EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

B Concept Control	AF	or the	e 2021 calendar year, or tax year beginning and	enaing		
THE SUPPLIA WAY Number and street for P.O. box it mail is not delivered to street address) Number and street for P.O. box it mail is not delivered to street address) Number and street for P.O. box it mail is not delivered to street address) Number and street for P.O. box it mail is not delivered to street address) Total Total Number of Individuals and Street for P.O. box it mail is not delivered to street address) Room/Sulfe E Telephone number 2 425-463-6285 G. Occesses/Piss 3 4,388,756. Hg Is this pargon perture is not be address of principal officer: DIETRA CLAYTON SAME AS C ABOVE I Tax excerpt status. IX 501(b)(3) 501(c) 1	B c	Check if opplicable	C Name of organization		D Employer identifi	cation number
Doing business as Number and street (or P.O. box if mail is not delivered to street address) Tool in No. 2ND STREET 1061 NE 2ND STREET 425 - 463 - 6285		chang	e THE SOPHIA WAY			
Number and street (of V.) Dot it flad is not delived to street aboriess) Variety of the company of the compa		chang	Doing business as		45-40845	39
City or town, state or province, country, and 2P or foreign postal code Earl LEVUE, WA 98004 Hail is this a group return for subordinates? Yes X No Man As C ABOVE Hail is this a group return for subordinates? Yes X No Man As C ABOVE Heil is this a group return for subordinates? Yes X No Man As C ABOVE Heil is this a group return for subordinates? Yes X No Man As C ABOVE Heil is this a group return for subordinates? Yes X No Man As C ABOVE Heil is this a group return for subordinates? Yes X No Man As C ABOVE Heil is this a group return for subordinates? Yes X No Man As C ABOVE Heil is this a group return for subordinates? Yes X No Man As C ABOVE Heil is this a group return for subordinates? Yes X No Man As C ABOVE Heil is this a group return for subordinates return for subordinates? Yes X No Man As C ABOVE Heil is this a group return for subordinates? Yes X No Man As C ABOVE Heil is this a group return for subordinates? Yes X No Man As C ABOVE Heil is this a group return for subordinates? Yes X No Man As C ABOVE Heil is this is the a large transfer of the governing body (Part VI, line 1a) Learn of this provides of the governing body (Part VI, line 1a) X X X X X X X X X X X X X		return Final	11061 NE 2ND CTREET	Room/suite		
RELLEVUE, WA 98004		return termir				
Fame and address of principal officer. DIETRA CLAYTON Hole pending Fame and address of principal officer. DIETRA CLAYTON Hole pending Fame and address of principal officer. DIETRA CLAYTON Hole pending Fame and address rotations Fame and address of principal officer. DIETRA CLAYTON Hole pending Fame and address rotations Fame and address of principal officer. Fame and address of	V					
SAME AS C ABOVE High year all abordinates inclusions Ves No, and a production Ves		Applic			1	
Taxe-exempt status:		tion pendi				
Websites WWW SOPHTAWAY ORG	_				1 ` ´	
Part Summary				or 527	1	
The contribution of the			,			
Properties Pr				L Year	of formation: 2011	M State of legal domicile: WA
2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3	Pá	art I		~ ~		
8 Net unrelated business taxable income from Form 990-T, Part I, line 11 Tib U.	Ð	1	Briefly describe the organization's mission or most significant activities: SEE S	SCHEDU	TE O	
8 Net unrelated business taxable income from Form 990-T, Part I, line 11 Tib U.	auc					
8 Net unrelated business taxable income from Form 990-T, Part I, line 11 Tib U.	ř	2	The state of the s	sed of more	1	
8 Net unrelated business taxable income from Form 990-T, Part I, line 11 Tib U.	ŏ	3				
8 Net unrelated business taxable income from Form 990-T, Part I, line 11 Tib U.	<u>ب</u>	4				
8 Net unrelated business taxable income from Form 990-T, Part I, line 11 Tib U.	es 6	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			
8 Net unrelated business taxable income from Form 990-T, Part I, line 11 Tib U.	ξ	6	Total number of volunteers (estimate if necessary)			
8 Net unrelated business taxable income from Form 990-T, Part I, line 11 Tib U.	∕ cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 450. 0. 10 Investment income (Part VIII, oliumn (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Part II Signature of officer Pint/Type preparer's name ALLEN GILBERT, CPA ALLEN GILBERT, CPA Prims address Prims addr	_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2						
12 Total revenue (Part VIII, column (A), lines 5, 62, c8, c1, c1, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses (Part IX, column (D), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Reginning of Current Year 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total assets of fund balances. Subtract line 21 from line 20 27 Part II Signature Block 18 Index penses of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 28 Index penses of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 29 Intrins name CLISTONLARSONALLEN LLP 20 Firm's name CLISTONLARSONALLEN LLP 30 Firm's address 10700 NORTHUP WAY, SUITE 200 31 Phone no. 425-250-6100	enne	8	Contributions and grants (Part VIII, line 1h)			4,387,520.
12 Total revenue (Part VIII, column (A), lines 5, 62, c8, c1, c1, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses (Part IX, column (D), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Reginning of Current Year 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total assets of fund balances. Subtract line 21 from line 20 27 Part II Signature Block 18 Index penses of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 28 Index penses of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 29 Intrins name CLISTONLARSONALLEN LLP 20 Firm's name CLISTONLARSONALLEN LLP 30 Firm's address 10700 NORTHUP WAY, SUITE 200 31 Phone no. 425-250-6100		9	Program service revenue (Part VIII, line 2g)			-
12 Total revenue (Part VIII, column (A), lines 5, 62, c8, c1, c1, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses (Part IX, column (D), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Reginning of Current Year 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total assets of fund balances. Subtract line 21 from line 20 27 Part II Signature Block 18 Index penses of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 28 Index penses of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 29 Intrins name CLISTONLARSONALLEN LLP 20 Firm's name CLISTONLARSONALLEN LLP 30 Firm's address 10700 NORTHUP WAY, SUITE 200 31 Phone no. 425-250-6100	eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,189.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,605,189. 4,350,779. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 170,670. 321,129. 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,991,804. 2,200,582. 16a Professional fundraising fees (Part IX, column (B), line 11e) 26,000. 0. 17 Other expenses (Part IX, column (D), line 25) 430,779. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,615,777. 4,053,422. 19 Revenue less expenses. Subtract line 18 from line 12 -10,588. 297,357. 29 Total assets (Part X, line 16) 3,236,750. 3,499,952. 20 Total assets (Part X, line 26) 3,87,354. 179,800. 21 Total liabilities (Part X, line 26) 3,87,354. 179,800. 22 Net assets or fund balances. Subtract line 21 from line 20 2,849,396. 3,320,152. Part II Signature Block Ditemplayee (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer's signature Preparer's signature ALLEN GILBERT, CPA Date Print/Type preparer's name ALLEN GILBERT, CPA Date Print/Type preparer's name ALLEN GILBERT, CPA Print/SelN	Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,060.	-37,977.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 170,670. 321,129. 4 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,991,804. 2,200,582. 6 Professional fundraising fees (Part IX, column (A), line 11e) 26,000. 0. 17 Other expenses (Part IX, column (D), line 25) 430,779. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,615,777. 4,053,422. 19 Revenue less expenses. Subtract line 18 from line 12 -10,588. 297,357. 19 Revenue less expenses. Subtract line 18 from line 12 -10,588. 297,357. 19 Signature (Part X, line 16) 3,236,750. 3,499,952. 20 Total assets (Part X, line 26) 387,354. 179,800. 21 Total liabilities (Part X, line 26) 387,354. 179,800. 22 Net assets or fund balances. Subtract line 21 from line 20 2,849,396. 3,320,152. Part II Signature Block Signature Block Date Date Date DIETRA CLAYTON, MANAGING EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature ALLEN GILBERT, CPA ALLEN GILBERT, CPA CLIYTONLARSONALLEN LLP Firm's address 10700 NORTHUP WAY, SUITE 200 Phone no. 425-250-6100 BELLEVUE, WA 98004 Phone no. 425-250-6100 P		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,605,189.	4,350,779.
