <u>%</u> |
| 19a | a 33 1/3% support tests - 2021. If the | | | | | | 7 is not |
| _ | more than 33 1/3%, check this box ar | | | | | | > |
| k | 33 1/3% support tests - 2020. If the | | | | | | |
| 20 | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | in alla not crieck a | DUX UIT III IE 14, 198 | a, or 190, crieck th | no dux anu see ins | | |

Schedule A (Form 990) 2021

Page 3

Schedule A (Form 990) 2021 BRING CHANGE 2 MIND 01-0974537 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|------------|--------|------|
| | | |
| 1 | | |
| | | |
| | | |
| 2 | | |
| 3a | | |
| Ja | | |
| | | |
| 3b | | |
| 0. | | |
| 3c | | |
| 4a | | |
| | | |
| | | |
| 4b | | |
| | | |
| | | |
| 4c | | |
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| | | |
| | | |
| 5a | | |
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| 5b 5c | | |
| 50 | | |
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| 6 | | |
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| 7 | | |
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| 8 | | |
| | | |
| 9a | | |
| - | | |
| 9b | | |
| 9с | | |
| 33 | | |
| | | |
| 10a | | |
| 10b | | |
| le A (Forr | n 990) | 2021 |

| Da | The Companies Organizations | | - ' ' | ago o |
|--------|--|----------------|-------|--------------|
| Pa | rt IV 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 | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | 44. | | |
| Sec | detail in Part VI. Stion B. Type I Supporting Organizations | 11c | | |
| 000 | tion B. Type i supporting organizations | | Vaa | N. |
| 4 | Did the governing hady members of the governing hady officers acting in their official conscity or membership of one or | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 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 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described 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 | | | |
| Sec | supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | / - | | |
| a b | The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | | 1 | |
| 2 | Activities Test. Answer lines 2a and 2b below. | Struction | Yes | No |
| a | | | 100 | 110 |
| - | 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 | | | | |
| | 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? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |

132025 01-04-22

Schedule A (Form 990) 2021 BRING CHANGE 2 MIND 01-0974537 Page **6**

| Pai | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | | | | |
|------|---|-------------|-----------------------------|--------------------------------|--|--|--|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. | | | | | | |
| | All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | | | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | | | |
| 1 | Net short-term capital gain | 1 | | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | | |
| _3_ | Other gross income (see instructions) | 3 | | | | | |
| 4 | Add lines 1 through 3. | 4 | | | | | |
| _5 | Depreciation and depletion | 5 | | | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | | | |
| | collection of gross income or for management, conservation, or | | | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | | | |
| 7 | Other expenses (see instructions) | 7 | | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | | |
| | instructions for short tax year or assets held for part of year): | | | | | | |
| a | Average monthly value of securities | 1a | | | | | |
| b | Average monthly cash balances | 1b | | | | | |
| c | Fair market value of other non-exempt-use assets | 1c | | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | | |
| 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 | | | | | |
| Sect | ion 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-functional | ly integrat | ed Type III supporting orga | nization (see | | | |
| | instructions). | | | | | | |

| Par | rt V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations (continued) | |
|-------|---|-------------------------------|--------------------------------|----------------------------------|
| Secti | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exem | | | |
| | organizations, in excess of income from activity | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval required - prior IRS approval - prior IRS | rovide 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 t | he organization is responsive | | |
| | (provide details in Part VI). See instructions. | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | |
| | • | (i) | (ii) | (iii) |
| Secti | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2021 | Distributable Amount for 2021 |
| _1_ | Distributable amount for 2021 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | |
| | able cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | |
| a | From 2016 | | | |
| b | From 2017 | | | |
| с | 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: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2021 distributable amount | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| | 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: | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| | Excess from 2019 | | | |
| | Excess from 2020 | | | |
| | Excess from 2021 | | | |

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2021

Schedule B (Form 990) (2021)

| BRING CHANGE 2 MIND | | | 01-0974537 | | | |
|-----------------------|--|---|---|--|--|--|
| Organiza | tion type (check o | ne): | | | | |
| Filers of: | | Section: | | | | |
| Form 990 | or 990-EZ | \overline{X} 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 | | | | |
| Note: On General I | ly a section 501(c)(Rule For an organization property) from any | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule and | \$5,000 or more (in money or | | | |
| Special r | iules | | | | | |
| : | 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. | | | | | |
|) i | year, contributions is checked, enter h purpose. Don't cor | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled me ere the total contributions that were received during the year for an exclusively religious applete any of the parts unless the General Rule applies to this organization because it is e, etc., contributions totaling \$5,000 or more during the year | ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i> | | | |
| Caution: answer "I | aution: 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 nswer "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 lat it doesn't meet the filing requirements of Schedule B (Form 990). | | | | | |