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,991,804 2,200,582 260,000 0 0 0 0 0 0 0 0		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		170,670.	321,129.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,991,804. 2,200,582. 16a Professional fundraising fees (Part IX, column (A), line 11e) 26,000. 0. 17 Other expenses (Part IX, column (A), lines 15) 430,779. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,615,777. 4,053,422. 19 Revenue less expenses. Subtract line 18 from line 12 -10,588. 297,357. 20 Total assets (Part X, line 16) 3,236,750. 3,499,952. 21 Total liabilities (Part X, line 26) 387,354. 179,800. 22 Net assets or fund balances. Subtract line 21 from line 20 2,849,396. 3,320,152. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer's signature Date Date Date Date Print/Type preparer's name ALLEN GILBERT, CPA ALLEN GILBERT, CPA ALLEN GILBERT, CPA ALLEN GILBERT, CPA D2/14/23 self-employed P01380103 P10700 NORTHUP WAY, SUITE 200 Phone no. 425-250-6100		14			0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e) 26,000. 0. b Total fundraising expenses (Part IX, column (D), line 25) 430,779. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,427,303. 1,531,711. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,615,777. 4,053,422. 19 Revenue less expenses. Subtract line 18 from line 12 -10,588. 297,357. 20 Total assets (Part X, line 16) 3,236,750. 3,499,952. 21 Total liabilities (Part X, line 26) 387,354. 179,800. 22 Net assets or fund balances. Subtract line 21 from line 20 2,849,396. 3,320,152. Part II Signature Block Signature Block Date Date	s	15			1,991,804.	2,200,582.
18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Revenue Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	ıse	16a			26,000.	0.
18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Revenue Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	be	b	Total fundraising expenses (Part IX, column (D), line 25) 430,75	79.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 R49 , 396 . 3 , 320 , 152 . Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Primt/Type preparer's name ALLEN GILBERT, CPA Firm's name CLIFTONLARSONALLEN LLP Firm's name CLIFTONLARSONALLEN LLP Firm's siddress 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no. 425 - 250 - 6100	ŭ	17			1,427,303.	1,531,711.
19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 387,354. 21 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name ALLEN GILBERT, CPA ALLEN GILBERT, CPA ALLEN GILBERT, CPA ALLEN GILBERT, CPA Firm's name CLIFTONLARSONALLEN LLP Firm's name CLIFTONLARSONALLEN LLP Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no. 425-250-6100					3,615,777.	4,053,422.
Total assets (Part X, line 16) Total assets (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type preparer's name Preparer's signature ALLEN GILBERT, CPA ALLEN GILBERT, CPA Date Firm's name CLIFTONLARSONALLEN LLP Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no. 425-250-6100		ı			-10,588.	297,357.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Dietra Clayton, Managing Executive Director Type or print name and title Print/Type preparer's name ALLEN GILBERT, CPA ALLEN GILBERT, CPA O2/14/23 self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's name CLIFTONLARSONALLEN LLP Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no. 425-250-6100	or es		•		ginning of Current Year	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Dietra Clayton, Managing Executive Director Type or print name and title Print/Type preparer's name ALLEN GILBERT, CPA ALLEN GILBERT, CPA O2/14/23 self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's name CLIFTONLARSONALLEN LLP Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no. 425-250-6100	ets	20	Total assets (Part X, line 16)			3,499,952.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Dietra Clayton, Managing Executive Director Type or print name and title Print/Type preparer's name ALLEN GILBERT, CPA ALLEN GILBERT, CPA O2/14/23 self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's name CLIFTONLARSONALLEN LLP Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no. 425-250-6100	ASS	21	Total liabilities (Part X, line 26)			179,800.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Dietra Clayton, Managing Executive Director Type or print name and title Print/Type preparer's name ALLEN GILBERT, CPA ALLEN GILBERT, CPA O2/14/23 self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's name CLIFTONLARSONALLEN LLP Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no. 425-250-6100	Net	22				
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Date Dietra Clayton, Managing Executive Director Type or print name and title Print/Type preparer's name ALLEN GILBERT, CPA ALLEN GILBERT, CPA Firm's name CLIFTONLARSONALLEN LLP Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no. 425-250-6100			Signature Block			
Sign Here DIETRA CLAYTON, MANAGING EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name ALLEN GILBERT, CPA Preparer Signature of officer Date Preparer's signature ALLEN GILBERT, CPA Date O2/14/23 Firm's name CLIFTONLARSONALLEN LLP Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no. 425-250-6100	Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
Here DIETRA CLAYTON, MANAGING EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name ALLEN GILBERT, CPA ALLEN GILBERT, CPA Date Print/Type preparer's name ALLEN GILBERT, CPA ALLEN GILBERT, CPA Firm's name CLIFTONLARSONALLEN LLP Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no. 425-250-6100	true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Here DIETRA CLAYTON, MANAGING EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name ALLEN GILBERT, CPA ALLEN GILBERT, CPA Date Print/Type preparer's name ALLEN GILBERT, CPA ALLEN GILBERT, CPA Firm's name CLIFTONLARSONALLEN LLP Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no. 425-250-6100						
Here DIETRA CLAYTON, MANAGING EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name	Sigi	n	Signature of officer		Date	
Type or print name and title Print/Type preparer's name ALLEN GILBERT, CPA ALLEN GILBERT, CPA Date Print/Type preparer's name ALLEN GILBERT, CPA ALLEN GILBERT, CPA Date Print/S name Chieck FIN PO1380103 Preparer Use Only Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no. 425-250-6100			■ DIETRA CLAYTON, MANAGING EXECUTIVE DIR	ECTOR		
Paid ALLEN GILBERT, CPA ALLEN GILBERT, CPA 02/14/23 self-employed P01380103 Preparer Use Only Firm's address ▶ 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no. 425-250-6100						
Paid ALLEN GILBERT, CPA ALLEN GILBERT, CPA 02/14/23 self-employed P01380103 Preparer Use Only Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no. 425-250-6100			Print/Type preparer's name Preparer's signature		Date Check	PTIN
Preparer Use Only Firm's address	Paid	I		CPA 0	2/14/23 self-employ	P01380103
Use Only Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no. 425-250-6100				t-		
BELLEVUE, WA 98004 Phone no. 425-250-6100	-					
		,	BELLEVUE, WA 98004		Phone no. 42	5-250-6100
	Mav	/ the II	•		1	

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	_
	TO END HOMELESSNESS FOR ADULT WOMEN IN KING COUNTY BY PROVIDING	
	SHELTER, LIFE SKILLS TRAINING, SOCILA SERVICES, AND SUPPORTIVE	_
	PERMAMENT HOUSING, OFFERING A PATH FROM HOMELESSNESS TO STABLE	_
	INDEPENDENT LIVING.	—
2	Did the organization undertake any significant program services during the year which were not listed on the	—
2		
		0
	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?	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$312,088. including grants of \$0. (Revenue \$)	_)
	SOPHIA'S PLACE	_
	EXTENDED-STAY SHELTER FOR WOMEN EXPERIENCING HOMELESSNESS ON THE	_
	EASTSIDE OF KING COUNTY, WA. OPEN FROM 7 PM TO 7 1M EVERY NIGHT OF THE	_
	YEAR, THE SHLETER PROVIDES A SAFE PLACE TO STAY FOR 21 WOMEN WHO STAY	_
	UP TO SIX MONTHS, IN SEMI-PRIVATE CUBICLES, LOCKING CLOSETS FOR	—
	PERSONAL BELONGINGS, LIFE SKILLS CLASSES AND CASE MANAGEMENT.	—
	FERDONAL DELONGINGS, LIFE SKILLS CLASSES AND CASE MANAGEMENT.	—
		—
		—
		_
		_
4b	(Code:) (Expenses \$1,027,259. including grants of \$321,129.) (Revenue \$	_)
	HELEN'S PLACE	
	PROVIDES 24/7/365 ACCESS FOR 40 WOMEN WITH A SAFE PLACE TO SLEEP,	
	SHOWERS, MEALS, COMMUNITY RESOURCES, MENTAL HEALTH SUPPORT, AND CASE	
	MANAGEMENT.	_
		_
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		—
		—
	212 000	_
4c	(Code:) (Expenses \$	_)
	RESOURCE CENTER	
	RESOURCE CENTER: BASED IN THE SAME LOCATION AS SOPHIA'S PLACE, PROVIDES	_
	IMMEDIATE ASSISTANCE TO WOMEN COMING OFF THE STREET OR SEEKING TO	
	PREVENT HOMELESSNESS. THIS IS A SAFE, WARM ENVIRONMENT WHERE WOMEN EAT	
	PREPARED MEALS, DO LAUNDRY, TAKE SHOWERS, USE COMPUTERS AND PHONES, AND	
	BENEFIT FROM RESOURCE REFERRALS, ROTATING SERVICE PROVIDERS, AND LIFE	
	SKILLS CLASSES.	_
		_
		_
		—
		—
		—
		—
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 1,412,453 • including grants of \$ 0 •) (Revenue \$ 0 •)	—
4e	Total program service expenses ► 3,063,888.	
	Form 990 (20)	21)