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

BRING CHANGE 2 MIND

01-0974537

| ı artı | Contributors (see instructions). Ose duplicate copies of Part I if add | illional space is needed. | |
|------------|--|---------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$100,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2021) Page **2**

| Name of organization | Employer identification number |
|----------------------|--------------------------------|
| | |
| BRING CHANGE 2 MIND | 01-0974537 |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | additional space is needed. | |
|--------------|---|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No. 8 | Name, address, and ZIP + 4 | \$ 100,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | - Trume, addition, and En 1 1 | \$\$116,663. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions \$ | Person Payroll Complete Part II for noncash contributions. |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions \$ | Person Payroll Complete Part II for noncash contributions. |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions \$\$ | Person Payroll Complete Part II for noncash contributions. |

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

BRING CHANGE 2 MIND

01-0974537

| Partii | (see instructions). Use duplicate copies of Part I | i it additional space is needed. | |
|------------------------------|--|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| | | | |
| | | | |

Schedule B (Form 990) (2021) Page **4**

| Name of or | rganization | | Employer identification number |
|---------------------------|--|---|---|
| BRING CH | ANGE 2 MIND | | 01-0974537 |
| Part III | Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additionals | through (e) and the following line er charitable, etc., contributions of \$1,000 or | section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of git | |
| | Transferee's name, address, ar | | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | Transferee's name, address, ar | (e) Transfer of git and ZIP + 4 | ift Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of git | ift |
| _ | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gir | ift |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

| | BRING CHANGE 2 MIND | | | 01-0974537 |
|-----|--|---|----------------|---------------------------------|
| Pai | | | r Accour | its. Complete if the |
| | organization answered "Yes" on Form 990, Part IV, lin | e 6. | | |
| | | (a) Donor advised funds | (b) Fur | ids 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 v | | d funds | |
| | are the organization's property, subject to the organization's | exclusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | |
| | for charitable purposes and not for the benefit of the donor or | | | |
| | impermissible private benefit? | | | Yes No |
| Par | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | , | |
| • | Preservation of land for public use (for example, recreated and the second and th | | a historically | important land area |
| | Protection of natural habitat | Preservation of a | - | • |
| | Preservation of open space | r reservation or a | | storio diractaro |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form of | f a conserva | tion easement on the last |
| _ | day of the tax year. | | a concerva | Held at the End of the Tax Year |
| a | | | 2a | |
| b | | | | |
| | Number of conservation easements on a certified historic stru | ucture included in (a) | | |
| C | Number of conservation easements included in (c) acquired a | | | |
| u | | • | I . | |
| _ | listed in the National Register | | | al min at the attack |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the c | organization | during the tax |
| | year | amout is located . | | |
| 4 | Number of states where property subject to conservation eas | | | |
| 5 | Does the organization have a written policy regarding the per | | | |
| • | violations, and enforcement of the conservation easements it | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | nandling of violations, and enforcing conse | rvation ease | ements during the year |
| _ | | Para at a latinara and automate a comment | | An all orders Alexanders |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing conservation | on easemen | ts during the year |
| _ | > \$ | | (A) (B) (I) | |
| 8 | Does each conservation easement reported on line 2(d) above | | | |
| _ | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | | |
| | balance sheet, and include, if applicable, the text of the footn | ote to the organization's financial statemer | nts that desc | cribes the |
| Do | organization's accounting for conservation easements. † III Organizations Maintaining Collections of | Art Historical Tracquires or Oth | or Cimila | r Acceta |
| Pai | | | ei Siiiiia | i Assets. |
| | Complete if the organization answered "Yes" on Form | | | |
| 1a | If the organization elected, as permitted under FASB ASC 956 | • | | |
| | of art, historical treasures, or other similar assets held for pub | lic exhibition, education, or research in fur | therance of p | public |
| | service, provide in Part XIII the text of the footnote to its finan | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | 8, to report in its revenue statement and ba | lance sheet | works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in further | rance of pul | blic service, |
| | provide the following amounts relating to these items: | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | • ——— |
| | | | | |
| 2 | If the organization received or held works of art, historical treat | asures, or other similar assets for financial (| gain, provide | e |
| | the following amounts required to be reported under FASB A | SC 958 relating to these items: | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| | Assets included in Form 990, Part X | | | \$ |
| | For Paperwork Reduction Act Notice, see the Instructions | | | Schedule D (Form 990) 2021 |