Form 990 (2021) THE SOPHIA WAY

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
0	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		Х
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u> -
J	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	שדו		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		 ^
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l _
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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	· (continued)		Yes	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
	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			37
	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			v
	"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		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		Х
20	"Yes," complete Schedule L, Part IV	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	"		
OZ.	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	1 1 -		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	000	
132004	12-09-21	Form	990	(2021)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			,		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	65			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions	S				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority o	ver, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?		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 Actions are supported by the control of th	counts (F	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organiza	ation solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gift	ts			
	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 of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and cont	vices provi	ded to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	d			
	to file Form 8282?			7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	nct?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 a	as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a	Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \textbf{Did a donor advised fund maintained}$	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	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.)	11b				
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	12b				
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	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or				
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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Form 990 (2021) THE SOPHIA WAY 45-4084539 Page
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 1a1			
	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 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			3,7
_	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		₩.
	more members of the governing body?	7a		X
р	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		X	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21
	This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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 ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X 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	finand	cial	
	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			
	DANIELLE PORTER - 425-463-6285			
	11061 NE 2ND STREET, BELLEVUE, WA 98004			

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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.
- 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.

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

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

(A) Name and title	(B) Average hours per	box	not c , unle:	Posi heck i ss per	more rson i	than o	n an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ALISA CHATINSKY	40.00			37				114 074	0	7 071
CHIEF EXECUTIVE OFFICER (2) XENANA PETERS	40.00			Х				114,074.	0.	7,871.
CHIEF DEVELOPMENT OFFICER	40.00	-		х				91,326.	0.	6,546.
(3) DIETRA CLAYTON	40.00			Δ				91,340.	0.	0,340.
CHIEF PROGRAMS OFFICER	=0.00	1		х				91,433.	0.	6,546.
(4) SOPHIA HERNANDEZ	40.00			25				31,433.	•	0,340.
CHIEF FINANCIAL OFFICER	2000	1		х				81,509.	0.	6,256.
(5) MAYA SUBRAMANIAN	10.00							02,002		0,1001
CHAIR		Х		х				0.	0.	0.
(6) ELISA FORD	10.00									
VICE CHAIR		Х		Х				0.	0.	0.
(7) EVELYN MARYMEE	10.00									
SECRETARY		Х		Х				0.	0.	0.
(8) KELLY FACCONE	10.00									
TREASURER		Х		Х				0.	0.	0.
(9) BETH OSBORNE	5.00									
MEMBER		Х						0.	0.	0.
(9) HYLA DOBAJ	5.00	ļ							•	
MEMBER		Х	_					0.	0.	0.
(10) JANICE ZAHN	5.00	3,7							0	
MEMBER (10) DAVID HAMILTON	5.00	Х						0.	0.	0.
MEMBER	3.00	Х						0.	0.	0.
(11) SUZANNE JUSTICE	5.00	^						0.	0.	0.
MEMBER	3.00	Х						0.	0.	0.
(12) NANCY KHOURY	5.00								•	.
MEMBER	3133	х						0.	0.	0.
(13) TRACY LEE	5.00	ļ								3.
MEMBER		Х						0.	0.	0.
(14) PAUL LEUZZI	5.00									
MEMBER		Х						0.	0.	0.
(15) HIRAM MOY	5.00									
MEMBER		Х						0.	0.	0 . Form 990 (2021)

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Form 990 (2021) THE SOPHI	A WAY								45-408	45 3	39 i	⊃age 8
Part VII Section A. Officers, Directors, Trust		oloy	ees,	and	ΙΗiς	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not c , unle:	Posi heck r ss per id a di	ition more son is	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	t of
	(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)	<i>'</i>	from to from torganization from torganization from the torganization	he ation ated
(16) NICKHATH SHERIFF	5.00											
MEMBER (17) ASMI VOHRA	5.00	Х						0.	0	٠.		0.
MEMBER MEMBER	3.00	Х						0.	0).		0.
1b Subtotal							▶	378,342.	0	1.	27,2	219.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A							0. 378,342.		١.	27,2	0.
2 Total number of individuals (including but no							o re	· · · · · · · · · · · · · · · · · · ·			,	1
compensation from the organization											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so	,	,	,	•	,	•	_		•		3	X
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	ccrue comper	sati	on fr	om a	any	unre	elate	ed organization or individ	dual for services		4	
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	olete Schedule	e J fo	or st	ıch r	perso	on .				. ;	5	X
Complete this table for your five highest cor										nsation	n from	
the organization. Report compensation for t (A) Name and business			nair ONE		ith c	or wi	thin	the organization's tax y (B) Description of s		Con	(C)	on
Total number of independent contractors (ir \$100,000 of compensation from the organize)	· ·	ot lin	nited	to t	thos 0		ted	above) who received mo	ore than	En	_{rm} 990	(2021)

Pa	rt VI					
		Check if Schedule O contains a response or note to any line		(B)	(0)	
			(A) Total revenue	Related or exempt	(C) Unrelated	(D) Revenue excluded
				function revenue	business revenue	from tax under sections 512 - 514
	-	- Fallowed comparison				Sections 512 - 514
ants	1 8	a Federated campaigns 1a 1b				
Sign To		b Membership dues 1b 1c 1c 313,088.				
fts, r Ar		d Related organizations 1d				
, Gi		e Government grants (contributions) 10 11 12 13 16 17 18 19 19 19 19 19 19 19 19 19				
ons Sin	f	f All other contributions, gifts, grants, and				
outi her	•	similar amounts not included above 1f 2,375,060.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	g Noncash contributions included in lines 1a-1f 1g \$ 726,489.				
Col	ŀ	h Total. Add lines 1a-1f	4,387,520.			
		Business Code				
ė	2 8	a				
e vic	k	b				
Se enu	c	c				
ran Sev	C	d				
Program Service Revenue	•	e				
Д		f All other program service revenue				
		g Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and other similar amounts)	1,236.			1,236.
	4	Income from investment of tax-exempt bond proceeds	1,250.			1,250.
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	a Gross rents 6a				
	k	b Less: rental expenses 6b				
	c	c Rental income or (loss) 6c				
	c	d Net rental income or (loss)				
	7 a	a Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 7a				
	k	b Less: cost or other basis				
Revenue		and sales expenses 7b				
eve		c Gain or (loss)7c				
er Re		d Net gain or (loss)				
Othe	8 8	a Gross income from fundraising events (not including \$ 313,088. of				
0		contributions reported on line 1c). See				
		Part IV, line 18				
	ŀ	b Less: direct expenses 8b 37,977.				
		c Net income or (loss) from fundraising events	-37,977.			-37,977.
		a Gross income from gaming activities. See				-
		Part IV, line 19 9a				
	k	b Less: direct expenses9b				
	c	c Net income or (loss) from gaming activities				
	10 a	a Gross sales of inventory, less returns				
		and allowances 10a				
		b Less: cost of goods sold10b				
		c Net income or (loss) from sales of inventory Business Code				
ns	44 -					
neo	11 a	b				
Miscellaneous Revenue		c				
lisc		d All other revenue				
Σ		e Total. Add lines 11a-11d				
	12		4.350.779.	0.	0.	-36.741.

Form 990 (2021) THE SOPHIA WAY Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	321,129.	321,129.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	405,561.	137,220.	148,373.	119,968
_	trustees, and key employees	403,301.	131,220.	140,373.	119,900
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	1,465,275.	1,285,595.	84,522.	95,158
8	Pension plan accruals and contributions (include	±, ±00, 210 •	1,200,000	0=,522•	,,,,,,
0	section 401(k) and 403(b) employer contributions)	9,592.	6,806.	1,769.	1.017
9	Other employee benefits	137,617.	107,828.	20,275.	1,017 9,514
9 10	Payroll taxes	182,537.	149,150.	6,045.	27,342
1	Fees for services (nonemployees):		,	0,0100	2.,512
·· a	Management				
	Legal	1,449.		1,449.	
	Accounting	25,792.		25,792.	
	Lobbying	- , -		- , -	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A), amount, list line 11g expenses on Sch O.)	247,135.	188,169.	19,551.	39,415
12	Advertising and promotion	34,639.			39,415 34,639
13	Office expenses	47,026.		37,553.	9,473
14	Information technology	13,237.	7,346.	5,891.	
15	Royalties				
16	Occupancy	191,228.	134,699.	56,529.	
17	Travel	10.		10.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2 212		2 2 2 2	
20	Interest	9,212.		9,212.	
21	Payments to affiliates	04 454		04 260	
2	Depreciation, depletion, and amortization	24,451.	82.	24,369.	
3	Insurance	16,994.		16,994.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	IN-KIND	721,149.	683,303.	37,846.	
b	VENUE & CATERING	90,591.	4	45	90,591
С	STAFF DEVELOPMENT	36,213.	14,957.	17,594.	3,662
d	BAD DEBT	35,401.	05.60:	35,401.	
е	All other expenses	37,184.	27,604.	9,580.	400 ===
:5	Total functional expenses. Add lines 1 through 24e	4,053,422.	3,063,888.	558,755.	430,779
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form **990** (2021)

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THE SOPHIA WAY

Form 990 (2021) Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any l	ne in this Part X			
			,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			31,077.	1	139,768.
	2	Savings and temporary cash investments			1,088,995.	2	1,493,566.
	3	Pledges and grants receivable, net		406,248.	3	690,634.	
	4	Accounts receivable, net		487,912.	4		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial cor	tributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	ied perso	ns (as defined			
		under section 4958(f)(1)), and persons described	l in sectio	n 4958(c)(3)(B)		6	
ıχ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			16,704.	9	723,067.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	673,833.			
	b	Less: accumulated depreciation		223,316.	1,205,814.	10c	450,517.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15	2,400.		
	16	Total assets. Add lines 1 through 15 (must equa			3,236,750.	16	3,499,952.
	17	Accounts payable and accrued expenses		123,479.	17	173,300.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
တ္	22	Loans and other payables to any current or form	er officer	director,			
Liabilities		trustee, key employee, creator or founder, subst	antial cor	tributor, or 35%			
abi		controlled entity or family member of any of thes	e person	3		22	
=	23	Secured mortgages and notes payable to unrela	ted third	oarties		23	
	24	Unsecured notes and loans payable to unrelated	third pa	ties	263,875.	24	6,500.
	25	Other liabilities (including federal income tax, page	yables to	related third			
		parties, and other liabilities not included on lines	17-24). (omplete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			387,354.	26	179,800.
		Organizations that follow FASB ASC 958, che	ck here	▶ [X]			
Ces		and complete lines 27, 28, 32, and 33.		ļ	0 100 101		0 =00 =00
lan	27	Net assets without donor restrictions			2,402,101.	27	2,729,530.
Ba	28	Net assets with donor restrictions			447,295.	28	590,622.
립		Organizations that do not follow FASB ASC 9	58, chec	here ►			
重		and complete lines 29 through 33.		ļ			
ပ္	29	Capital stock or trust principal, or current funds			29		
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
				other funds		31	
اکة	31	Retained earnings, endowment, accumulated in			0 040 005		2 202 452
Net Assets or Fund Balances	31 32 33	Total liabilities and net assets/fund balances Total liabilities and net assets/fund balances			2,849,396. 3,236,750.	32	3,320,152. 3,499,952.