132051 10-28-21

| T | Administrative expenses | | | |
|----|--|-----------------------|------------------------|--------|
| g | End of year balance | | | |
| 2 | Provide the estimated percentage of the curr | ent year end balance | e (line 1g, column (a) |) held |
| а | Board designated or quasi-endowment | | _% | |
| b | Permanent endowment > | % | | |
| С | Term endowment | % | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | |
| 22 | Are there endoument funds not in the neces | ssion of the organiza | tion that are hold an | d adm |

BRING CHANGE 2 MIND

Schedule D (Form 990) 2021

h

С

collection items (check all that apply):

Preservation for future generations

reported an amount on Form 990, Part X, line 21.

Public exhibition

1a Beginning of year balance

Other expenditures for facilities

Contributions Net investment earnings, gains, and losses Grants or scholarships

and programs

Scholarly research

3a(i) (i) Unrelated organizations

(ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 9,832. | 9,274. | 558. |
| d Equipment | | 20,737. | 17,681. | 3,056. |
| e Other | | 4,278. | 3,745. | 533. |
| Total. Add lines 1a through 1e. (Column (d) must equa | 4,147. | | | |

| Schedule D (Form 990) 2021 BRING CHANGE 2 MI | IND | | 01-0974537 | Page 3 |
|---|----------------------------|--|-----------------------|---|
| Part VII Investments - Other Securities. | on Form 000 Port IV line | 11b Coo Form 000 Bort V line 12 | | |
| Complete if the organization answered "Yes" (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or e | nd-of-vear market val | |
| (1) Financial derivatives | (a) Book value | (c) meaned of valuations elect of a | nd or your marker val | |
| (2) Closely held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or e | nd-of-year market val | ue |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. | | | | |
| Complete if the organization answered "Yes" | on Form 000 Part IV line | 11d Soo Form 990 Part V line 15 | | |
| | Description | Tru. See Form 990, Part A, line 13. | (b) Book valu | |
| | Description | | (b) Book valu | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15) | | | |
| Part X Other Liabilities. | : 10.) | | | |
| Complete if the organization answered "Yes" | on Form 990. Part IV. line | 11e or 11f. See Form 990. Part X. line 2 | 5. | |
| 1. (a) Description of liability | | | (b) Book valu | је |
| (1) Federal income taxes | | | () | |
| (2) DEFERRED REVENUE | | | 102 | 2,760. |
| (3) | | | | , . |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | 1 | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 25.) | | 102 | 2,760. |
| LOUIUIIII (D) IIIUSI EQUAI FUIIII 330, FAIL A, COI. (B) IIIIE | - CU. / | | | <u>, , , , , , , , , , , , , , , , , , , </u> |