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,35		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,05		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>57.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,84	9,3	<u>96.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	-3	7,8	63.
7	Investment expenses	7			
8	Prior period adjustments	8	21	1,2	62.
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	3,32	0,1	52.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_ X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?		3a		Х
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		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

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

Employer identification number Name of the organization THE SOPHIA WAY 45-4084539 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	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.")	1772344.	2320476.	3662639.	3600490.	4387520.	15743469	<u>.</u>
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1772344.	2320476.	3662639.	3600490.	4387520.	15743469).
	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,							
	,						934,470	١
6	Public support. Subtract line 5 from line 4.						14808999	
	etion B. Total Support						I #0000	•
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total	
		(a) 2017 1772344.	(b) 2018 2320476.	(c) 2019 3662639.	(d) 2020 3600490.	(e) 2021 4387520.	(f) Total 157/3/60	<u> </u>
	Amounts from line 4	1//2544.	2320470•	3002037.	30004300	4307320.	13/43403	•
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,		0.0	1 (71	2 100	1 226	F 101	
	and income from similar sources	5.	80.	1,671.	2,189.	1,236.	5,181	. •
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)		298.	-2,716.	2,060.		-358	
11	Total support. Add lines 7 through 10						15748292	<u>.</u>
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop							
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2021 (I	ine 6, column (f), di	ivided by line 11, o	column (f))		14	94.04	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	98.83	%
16a	33 1/3% support test - 2021. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	k and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				> [2	Z
b	33 1/3% support test - 2020. If the	organization did no	t check a box on I					
	and stop here. The organization qual	~						
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact	•					•	
	meets the facts-and-circumstances te		•	-		· ·		
h	10% -facts-and-circumstances test	•	•			7a and line 15 is		
,	more, and if the organization meets the	_					1070 01	
					-	-4:	_	
10	organization meets the facts-and-circu		-		•			
ΙÖ	Private foundation. If the organization	n did not check a t	DOX OH IIITE 13, 168	a, 100, 17a, 0f 170	, check this box al		(Farm 000) 000	

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						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	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						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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		
3b		
30		
3с		
- 55		
4a		
4b		
4 -		
4c		
5a		
5b		
5c		
6		
-		
7		
8		
9a		
9b		
90		
9с		
10a		
10b		
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Pai	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		
b	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			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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			110
	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		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	•		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		N
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	<u></u>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
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-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	 S	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	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				
а	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: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

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

2021

Name of the organization

Employer identification number

THE SOPHIA WAY

45-4084539

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ 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

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

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \bigsim \frac{1}{2} \frac{1}

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

THE	SO	PHTA	WAY

45-4084539

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>256,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and Zir + +	\$ 781,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$608,472.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

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

Name of organization

Employer identification number

THE SOPHIA WAY

45-4084539

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Schedule B (Form 990)

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** THE SOPHIA WAY 45-4084539 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

THE SOPHIA WAY

Employer identification number 45-4084539

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or <i>i</i>	Accounts. Complete if the
	organization answered 165 or 10111 666, Farent, line	(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advised fu	unds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose conf	erring
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply)		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a hi	storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	oution in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				_
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not o	n a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			anization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located >		
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	and enforcing conserva	tion easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and e	nforcing conservation	easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	nts of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	enue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization	s financial statements	that describes the
_	organization's accounting for conservation easements.	A	0.11	<u> </u>
Pai	t III Organizations Maintaining Collections of		easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its re	venue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, educatio	n, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furtherar	nce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			• \$
2	If the organization received or held works of art, historical trea	sures, or other similar	assets for financial gai	n, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to thes	e 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

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Par	rt III Organizations Maintaining C	ollections of Art	, Historic	al Tre	asures, or	Other	Simila	r Assets	(contii	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any	of the f	ollowing that	make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	Loar	or excl	hange progra	ım					
b	Scholarly research	е	Othe	er							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how they fu	ırther th	e organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historic	cal treas	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arran	gements. Comple	te if the orga	anizatio	n answered "	Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contr	ibutions	s or other ass	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:								
									Amoun	t	
С	Beginning balance						1c				
d											
е	Distributions during the year						. 1e				
f	Ending balance										
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escro	w or cu	ıstodial accou	unt liabili	ty?	\square	Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par	rt V Endowment Funds. Complete i	f the organization and	swered "Yes	" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Prior	year	(c) Two year	s back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, co	lumn (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are	held an	nd administer	ed for th	e organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		<u> </u>
	(ii) Related organizations								3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sched	lule R?					3b		
4	Describe in Part XIII the intended uses of the		vment funds	3.							
Par	rt VI Land, Buildings, and Equipm				_						
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line	11a. S	ee Form 990,	, Part X,	line 10.				
	Description of property	(a) Cost or ot basis (investment)		•	or other (other)	٠,	ccumulat oreciation		(d) Boo	k valu	e
1a	Land										
b	•			67	3,833.	2	223,3	16.	45	0,5	<u> 17.</u>
С	Leasehold improvements										
d	Equipment										
	Other							_			
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	K. column (B). line 10	0c.)				45	U,5	<u> 17.</u>

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.		100100
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 end-of-year market val
) Financial derivatives		
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D) (E)		
(F)		
(G)		
(H)		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) art VIII Investments - Program Related.		
Complete if the organization answered "Yes"		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market val
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d. See Form 990. Part X. line 15
	Description	(b) Book valu
(1)		(2)
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
ial. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	: 15.)	>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	
		(b) Book valu
(a) Description of liability		
(1) Federal income taxes		
(1) Federal income taxes (2)		
(1) Federal income taxes (2) (3)		
(1) Federal income taxes (2) (3) (4)		
(1) Federal income taxes (2) (3) (4) (5)		
(1) Federal income taxes (2) (3) (4) (5)		
(1) Federal income taxes (2) (3) (4) (5) (6) (7)		
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		
(1) Federal income taxes (2) (3) (4) (5) (6) (7)		

Schedule D (Form 990) 2021

Pai	rt XI Reconcil	iation of Revenue	per Audited Finan	cial Statements	With	Revenue per Re	turn.	
	Complete if	the organization answe	red "Yes" on Form 990,	Part IV, line 12a.				
1	Total revenue, gain	ns, and other support pe	er audited financial state	ments			1	4,499,097.
2	Amounts included	on line 1 but not on For	m 990, Part VIII, line 12:					
а	Net unrealized gair	ns (losses) on investmen	ts		2a			
b					2b	148,318.		
С					2c			
d	Other (Describe in	Part XIII.)		L	2d			4.40.040
е		•					2e	148,318.
3							3	4,350,779.
4		, ,	line 12, but not on line 1	1	1			
а			n 990, Part VIII, line 7b		4a			
b					4b			0
_C	Add lines 4a and 4						4c	0.
D ₂	rt XII Reconcil	l lines 3 and 4c. <i>(This m</i>	ust equal Form 990, Par s per Audited Fina	<u>t I, line 12.) </u> ncial Statement	e With	Evnences ner E	5 Oturn	4,350,779.
ı a			-		S WILL	i Expenses per i	Clair	•
_			red "Yes" on Form 990,					4,239,603.
1			ancial statements				1	4,239,003.
2		on line 1 but not on For		1	ا ء	186,181.		
a				I	2a2b	100,101.		
b	011				20 2c			
G C					2d			
d e	•	•		-			2e	186,181.
3							3	4,053,422.
4			ne 25, but not on line 1:					1,000,1220
а		·	n 990, Part VIII, line 7b		4a			
b					4b			
	Add lines 4a and 4	-					4c	0.
5	Total expenses. Ac		must equal Form 990. Pa				5	4,053,422.
Pa	rt XIII Supplem	ental Information.						
Prov	ide the descriptions	required for Part II, lines	3, 5, and 9; Part III, line	es 1a and 4; Part IV,	lines 1b	and 2b; Part V, line 4	; Part X	, line 2; Part XI,
lines	2d and 4b; and Part	t XII, lines 2d and 4b. Al	so complete this part to	provide any addition	nal inform	mation.		

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			
THE SOP						45-4084			
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 17	7. Form 990-EZ	filers are not		
1 Indicate whether the organization rais a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-ga gover dising a ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
T.1.1	<u> </u>		_						
Total 3 List all states in which the organizatio	n is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from reg	L gistration		
or licensing.									

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

Schedule G (Form 990) 2021

45-4084539 Page 2 THE SOPHIA WAY Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SHELTERING NONE (add col. (a) through FROM THE STO col. (c)) (event type) (total number) (event type) 313,088. 313,088. Gross receipts 313,088. 313,088. 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 37,057. 37,057. Rent/facility costs 7 Food and beverages 8 Entertainment 920. Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 THE SOPHIA WAY 45-	4004	233	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	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:			
	The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	•		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
С	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			
4-	Manufacture d'ability d'anne			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	□ No
	retain the state gaming license?	Ш	res	L NO
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year \$\text{t IV} \text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P.	art III. lin	000	2h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ait III, III I	165 5,	90, 100,
	13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.			



SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

2021
Open to Public

Inspection

Schedule I (Form 990) 2021

Employer identification number Name of the organization THE SOPHIA WAY 45-4084539 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

THE SOPHIA WAY 45-4084539 Schedule I (Form 990) 2021 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance FOOD, SHELTER, AND OTHER ASSISTANCE 85 0. 321,129. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Schedule I (Form 990) 2021 132102 10-26-21 36

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

THE SOPHIA WAY

Employer identification number 45-4084539

Pai	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash contr amounts repor	I .	Method of de			_
		applicable		Form 990, Part VI		noncash contribu	Juon an	lourits	5
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		291	,190.				
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	1,373	338	<u>,587.</u>				
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts		25.5		450				
25	Other (SUPPLIES)	X	856		,472.				
26	Other (GIFT CARDS)	X	87		,900.				
27	Other (PROGRAM & FAC)	X	120	5	,340.				
28	Other ()								
29	Number of Forms 8283 received by the organiz	-	•					^	
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement	29			0	
00-	During the constitution of			and and the David I. Black		- 00 414.14		Yes	No
30a	During the year, did the organization receive by								
	must hold for at least three years from the date		•	•			20-		X
	exempt purposes for the entire holding period?						30a		
	If "Yes," describe the arrangement in Part II.	alias that ra	autros the review	of any nanatandare	d aantribusti	ana0	0.4	х	
31	Does the organization have a gift acceptance p					ons?	31	$\stackrel{\frown}{-}$	
32a	Does the organization hire or use third parties of		_				200		Х
L	contributions?						32a		
	If "Yes," describe in Part II.	dumn (a) fa	o tupo of property	for which cal	(a) is obser	kod			
33	If the organization didn't report an amount in codescribe in Part II.	numm (C) 101	a type of property	TOT WHICH COLUMN	(a) is checi	∧eu,			
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE SOPHIA WAY

Employer identification number 45-4084539

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO END HOMELESSNESS FOR ADULT WOMEN IN KING COUNTY BY PROVIDING
SHELTER, LIFE SKILLS TRAINING, SOCILA SERVICES, AND SUPPORTIVE
PERMAMENT HOUSING, OFFERING A PATH FROM HOMELESSNESS TO STABLE
INDEPENDENT LIVING.
FORM 990 BOX B
THE 990 HAS BEEN AMENDED TO REFLECT CHANGES MADE TO THE STATEMENT OF
FINANCIAL POSITION, REVENUES, AND EXPENSES. FOLLOWING AMOUNTS WERE
CHANGE DUE TO THE ISSUED AUDITED FINANCIAL STATEMENTS:
PART III, LINE 4D
AS ORIGINALLY FILED: \$1,393,505
AS AMENDED: \$1,412,453
PART VIII, LINE 7
AS ORIGINALLY FILED: \$1,660,889
AS AMENDED: \$1,648,571
PART IX, LINE 16
AS ORIGINALLY FILED: \$172,362
AS AMENDED: \$191,228
THE CHANGE IS ALL WITHIN PROGRAM EXPENSES
PART IX, LINE 22
AS ORIGINALLY FILED: \$42,918