Schedule D (Form 990) 2021

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

| Complete if the organization answered "Yes" on Form 990, Par | | | | |
|--|-----------------------------|-----------------------|---------------|-----------------|
| 1 Total revenue, gains, and other support per audited financial statemer | ts | | 1 | 8,957,048. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 1 | | | |
| a Net unrealized gains (losses) on investments | | 113,748. | | |
| b Donated services and use of facilities | | 4,942,397. | | |
| c Recoveries of prior year grants | 2c | | | |
| d Other (Describe in Part XIII.) | 2d | 241,521. | | |
| e Add lines 2a through 2d | | | 2e | 5,297,666. |
| 3 Subtract line 2e from line 1 | | | 3 | 3,659,382. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b Other (Describe in Part XIII.) | 4b | | | |
| c Add lines 4a and 4b | | | 4c | 0. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. I. Part XII Reconciliation of Expenses per Audited Financia | ne 12.) | | 5 | 3,659,382. |
| | | Expenses per H | leturn. | |
| Complete if the organization answered "Yes" on Form 990, Par | | | | 7,044,185. |
| | | | 1 | 7,044,100. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | ا م | 4 942 397 | | |
| a Donated services and use of facilities | | 4,942,397. | | |
| b Prior year adjustments | | | | |
| c Other losses | | 241,521. | | |
| d Other (Describe in Part XIII.) | | · · | | E 102 010 |
| e Add lines 2a through 2d | | | 2e | 5,183,918. |
| 3 Subtract line 2e from line 1 | | | 3 | 1,860,267. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1.1 | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b Other (Describe in Part XIII.) | 4b | | | 0 |
| c Add lines 4a and 4b | | | 4c | 0. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Part XIII Supplemental Information. | line 18.) | | 5 | 1,860,267. |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 | and 1: Part IV lines 1h a | nd 2h: Part V line 4: | · Dart Y lii | ne 2: Part VI |
| lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro | | | , rait A, iii | ne z, i ait XI, |
| | vido ariy additionar imorni | acion. | | |
| | | | | |
| PART X, LINE 2: | | | | |
| THE ORGANIZATION IS A QUALIFIED ORGANIZATION EXEMPT FROM | FEDERAL AND | | | |
| THE ORGANIZATION IS A QUADIFIED ORGANIZATION EXEMIT FROM | TEDERAL AND | | | |
| CALIFORNIA INCOME TAXES UNDER THE PROVISIONS OF SECTION | 501(C)(3) OF THE | | | |
| | | | | |
| INTERNAL REVENUE CODE (IRC) AND 23701(D) OF THE STATE OF | CALIFORNIA | | | |
| | | | | |
| REVENUE AND TAXATION CODE. AS SUCH, THE ORGANIZATION QUA | LIFIES FOR THE | | | |
| | | | | |
| MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION BY DONORS. | | | | |
| | | | | |
| | | | | |
| THE ORGANIZATION HAS EVALUATED ITS CURRENT TAX POSITIONS | AND HAS CONCLUDED | | | |
| | | | | |
| THAT AS OF DECEMBER 31, 2021 AND 2020, THE ORGANIZATION | DOES NOT HAVE ANY | | | |
| UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NEC | ESSARY. THE | | | |
| The second of th | | | | |
| ORGANIZATION FILES U.S. FEDERAL AND STATE RETURNS AND IS | GENERALLY NO | | | |
| LONGER SUBJECT TO TAX EXAMINATIONS FOR YEARS PRIOR TO 20 | 18 AND 2017 | | | |
| | - · <i>I</i> | | | |

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

► 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 Employer identification number BRING CHANGE 2 MIND 01-0974537 Part I 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a 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 No 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 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.

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

| Pá | art I | of fundraising Events . Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising events. | | | | |
|-----------------|-------------|---|------------------------------|------------------------------|------------------------|----------------------------|
| | | .g and gr | (a) Event #1 | (b) Event #2 | (c) Other events NONE | (d) Total events |
| | | | REVELS 2021 | | | (add col. (a) through |
| _ | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | | | | | | |
| eve | 1 | Gross receipts | 845,241. | | | 845,241. |
| ш | | | | | | |
| | 2 | Less: Contributions | 805,241. | | | 805,241. |
| | _ | 0 | 40.000 | | | 40.000 |
| | 3 | Gross income (line 1 minus line 2) | 40,000. | | | 40,000. |
| | <u></u> | Cash prizes | | | | |
| | * | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| es | | | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| ă | | | | | | |
| SCT. | 7 | Food and beverages | | | | |
| Ö | | | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | 241,521. |
| | 10 | Direct expense summary. Add lines 4 through | . , | | | 241,521. |
| D | 11 art | | | 000 D-+ N/ E 40 | | -201,521. |
| Г | 11 L I | Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Form | 1990, Part IV, line 19, or r | reported more than | |
| | Г | ψ13,000 0111 01111 990-L2, line 0a. | T | (b) Pull tabs/instant | | (d) Total gaming (add |
| ine | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| Revenue | | | | | | .,, ., |
| Ä | 1 | Gross revenue | | | | |
| | | | | | | |
| S | 2 | Cash prizes | | | | |
| nse | | | | | | |
| xpe | 3 | Noncash prizes | | | | |
| Direct Expenses | | | | | | |
|) jre | 4 | Rent/facility costs | | | | |
| | | OU. II. I | | | | |
| _ | 5 | Other direct expenses | | | | |
| | | Volunteer labor | Yes % | | Yes % | |
| | • | volunteer labor | No | No No | No | |
| | 7 | Direct expense summary. Add lines 2 through | a 5 in column (d) | | > | |
| | • | Birect expense cummary. And inter 2 timeagn | 10 III 00Idiiii (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| | | | · · | | • | |
| 9 | Ent | ter the state(s) in which the organization condu | ıcts gaming activities: _ | | | |
| a | ı Is t | he organization licensed to conduct gaming a | ctivities in each of these s | states? | | Yes No |
| b |) If " | No," explain: | | | | |
| | | | | | | |
| | _ | | | | | |
| | | ere any of the organization's gaming licenses re | | | ear? | Yes No |
| t |) If " | Yes," explain: | | | | |
| | _ | | | | | |
| | | | | | | |
| 1320 | 82 10 |)-21-21 | | | Sche | edule G (Form 990) 2021 |

| Schedule G (Form 990) 2021 BRING CHANGE 2 MIND | 01-09 | 4557 | Page 3 | | | | | |
|---|------------|-------------|------------|--|--|--|--|--|
| 11 Does the organization conduct gaming activities with nonmembers? | [| Yes | No No | | | | | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | | | | | | |
| to administer charitable gaming? | [| Yes | No | | | | | |
| 13 Indicate the percentage of gaming activity conducted in: | | | | | | | | |
| a The organization's facility | | 13a | % | | | | | |
| b An outside facility | | 13b | % | | | | | |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and record | | | | | | | | |
| Name | | | | | | | | |
| Address > | | | | | | | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming 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 ▶ \$ | unt | | | | | | | |
| c If "Yes," enter name and address of the third party: | | | | | | | | |
| Name | | | | | | | | |
| Address ▶ | | | | | | | | |
| 16 Gaming manager information: | | | | | | | | |
| Name | | | | | | | | |
| Gaming manager compensation ▶ \$ | | | | | | | | |
| · · · · · · · · · · · · · · · · · | | | | | | | | |
| Description of services provided | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Director/officer Employee Independent contractor | | | | | | | | |
| 17 Mandatory distributions: | | | | | | | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | | | | | | |
| retain the state gaming license? | [| Yes | No | | | | | |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in | n the | | | | | | | |
| organization's own exempt activities during the tax year > \$ | | | | | | | | |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); | and Part I | II. lines 9 | . 9b. 10b. | | | | | |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | , | ,,, | | | | | |
| 100, 100, 10, and 110, at approximation into provide any additional international continuous | | | | | | | | |
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| Schedule G (Form 990) BRING CHANGE 2 MIND | 01-0974537 | Page 4 |
|---|------------|--------|
| Schedule G (Form 990) BRING CHANGE 2 MIND Part IV Supplemental Information (continued) | | |
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number BRING CHANGE 2 MIND 01 - 0974537**Questions Regarding Compensation**

| | | | Yes | No |
|------------|--|-----|-----|----|
| 1 a | 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) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | 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 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 | | X |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| | The organization? | 5a | | X |
| b | Any related organization? | 5b | | Х |
| | 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: | | | v |
| | The organization? | 6a | | X |
| b | Any related organization? | 6b | | Λ |
| _ | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | | _ | | Х |
| _ | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | ^ |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | v |
| _ | 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 | a . | | |
| | REQUIRTIONS SECTION 3.3 4938-NICT/ | . 4 | 1 | |

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

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|-----------------------|-------------|--|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) PAMELA HARRINGTON | (i) | 199,230. | 0. | 0. | 5,334. | 33,574. | 238,138. | 0. |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Page 2

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BRING CHANGE 2 MIND

Employer identification number 01-0974537

| FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: | | | |
|---|--|--|--|
| NFL PLAYER BRANDON MARSHALL'S FOUNDATION, PROJECT 375, AND FOCUSES ON | | | |
| THE UNIQUE CHALLENGES THAT MEN FACE WHEN DISCUSSING MENTAL HEALTH. THIS | | | |
| CAMPAIGN FEATURES FOUR INSPIRATIONAL MEN FROM PROFESSIONAL SPORTS, | | | |
| TELEVISION, AND ENTERTAINMENT. | | | |
| | | | |
| THE FOURTH PSA, #MINDOURFUTURE, INVITED MILLENNIALS AND GENZS TO TAKE | | | |
| PART IN A MOVEMENT TO END FEAR, SHAME, AND MISUNDERSTANDING BY | | | |
| SUBMITTING THEIR OWN MENTAL HEALTH STORIES AND ENCOURAGING THEIR PEERS | | | |
| TO DO THE SAME. | | | |
| | | | |
| FOR THE FIFTH PSA, BC2M FOCUSED ON ONE OF THE BIGGEST CHALLENGES IN | | | |
| DISCUSSING MENTAL HEALTH: GETTING STARTED. THIS CAMPAIGN GATHERED A | | | |
| TEAM OF PERFORMERS, MANY OF WHOM HAVE CONNECTIONS TO MENTAL ILLNESS | | | |
| WITHIN THEIR OWN LIVES AND CAPTURED THEM ROLE-PLAYING DIFFERENT | | | |
| CONVERSATIONS, TOUCHING ON VARIOUS DIAGNOSES AND RELATIONSHIPS. TALKING | | | |
| TO ANYONE SHOWS THAT, NO MATTER WHAT SOMEONE IS FACING, OR TO WHOM THEY | | | |
| HAVE REACHED OUT, IT IS POSSIBLE TO MAKE REAL CONNECTIONS. NOT EVERY | | | |
| CONVERSATION WILL BE PERFECT, BUT EACH ONE FIGHTS THE STIGMA AROUND | | | |
| MENTAL ILLNESS, AND THAT, IS A CONVERSATION WORTH HAVING. | | | |
| | | | |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: | | | |
| RESEARCH | | | |
| | | | |
| FORM 990, PART VI, SECTION B, LINE 11B: | | | |
| THE RETURN PREPARER SENDS A COPY OF FORM 990 TO THE EXECUTIVE DIRECTOR OF | | | |

132211 11-11-21

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

Schedule O (Form 990) 2021 Page 2

| Schedule O (Form 990) 2021 | | Page 2 |
|--|------------------------|---|
| Name of the organization BRING CHANGE 2 MIND | | Employer identification number 01-0974537 |
| BRING CHANGE 2 MIND. BOTH THE EXECUTIVE DIRECTOR AND | THE CONTROLLER REVIEW | |
| FORM 990. | | |
| | | |
| FORM 990, PART VI, SECTION B, LINE 12C: | | |
| ANNUALLY, BOARD MEMBERS RECEIVE A COPY OF THE CONFLICT | OF INTEREST POLICY. | |
| THE POLICY IS REVIEWED AS A GROUP, AND EACH MEMBER THE | EN SIGNS THEIR COPY OF | |
| THE DOCUMENT FOR THE RECORDS, UPON JOINING THE BOARD. | IF A CONFLICT OF | |
| INTEREST OCCURS, IT WILL BE DISCLOSED BY THE EMPLOYEE | OR BOARD MEMBER, AND | |
| STEPS WILL BE TAKEN TO REMEDIATE THE ISSUE. OTHER STEP | PS MAY BE TAKEN AS | |
| NEEDED. | | |
| | | |
| FORM 990, PART VI, SECTION B, LINE 15A: | | |
| AN EXECUTIVE SEARCH AND RECRUITING FIRM ASSISTED IN TH | HE SELECTION OF THE | |
| EXECUTIVE DIRECTOR AND IN ESTABLISHING A SALARY THAT W | WAS CONSISTENT AND | |
| COMPARABLE TO THE INDUSTRY. COMPARABILITY DATA, EXPER | ADVICE AND BOARD | |
| APPROVAL WERE USED IN ESTABLISHING AN APPROPRIATE SALE | ARY. THE ORGANIZATION | |
| HAS NO OTHER PAID OFFICERS OR KEY EMPLOYEES AT THIS T | ME. | |
| | | |
| FORM 990, PART VI, SECTION C, LINE 19: | | |
| GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND | FINANCIAL INFORMATION | |
| ARE AVAILABLE TO THE PUBLIC UPON REQUEST. | | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | | |
| COMPUTER CONSULTING: | | |
| PROGRAM SERVICE EXPENSES | 7,650. | |
| MANAGEMENT AND GENERAL EXPENSES | 61,288. | |
| FUNDRAISING EXPENSES | 0. | |
| TOTAL EXPENSES | 68,938. | |
| 132212 11-11-21 | <i>1</i> 1 | Schedule O (Form 990) 2021 |

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** BRING CHANGE 2 MIND 01-0974537 HUMAN RESOURCES CONSULTING: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 67,835. FUNDRAISING EXPENSES TOTAL EXPENSES 67,835. CREATIVE CONSULTING: PROGRAM SERVICE EXPENSES 125,556. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 120,000. TOTAL EXPENSES 245,556. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 382,329. FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.