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization
THE SOPHIA WAY

Employer identification number
45-4084539

AS AMENDED: \$24,451

THE DECREASE IS \$82 FOR PROGRAM EXPENSES AND \$18,549 TO ADMINISTRATIVE

EXPENSES

PART X, LINE 3

AS ORIGINALLY FILED: \$726,050

AS AMENDED: \$690,634

PART X, LINE 27

AS ORIGINALLY FILED: \$2,661,612

AS AMENDED: \$2,729,530

PART X, LINE 28

AS ORIGINALLY FILED: \$693,956

AS AMENDED: \$590,622

PART XI, LINE 6

AS ORIGINALLY FILED: \$-37,635

AS AMENDED: \$-37,863

PART XI, LINE 8

AS ORIGINALLY FILED: \$234,360

AS AMENDED: \$211,262

SCHEDULE A, PART II, LINE 1, COLUMN E

AS ORIGINALLY FILED: \$4,399,838

AS AMENDED: \$4,387,520

Schedule O (Form 990) 2021

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

Name of the organization
THE SOPHIA WAY

Employer identification number
45-4084539

SCHEDULE D, PART XI, LINE 1

AS ORIGINALLY FILED: \$4,511,415

AS AMENDED: \$4,499,097

SCHEDULE D, PART XII, LINE 1

AS ORIGINALLY FILED: \$4,239,603

AS AMENDED: \$4,239,603

SCHEDULE D, PART XII, LINE 2A

AS ORIGINALLY FILED: \$185,953

AS AMENDED: \$186,181

ALL OTHER CHANGES IN THE 990 ARE CALCULATIONS WITHIN THE SOFTWARE, SUCH
AS PAGE 1 AND THE VARIOUS TOTALS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER SERVICES

OUTREACH - MEETING WOMEN WHERE THEY ARE (AT LIBRARIES, COFFEE SHOPS,

SAFE PARKING SITES, ETC.) AND CONNECTING THEM TO RESOURCES AND

OPPORTUNITIES FOR HOUSING; HOUSING - INCLUDES TRANSITIONAL, PERMANENT,

AND SUPPPORTIVE HOUSING.

EXPENSES \$ 1,412,453. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE DRAFT FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE. UPON THEIR

APPROVAL, THE DRAFT WILL BE DISTRIBUTED TO THE FULL BOARD FOR FINAL

APPROVAL. ONCE APPROVED, IT WILL BE FILED.

Schedule O (Form 990) 2021 Page 2

Name of the organization Employer identification number

45-4084539

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

THE SOPHIA WAY

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS MEMBERS OF THE BOARD OF DIRECTORS. DIRECTORS COMPLETE AN ANNUAL DISCLOSURE STATEMENT AND HAVE A DUTY TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST THAT RISE DURING THE YEAR TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS SHALL PROVIDE A DISINTERESTED REVIEW OF THE MATTER THAT IS THE SUBJECT OF A CONFLICT OF INTEREST. A DIRECTOR HAVING A CONFLICT OF INTEREST SHOULD ABSENT HIM- OR HERSELF FROM ANY DISCUSSION OF THE MATTER, SHOULD NOT USE HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, AND SHOULD ABSTAIN FROM CASTING ANY VOTE. TO THE EXTENT THAT THE REMAINING MEMBERS OF THE BOARD DETERMINE THAT THE DIRECTOR CAN PROVIDE INFORMATION THAT MAY BE USEFUL, THE DIRECTOR HAVING A CONFLICT MAY PROVIDE THAT INFORMATION TO THE BOARD AND ANSWER PERTINENT QUESTIONS FROM THE OTHER MEMBERS OF THE BOARD BEFORE THE BOARD CASTS ITS VOTE. A DIRECTOR HAVING A CONFLICT OF INTEREST SHALL NOT BE COUNTED AS PRESENT FOR THE PURPOSE OF DETERMINING WHETHER A QUORUM IS ESTABLISHED, EVEN IF PERMITTED BY LAW. THE DIRECTOR'S ABSENCE FROM THE DISCUSSION AND VOTE OF THE BOARD, AND THE ESTABLISHMENT OF THE QUORUM WITHOUT COUNTING THAT DIRECTOR, SHOULD BE DOCUMENTED IN THE MINUTES OF THE BOARD MEETING AND MADE A PART OF THE RECORDS OF THE ORGANIZATION.

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

THE CURRENT PROCESS FOR DETERMINING THE COMPENSATION FOR THE EXECUTIVE

DIRECTORS INVOLVES AN EFFORT TO ENSURE THAT THE COMPENSATION IS FAIR AND

COMPETITIVE WITH SIMILAR SIZED NONPROFITS IN THE PACIFIC NORTHWEST USING

DATA AVAILABLE FROM ARCHBRIGHT.

THE CURRENT PROCESS FOR DETERMINING THE COMPENSATION FOR OTHER OFFICERS IS

DONE BY THE EXECUTIVE DIRECTORS IN LINE WITH ORGANIZATIONAL POLICIES AND

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization THE SOPHIA WAY	Employer identification number $45-4084539$
REVIEW PROCESS. ALL COMPENSATION CHANGES ARE DOCUMENTED AND	D FILED.
FORM 990, PART VI, SECTION C, LINE 18:	
WE CURRENTLY HAVE THE TWO PRIOR YEARS FORM 990 AVAILABLE OF	N THE
ORGANIZATION'S WEBSITE	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST	